



0 001135-00 - 2012/07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

213.85

Surrey Place Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
110 Southeast Lee Avenue Live Oak FL 32060 County: Suwannee[61] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/21/1988 Acquired Date: 1/21/1988 Entered Medicaid 1/21/1988 Med # Active Date: 6/1/2008 Previous Med # 257109	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,423 Medicare: 5,914 Medicaid: 12,776	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.55692% Occupancy: 93.25571% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.51054% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	666,315	938,000	672,559	453,165	0	2,730,039
1a	Audit Adjustments						
2	Cost Per Diem	52.1536	73.4189	52.6424	35.4700		213.6849
3	Cost Per Diem Inflated	53.9054	75.0298	54.4106			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.9054	75.0298	54.4106	35.4700		218.8158
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1202		50.9938			
7	Provider Target Rate	52.3137		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.8132	75.0298	52.1843	13.6500		191.6773
12/13	Medicaid Adjustment Rate		1.0599	0.7372			
14	Prospective Per Diem 11	50.8132	76.0897	52.9215	13.6500		193.4744
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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Surrey Place Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/21/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/01 Indexed Asset Value 2,978,271 FRVS Base Asset: 1,765,380 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,820,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,382,617	15.9825
	< 60% of Base:	False	20% ROE(2):	595,654	0.7682
	Interest Rate:	12.0100 %	Insurance Cost(3):	24,074	1.1788
	Chase Rate:	10.5000 %	Taxes Cost(3):	38,804	1.9000
	Amortization Rate:	12.0100 %	Home Office(3):	19,387	0.9493
	Interest Only:	False	Replacement(3&4):	63,093	0.0000
Yearly Payment:	315,015	Total FRVS PD:	20.7788		

(1) 80% Capital (\$2,382,617) amortized at 12.0100% for 20 years Principal & Interest of \$315,015 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$15.9825

(2) 20% ROE (\$595,654) times the ROE factor (0.025420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7682

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	76.0897	76.0897	4.4936	71.5961
Indirect Care	52.9215	52.9215	3.1254	49.7961
Property	13.6500	20.7788	1.2271	19.5517
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2616
Supplemental Rate Add-on				\$8.8324
Totals	193.4744	200.6032	11.8470	213.8502

***Medicaid Trend Adjustment :**



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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Signature HealthCARE of Palm Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4405 Lakewood Road Lake Worth FL 33461 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1984 Acquired Date: 7/1/1984 Entered Medicaid 7/1/1984 Med # Active Date: 6/1/2008 Previous Med # 257117	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,831 Medicare: 6,856 Medicaid: 20,560	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 52.94739% Occupancy: 88.65525% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.66422% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	972,419	1,724,783	1,065,336	828,774	0	4,591,312
1a	Audit Adjustments						
2	Cost Per Diem	47.2966	83.8902	51.8160	40.3100		223.3128
3	Cost Per Diem Inflated	48.8852	85.7308	53.5564			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.8852	85.7308	53.5564	40.3100		228.4824
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3092		50.1876			
7	Provider Target Rate	47.3904		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.3904	85.7308	51.3593	13.6500		198.1305
12/13	Medicaid Adjustment Rate		0.2843	0.1703			
14	Prospective Per Diem 11	47.3904	86.0151	51.5296	13.6500		198.5851
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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Signature HealthCARE of Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	None [1]	80% Capital(1):	4,536,092	11.9980
Indexed Asset Value	5,670,115	< 60% of Base:	True	20% ROE(2):	1,134,023	0.7313
FRVS Base Asset:	3,420,000	Interest Rate:	10.5000 %	Insurance Cost(3):	37,517	0.9662
Occup Adj Factor:	0.9000	Chase Rate:	10.5000 %	Taxes Cost(3):	70,935	1.8268
ROE Factor	0.025420	Amortization Rate:	10.5000 %	Home Office(3):	39,985	1.0297
		Interest Only:	True	Replacement(3&4):	87,303	0.0000
		Yearly Payment:	472,962	Total FRVS PD:		16.5520

(1) 80% Capital (\$4,536,092) amortized at 10.5000% for 20 years Interest of \$472,962 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.9980

(2) 20% ROE (\$1,134,023) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7313

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.3904	47.3904	2.7987	44.5917
Patient Care				
Direct Care	86.0151	86.0151	5.0798	80.9353
Indirect Care	51.5296	51.5296	3.0432	48.4864
Property	13.6500	16.5520	0.9775	15.5745
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8485
Supplemental Rate Add-on				\$8.8324
Totals	198.5851	201.4871	11.8992	217.2688

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
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0 001291-00 - 2012/07 267.33

The Crossings

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4445 Pine Forest Dr. Lake Worth FL 33463 County: Palm Beach[50] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1988 Acquired Date: 7/1/1988 Entered Medicaid 11/1/1988 Med # Active Date: 12/28/2007 Previous Med # 269395	12/28/2007-06/30/2008 Days In CR 186 First Used: 2007/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 11,160 Max Annualized: 21,900 Total Patient: 7,534 Medicare: 1,435 Medicaid: 4,104	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.47306% Occupancy: 67.50896% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 85.79125% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.15516097 Semester Index: 1.28710041 Cost: 1.11421736 Target: 1.01634256 DC FY Index: 1.12700000 DC Sem Index: 1.21100000 DC Inflation: 1.07453416 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	306,482	504,483	370,233	199,249	0	1,380,447
1a	Audit Adjustments						
2	Cost Per Diem	74.6788	122.9247	90.2127	48.5500		336.3662
3	Cost Per Diem Inflated	83.2084	132.0868	100.5166			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	83.2084	132.0868	100.5166	48.5500		364.3618
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	84.9171		102.5808			
7	Provider Target Rate	86.8996		104.9757			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	65.7467		67.7401			
10b	Base for line 10a	64.2468		66.1947			
11	Lesser of 5,7,8,10, 10a	62.1797	107.8514	67.7401	13.6500		251.4212
12/13	Medicaid Adjustment Rate		0.5427	0.3409			
14	Prospective Per Diem 11	62.1797	108.3941	68.0810	13.6500		252.3048
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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267.33

The Crossings

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 2,121,113 FRVS Base Asset: 1,264,851 Occup Adj Factor: 0.9000 ROE Factor 0.036670	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,376,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,696,890	7.7026
	< 60% of Base:	False	20% ROE(2):	424,223	0.7893
	Interest Rate:	6.5000 %	Insurance Cost(3):	35,641	4.7307
	Chase Rate:	4.0000 %	Taxes Cost(3):	23,705	3.1464
	Amortization Rate:	6.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	151,819	Total FRVS PD:	16.3690		

(1) 80% Capital (\$1,696,890) amortized at 6.5000% for 20 years Principal & Interest of \$151,819 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$7.7026

(2) 20% ROE (\$424,223) times the ROE factor (0.036670) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7893

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,779,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	108.3941	108.3941	6.4014	101.9927
Indirect Care	68.0810	68.0810	4.0206	64.0604
Property	13.6500	16.3690	0.9667	15.4023
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5301
Supplemental Rate Add-on				\$8.8324
Totals	252.3048	255.0238	15.0608	267.3255

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
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0 001306-00 - 2012/07
236.86

The Crossroads

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated[1]
 Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
206 West Orange Street Davenport FL 33837 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 12/28/2007 Previous Med # 269409	12/01/2007-11/08/2008 Days In CR 344 First Used: 2007/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 20,640 Max Annualized: 21,900 Total Patient: 17,847 Medicare: 3,907 Medicaid: 10,706	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
	Medicaid Utilization 59.98767% Occupancy: 86.46802% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.88467% Weighted Low Occ Adjustment Factor: 100.00000%		FY Index: 1.16484995 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.13265957 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	569,066	1,023,510	662,247	383,917	0	2,638,740
1a	Audit Adjustments						
2	Cost Per Diem	53.1539	95.6015	61.8576	35.8600		246.4730
3	Cost Per Diem Inflated	53.1539	95.6015	61.8576			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.1539	95.6015	61.8576	35.8600		246.4730
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation	55.7359		65.7248			
10b	Base for line 10a	54.4643		64.2254			
11	Lesser of 5,7,8,10, 10a	53.1539	95.6015	61.8576	13.6500		224.2630
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	53.1539	95.6015	61.8576	13.6500		224.2630
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



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Florida Agency For Health Care Administration
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The Crossroads

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/1/1988	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,024,000.00	Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: Fixed [2]	80% Capital(1): 1,467,079	6.6595
Indexed Asset Value 1,833,849	< 60% of Base: False	20% ROE(2): 366,770	0.4652
FRVS Base Asset: 971,248	Interest Rate: 6.5000 %	Insurance Cost(3): 50,000	2.8016
Occup Adj Factor: 0.9000	Chase Rate: 4.0000 %	Taxes Cost(3): 50,000	2.8016
ROE Factor 0.025000	Amortization Rate: 6.5000 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 131,258	Total FRVS PD:	12.7279

(1) 80% Capital (\$1,467,079) amortized at 6.5000% for 20 years Principal & Interest of \$131,258 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$6.6595

(2) 20% ROE (\$366,770) times the ROE factor (0.025000) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.4652

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 60	Effective PBS Limitation 1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.1539	53.1539	3.1391	50.0148
Patient Care				
Direct Care	95.6015	95.6015	5.6459	89.9556
Indirect Care	61.8576	61.8576	3.6531	58.2045
Property	13.6500	12.7279	0.7517	11.9762
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8790
Supplemental Rate Add-on				\$8.8324
Totals	224.2630	223.3409	13.1898	236.8625

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 001416-00 - 2012/07 194.21

Florida Baptist Retirement Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1006 33rd St. Vero Beach FL 32960 County: Indian River [31] Region: South [2] Area: 9 Control Church Non-Profit [2] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1955 Acquired Date: 1/1/1955 Entered Medicaid 7/30/2008 Med # Active Date: 7/30/2008 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 24 Maximum: 8,760 Max Annualized: 8,760 Total Patient: 8,624 Medicare: 0 Medicaid: 2,370	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 27.48145% Occupancy: 98.44749% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 125.10833% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	101,522	197,502	138,949	11,708	0	449,681
1a	Audit Adjustments						
2	Cost Per Diem	42.8363	83.3342	58.6283	4.9401		189.7389
3	Cost Per Diem Inflated	45.1632	85.9606	61.8130			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.1632	85.9606	61.8130	4.9401		197.8769
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.4806		77.0347			
7	Provider Target Rate	53.7058		78.8332			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	64.3999		71.1943			
10b	Base for line 10a	62.9307		69.5701			
11	Lesser of 5,7,8,10, 10a	45.1632	85.9606	61.8130	4.9401		197.8769
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.1632	85.9606	61.8130	4.9401		197.8769
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 001416-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

194.21

Florida Baptist Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/30/2008 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 256,736 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	205,389	1.5441
	< 60% of Base:	True	20% ROE(2):	51,347	0.1798
	Interest Rate:	0.0000 %	Insurance Cost(3):	20,302	2.3541
	Chase Rate:	6.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	6.0000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	3,971	0.0000
Yearly Payment:	12,174	Total FRVS PD:	4.0780		

(1) 80% Capital (\$205,389) amortized at 6.0000% for 20 years Interest of \$12,174 divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = \$1.5441

(2) 20% ROE (\$51,347) times the ROE factor (0.027600) divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = \$0.1798

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,669
Comparison Date: 1/1/1972	Current RS PBS:	50,254
Comparison Bed 24	Effective PBS Limitation	256,056

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.1632	45.1632	2.6672	42.4960
Patient Care				
Direct Care	85.9606	85.9606	5.0765	80.8841
Indirect Care	61.8130	61.8130	3.6505	58.1625
Property	4.9401	4.0780	0.2408	3.8372
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	197.8769	197.0148	11.6350	194.2122

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

0 002400-00 - 2012/07
239.39

Village Place Health and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2370 Harbor Blvd. Port Charlotte FL 33952 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 9/22/1987 Med # Active Date: 9/30/2008 Previous Med # 317179	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 31,588 Medicare: 11,287 Medicaid: 12,758	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 40.38876% Occupancy: 83.21391% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 105.74930% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	763,398	1,281,958	896,347	335,408	7,273	3,284,384
1a	Audit Adjustments						
2	Cost Per Diem	59.8368	100.4827	70.2576	26.2900	0.5701	257.4372
3	Cost Per Diem Inflated	61.4348	102.2989	72.1339			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	61.4348	102.2989	72.1339	26.2900	0.5701	262.7277
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.2594		66.5763			
7	Provider Target Rate	70.8764		68.1306			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	55.1439		62.2148			
10b	Base for line 10a	53.8859		60.7954			
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.7055	13.6500	0.5701	226.0549
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	99.9145	59.7055	13.6500	0.5701	226.0549
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 002400-00 - 2012/07

239.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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Village Place Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/22/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,200,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed [2]	80% Capital(1):	4,181,133	12.2840
Indexed Asset Value	5,226,416	< 60% of Base:	False	20% ROE(2):	1,045,283	0.7395
FRVS Base Asset:	3,036,280	Interest Rate:	8.0000 %	Insurance Cost(3):	67,075	2.1234
Occup Adj Factor:	0.9000	Chase Rate:	5.0000 %	Taxes Cost(3):	46,510	1.4724
ROE Factor	0.024170	Amortization Rate:	8.0000 %	Home Office(3):	29,633	0.9381
		Interest Only:	False	Replacement(3&4):	36,685	0.0000
		Yearly Payment:	419,672	Total FRVS PD:		17.5574

(1) 80% Capital (\$4,181,133) amortized at 8.0000% for 20 years Principal & Interest of \$419,672 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$12.2840

(2) 20% ROE (\$1,045,283) times the ROE factor (0.024170) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.7395

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 104	Effective PBS Limitation	3,036,280

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	17.5574	1.0369	16.5205
ROE	0.5701	0.5700	0.0337	0.5363
ROE Adjustment	-0.5700	-0.5700	-0.0337	-0.5363
Quality Assess-Medicaid Share				\$14.7110
Supplemental Rate Add-on				\$8.8324
Totals	225.4849	229.3922	13.5471	239.3885

***Medicaid Trend Adjustment :**



0 003521-00 - 2012/07
203.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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Trinity Regional Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2144 Welbilt Boulevard Trinity FL 34655 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/19/2007 Acquired Date: 11/19/2007 Entered Medicaid 11/25/2008 Med # Active Date: 11/25/2008 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,495 Medicare: 13,644 Medicaid: 20,746	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.23102% Occupancy: 92.45434% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.49215% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	907,953	1,584,945	1,435,617	837,309	0	4,765,824	
1a	Audit Adjustments							
2	Cost Per Diem	43.7652	76.3976	69.1997	40.3600		229.7225	
3	Cost Per Diem Inflated	44.9340	77.7785	71.0477				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.9340	77.7785	71.0477	40.3600		234.1202	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.6196		81.0620				
7	Provider Target Rate	58.9648		82.9545				
7a	Interim Adjustment							
7b	Interim Adjusted Provider Target Rate							
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500			
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334				
10	Target Rate Class Ceiling	50.1494		57.8638				
10a	New Provider Target Limitation	48.3075		54.5963				
10b	Base for line 10a	47.2054		53.3507				
11	Lesser of 5,7,8,10, 10a	44.9340	77.7785	54.5963	13.6500		190.9588	
12/13	Medicaid Adjustment Rate		0.1077	0.0756				
14	Prospective Per Diem 11	44.9340	77.8862	54.6719	13.6500		191.1421	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 003521-00 - 2012/07
203.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Trinity Regional Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/25/2008	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,729,094.00		Total Amount	Per Diem
RS to Start Calcs:	2007/07	Type:	Variable [3]	80% Capital(1):	4,636,477	8.5083
Indexed Asset Value	5,795,596	< 60% of Base:	False	20% ROE(2):	1,159,119	0.7107
FRVS Base Asset:	0	Interest Rate:	3.9400 %	Insurance Cost(3):	62,325	1.5391
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	103,200	2.5485
ROE Factor	0.024170	Amortization Rate:	3.9400 %	Home Office(3):	13,892	0.3431
		Interest Only:	False	Replacement(3&4):	20,771	0.0000
		Yearly Payment:	335,397	Total FRVS PD:		13.6497

(1) 80% Capital (\$4,636,477) amortized at 3.9400% for 20 years Principal & Interest of \$335,397 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.5083

(2) 20% ROE (\$1,159,119) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7107

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	46,708
Comparison Date: 1/1/2008	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	5,604,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9340	44.9340	2.6537	42.2803
Patient Care				
Direct Care	77.8862	77.8862	4.5997	73.2865
Indirect Care	54.6719	54.6719	3.2287	51.4432
Property	13.6500	13.6497	0.8061	12.8436
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1777
Supplemental Rate Add-on				\$8.8324
Totals	191.1421	191.1418	11.2882	203.8637

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005021-00 - 2012/07

196.67

Braden River Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
2010 Manatee Avenue Bradenton FL 34208 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1964 Acquired Date: 1/1/1964 Entered Medicaid 1/1/1971 Med # Active Date: 11/1/2008 Previous Med # 265667	05/01/2010-12/31/2010 Days In CR 245 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 70.91847% Occupancy: 79.52119% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 101.05654% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 208 Maximum: 50,960 Max Annualized: 75,920 Total Patient: 40,524 Medicare: 8,027 Medicaid: 28,739	Superior: 0 Standard: 184 Conditional: 0 Total: 184		
			Inflation		
			FY Index: 1.22417738		
			Semester Index: 1.28710041		
			Cost: 1.05140026		
			Target: 1.01634256		
			DC FY Index: 1.17566608		
			DC Sem Index: 1.21100000		
			DC Inflation: 1.03005438		
			PS Target: 1.02334651		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,115,831	2,381,730	1,152,549	911,601	0	5,561,711
1a	Audit Adjustments						
2	Cost Per Diem	38.8264	82.8745	40.1040	31.7200		193.5249
3	Cost Per Diem Inflated	40.8221	85.3652	42.1654			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.8221	85.3652	42.1654	31.7200		200.0727
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8659		48.2350			
7	Provider Target Rate	44.8900		49.3611			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	44.4414		49.4823			
10b	Base for line 10a	43.4275		48.3534			
11	Lesser of 5,7,8,10, 10a	40.8221	85.3652	42.1654	13.6500		182.0027
12/13	Medicaid Adjustment Rate		2.0089	0.9923			
14	Prospective Per Diem 11	40.8221	87.3741	43.1577	13.6500		185.0039
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005021-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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196.67

Braden River Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	3,327,639	5.0717
Indexed Asset Value	4,159,549	< 60% of Base:	False	20% ROE(2):	831,910	0.3044
FRVS Base Asset:	1,984,948	Interest Rate:	8.5000 %	Insurance Cost(3):	83,863	2.0695
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	53,305	1.3154
ROE Factor	0.025000	Amortization Rate:	8.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	10,379	0.0000
		Yearly Payment:	346,536	Total FRVS PD:		8.7610

(1) 80% Capital (\$3,327,639) amortized at 8.5000% for 20 years Principal & Interest of \$346,536 divided by annual available days (75,920) divided by Occup. Adj. (0.9000) = \$5.0717

(2) 20% ROE (\$831,910) times the ROE factor (0.025000) divided by annual available days (75,920) divided by Occup. Adj. (0.9000) = \$0.3044

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 208	Effective PBS Limitation	5,928,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8221	40.8221	2.4108	38.4113
Patient Care				
Direct Care	87.3741	87.3741	5.1600	82.2141
Indirect Care	43.1577	43.1577	2.5488	40.6089
Property	13.6500	8.7610	0.5174	8.2436
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3559
Supplemental Rate Add-on				\$8.8324
Totals	185.0039	180.1149	10.6370	196.6662

***Medicaid Trend Adjustment :**



0 005219-00 - 2012/07

215.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Osceola Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4201 W. New Nolte Rd. St. Cloud FL 34772 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/11/1991 Acquired Date: 6/11/1991 Entered Medicaid 10/28/1991 Med # Active Date: 1/1/2009 Previous Med # 217859	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,533 Medicare: 6,894 Medicaid: 23,357	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,001,672	1,888,766	1,201,162	539,780	0	4,631,380
1a	Audit Adjustments						
2	Cost Per Diem	42.8853	80.8651	51.4262	23.1100		198.2866
3	Cost Per Diem Inflated	44.7252	83.0247	53.6325			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7252	83.0247	53.6325	23.1100		204.4924
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9329		56.9077			
7	Provider Target Rate	53.1454		58.2363			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	47.0790		54.7056			
10b	Base for line 10a	46.0049		53.4576			
11	Lesser of 5,7,8,10, 10a	44.7252	83.0247	53.6325	13.6500		195.0324
12/13	Medicaid Adjustment Rate		0.7122	0.4600			
14	Prospective Per Diem 11	44.7252	83.7369	54.0925	13.6500		196.2046
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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215.12

Osceola Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/28/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/01 Indexed Asset Value 5,475,887 FRVS Base Asset: 3,642,240 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,200,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,380,710	13.7647
	< 60% of Base:	False	20% ROE(2):	1,095,177	0.7176
	Interest Rate:	12.0000 %	Insurance Cost(3):	25,167	0.6209
	Chase Rate:	8.0000 %	Taxes Cost(3):	56,173	1.3859
	Amortization Rate:	11.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	542,606	Total FRVS PD:	16.4891		

(1) 80% Capital (\$4,380,710) amortized at 11.0000% for 20 years Principal & Interest of \$542,606 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.7647

(2) 20% ROE (\$1,095,177) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7176

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7252	44.7252	2.6413	42.0839
Patient Care				
Direct Care	83.7369	83.7369	4.9452	78.7917
Indirect Care	54.0925	54.0925	3.1945	50.8980
Property	13.6500	16.4891	0.9738	15.5153
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9968
Supplemental Rate Add-on				\$8.8324
Totals	196.2046	199.0437	11.7548	215.1181

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005372-00 - 2012/07 195.68

Debarv Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
60 N. Highway 17-92 Debarv FL 32713 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 7/1/1983 Med # Active Date: 12/4/2008 Previous Med # 213551	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,534 Medicare: 8,406 Medicaid: 27,975	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 67.35446% Occupancy: 94.82648% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.50670% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,090,888	2,173,551	1,198,618	951,150	0	5,414,207
1a	Audit Adjustments						
2	Cost Per Diem	38.9951	77.6962	42.8460	34.0000		193.5373
3	Cost Per Diem Inflated	40.0365	79.1005	43.9902			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.0365	79.1005	43.9902	34.0000		197.1272
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.3011		51.9655			
7	Provider Target Rate	40.2186		53.1787			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	44.7835		54.4649			
10b	Base for line 10a	43.7618		53.2223			
11	Lesser of 5,7,8,10, 10a	40.0365	79.1005	43.9902	13.6500		176.7772
12/13	Medicaid Adjustment Rate		1.5443	0.8589			
14	Prospective Per Diem 11	40.0365	80.6448	44.8491	13.6500		179.1804
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005372-00 - 2012/07
195.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Debarv Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,008,973.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable [3]	80% Capital(1):	3,946,886	10.3319
Indexed Asset Value	4,933,608	< 60% of Base:	False	20% ROE(2):	986,722	0.6050
FRVS Base Asset:	1,460,322	Interest Rate:	8.3750 %	Insurance Cost(3):	34,131	0.8218
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	42,614	1.0260
ROE Factor	0.024170	Amortization Rate:	8.3750 %	Home Office(3):	35,464	0.8539
		Interest Only:	False	Replacement(3&4):	98,661	0.0000
		Yearly Payment:	407,285	Total FRVS PD:		13.6386

(1) 80% Capital (\$3,946,886) amortized at 8.3750% for 20 years Principal & Interest of \$407,285 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.3319

(2) 20% ROE (\$986,722) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6050

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.0365	40.0365	2.3644	37.6721
Patient Care				
Direct Care	80.6448	80.6448	4.7626	75.8822
Indirect Care	44.8491	44.8491	2.6486	42.2005
Property	13.6500	13.6386	0.8055	12.8331
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2573
Supplemental Rate Add-on				\$8.8324
Totals	179.1804	179.1690	10.5811	195.6776

***Medicaid Trend Adjustment :**



0 005374-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

210.40

Flagler Pines

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
300 South Lemon Street Bunnell FL 32110 County: Flagler [18] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/25/1985 Acquired Date: 11/25/1985 Entered Medicaid 11/25/1985 Med # Active Date: 12/4/2008 Previous Med # 213519	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,301 Medicare: 7,256 Medicaid: 24,219	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.09528% Occupancy: 92.01142% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.92928% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	999,622	2,053,197	1,246,979	747,398	0	5,047,196
1a	Audit Adjustments						
2	Cost Per Diem	41.2743	84.7763	51.4876	30.8600		208.3982
3	Cost Per Diem Inflated	42.3766	86.3086	52.8626			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.3766	86.3086	52.8626	30.8600		212.4078
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.9082		54.4581			
7	Provider Target Rate	39.8166		55.7295			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.5274		54.5143			
10b	Base for line 10a	42.5344		53.2706			
11	Lesser of 5,7,8,10, 10a	39.8166	86.3086	52.8626	13.6500		192.6378
12/13	Medicaid Adjustment Rate		0.9802	0.6004			
14	Prospective Per Diem 11	39.8166	87.2888	53.4630	13.6500		194.2184
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005374-00 - 2012/07
210.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Flagler Pines

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	3,275,023	10.6319
Indexed Asset Value	4,093,779	< 60% of Base:	False	20% ROE(2):	818,756	0.5020
FRVS Base Asset:	2,444,854	Interest Rate:	11.5000 %	Insurance Cost(3):	36,685	0.9103
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	30,116	0.7473
ROE Factor	0.024170	Amortization Rate:	11.5000 %	Home Office(3):	36,945	0.9167
		Interest Only:	False	Replacement(3&4):	131,749	0.0000
		Yearly Payment:	419,110	Total FRVS PD:		13.7082

- (1) 80% Capital (\$3,275,023) amortized at 11.5000% for 20 years Principal & Interest of \$419,110 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6319
- (2) 20% ROE (\$818,756) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5020
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.8166	39.8166	2.3514	37.4652
Patient Care				
Direct Care	87.2888	87.2888	5.1550	82.1338
Indirect Care	53.4630	53.4630	3.1573	50.3057
Property	13.6500	13.7082	0.8096	12.8986
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7688
Supplemental Rate Add-on				\$8.8324
Totals	194.2184	194.2766	11.4733	210.4045

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005379-00 - 2012/07 203.54

Longwood Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1520 South Grant Street Longwood FL 32750 County: Seminole [59] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 12/4/2008 Previous Med # 214159	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 64.92831% Occupancy: 90.52064% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.03478% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 59,635 Medicare: 11,851 Medicaid: 38,720	Superior: 0 Standard: 184 Conditional: 0 Total: 184		
			Inflation		
			FY Index: 1.21497768		
			Semester Index: 1.28710041		
			Cost: 1.05936136		
			Target: 1.01634256		
			DC FY Index: 1.17050000		
			DC Sem Index: 1.21100000		
			DC Inflation: 1.03460060		
			PS Target: 1.02334651		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,523,246	3,053,502	1,839,130	1,508,531	0	7,924,409
1a	Audit Adjustments						
2	Cost Per Diem	39.3400	78.8611	47.4982	38.9600		204.6593
3	Cost Per Diem Inflated	41.6753	81.5897	50.3178			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.6753	81.5897	50.3178	38.9600		212.5428
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.2852		54.7561			
7	Provider Target Rate	42.2491		56.0345			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	46.5456		56.2025			
10b	Base for line 10a	45.4837		54.9203			
11	Lesser of 5,7,8,10, 10a	41.6753	81.5897	50.3178	13.6500		187.2328
12/13	Medicaid Adjustment Rate		1.3702	0.8451			
14	Prospective Per Diem 11	41.6753	82.9599	51.1629	13.6500		189.4481
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005379-00 - 2012/07
203.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Longwood Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/29/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,285,679.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Variable [3]	80% Capital(1):	3,303,438	8.2166
Indexed Asset Value	4,129,297	< 60% of Base:	False	20% ROE(2):	825,859	0.6023
FRVS Base Asset:	2,415,321	Interest Rate:	7.6872 %	Insurance Cost(3):	53,509	0.8973
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	51,010	0.8554
ROE Factor	0.028750	Amortization Rate:	7.6872 %	Home Office(3):	63,880	1.0712
		Interest Only:	False	Replacement(3&4):	59,202	0.0000
		Yearly Payment:	323,900	Total FRVS PD:		11.6428

(1) 80% Capital (\$3,303,438) amortized at 7.6872% for 20 years Principal & Interest of \$323,900 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.2166

(2) 20% ROE (\$825,859) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6023

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.6753	41.6753	2.4612	39.2141
Patient Care				
Direct Care	82.9599	82.9599	4.8993	78.0606
Indirect Care	51.1629	51.1629	3.0215	48.1414
Property	13.6500	11.6428	0.6876	10.9552
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3412
Supplemental Rate Add-on				\$8.8324
Totals	189.4481	187.4409	11.0696	203.5449

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005380-00 - 2012/07

227.76

The Rehabilitation Center of Winter Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1700 Monroe Avenue Maitland FL 32751 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1983 Acquired Date: 3/1/1983 Entered Medicaid 3/1/1983 Med # Active Date: 12/4/2008 Previous Med # 214167	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 98,820 Max Annualized: 65,700 Total Patient: 61,441 Medicare: 14,396 Medicaid: 41,002	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.73394% Occupancy: 62.17466% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 79.01235% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,843,804	3,652,434	2,091,344	1,097,624	0	8,685,206
1a	Audit Adjustments						
2	Cost Per Diem	44.9686	89.0794	51.0059	26.7700		211.8239
3	Cost Per Diem Inflated	47.6380	92.1616	54.0337			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.6380	92.1616	54.0337	26.7700		220.6033
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1770		56.5645			
7	Provider Target Rate	50.3251		57.8851			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	50.8164		57.6655			
10b	Base for line 10a	49.6571		56.3499			
11	Lesser of 5,7,8,10, 10a	47.6380	92.1616	54.0337	13.6500		207.4833
12/13	Medicaid Adjustment Rate		1.7350	1.0172			
14	Prospective Per Diem 11	47.6380	93.8966	55.0509	13.6500		210.2355
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005380-00 - 2012/07
227.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Rehabilitation Center of Winter Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 3,800,000.00			Total Amount	Per Diem
RS to Start Calcs: 1983/01	Type: Fixed [2]		80% Capital(1): 4,851,500		12.7587
Indexed Asset Value 6,064,375	< 60% of Base: False		20% ROE(2): 1,212,875		0.5897
FRVS Base Asset: 3,384,742	Interest Rate: 14.7160 %		Insurance Cost(3): 82,141		1.3369
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %		Taxes Cost(3): 100,403		1.6341
ROE Factor 0.028750	Amortization Rate: 14.7160 %		Home Office(3): 69,695		1.1343
	Interest Only: False		Replacement(3&4): 67,426		0.0000
	Yearly Payment: 754,420		Total FRVS PD:		17.4537

- (1) 80% Capital (\$4,851,500) amortized at 14.7160% for 20 years Principal & Interest of \$754,420 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.7587
- (2) 20% ROE (\$1,212,875) times the ROE factor (0.028750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5897
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 180	Effective PBS Limitation 5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.6380	47.6380	2.8133	44.8247
Patient Care				
Direct Care	93.8966	93.8966	5.5452	88.3514
Indirect Care	55.0509	55.0509	3.2511	51.7998
Property	13.6500	17.4537	1.0308	16.4229
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5267
Supplemental Rate Add-on				\$8.8324
Totals	210.2355	214.0392	12.6404	227.7579

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005381-00 - 2012/07

199.43

Brynwood Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1656 South Jefferson Street Monticello FL 32344 County: Jefferson [33] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 4/1/1987 Acquired Date: 4/1/1987 Entered Medicaid 4/1/1987 Med # Active Date: 12/4/2008 Previous Med # 253855	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 97 Maximum: 35,405 Max Annualized: 35,405 Total Patient: 31,874 Medicare: 3,868 Medicaid: 23,433	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.51760% Occupancy: 90.02683% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.40724% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	937,326	1,939,568	887,222	579,967	0	4,344,083
1a	Audit Adjustments						
2	Cost Per Diem	40.0003	82.7708	37.8621	24.7500		185.3832
3	Cost Per Diem Inflated	41.0685	84.2669	38.8732			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0685	84.2669	38.8732	24.7500		188.9586
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3527		50.9938			
7	Provider Target Rate	42.3181		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	45.1866		56.6155			
10b	Base for line 10a	44.1557		55.3239			
11	Lesser of 5,7,8,10, 10a	41.0685	84.2669	38.8732	13.6500		177.8586
12/13	Medicaid Adjustment Rate		2.2295	1.0285			
14	Prospective Per Diem 11	41.0685	86.4964	39.9017	13.6500		181.1166
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005381-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

199.43

Brynwood Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,684,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Fixed [2]	80% Capital(1):	2,849,438	10.6774
Indexed Asset Value	3,561,798	< 60% of Base:	False	20% ROE(2):	712,360	0.5403
FRVS Base Asset:	1,720,920	Interest Rate:	10.4500 %	Insurance Cost(3):	20,363	0.6389
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	33,488	1.0506
ROE Factor	0.024170	Amortization Rate:	10.4500 %	Home Office(3):	25,784	0.8089
		Interest Only:	False	Replacement(3&4):	87,509	0.0000
		Yearly Payment:	340,231	Total FRVS PD:		13.7161

(1) 80% Capital (\$2,849,438) amortized at 10.4500% for 20 years Principal & Interest of \$340,231 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$10.6774

(2) 20% ROE (\$712,360) times the ROE factor (0.024170) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$0.5403

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	7/1/1986	Current RS PBS:	50,254
Comparison Bed	60	Effective PBS Limitation	1,720,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0685	41.0685	2.4254	38.6431
Patient Care				
Direct Care	86.4964	86.4964	5.1082	81.3882
Indirect Care	39.9017	39.9017	2.3565	37.5452
Property	13.6500	13.7161	0.8100	12.9061
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1122
Supplemental Rate Add-on				\$8.8324
Totals	181.1166	181.1827	10.7001	199.4272

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 005383-00 - 2012/07

205.66

Nursing Pavilion at Chipola Retirement Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4294 3rd Avenue Marianna FL 32446 County: Jackson [32] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 5/7/1991 Acquired Date: 5/7/1991 Entered Medicaid 5/7/1991 Med # Active Date: 12/4/2008 Previous Med # 212237	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 32,940 Max Annualized: 21,900 Total Patient: 30,162 Medicare: 6,139 Medicaid: 21,802	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.28301% Occupancy: 91.56649% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.36386% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	935,813	1,538,090	1,119,999	553,335	0	4,147,237
1a	Audit Adjustments						
2	Cost Per Diem	42.9233	70.5481	51.3714	25.3800		190.2228
3	Cost Per Diem Inflated	45.4713	72.9891	54.4209			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.4713	72.9891	54.4209	25.3800		198.2613
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0425		57.8412			
7	Provider Target Rate	43.0240		59.1916			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	47.1516		56.8292			
10b	Base for line 10a	46.0759		55.5327			
11	Lesser of 5,7,8,10, 10a	43.0240	72.9891	54.4209	13.6500		184.0840
12/13	Medicaid Adjustment Rate		1.8297	1.3642			
14	Prospective Per Diem 11	43.0240	74.8188	55.7851	13.6500		187.2779
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005383-00 - 2012/07
205.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Nursing Pavilion at Chipola Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/7/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	2,034,556	12.5756
Indexed Asset Value	2,543,195	< 60% of Base:	False	20% ROE(2):	508,639	0.7419
FRVS Base Asset:	1,711,770	Interest Rate:	10.7500 %	Insurance Cost(3):	28,520	0.9456
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	29,053	0.9632
ROE Factor	0.028750	Amortization Rate:	10.7500 %	Home Office(3):	28,861	0.9569
		Interest Only:	False	Replacement(3&4):	28,927	0.0000
		Yearly Payment:	247,865	Total FRVS PD:		16.1832

- (1) 80% Capital (\$2,034,556) amortized at 10.7500% for 20 years Principal & Interest of \$247,865 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.5756
- (2) 20% ROE (\$508,639) times the ROE factor (0.028750) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7419
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,821,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.0240	43.0240	2.5409	40.4831
Patient Care				
Direct Care	74.8188	74.8188	4.4186	70.4002
Indirect Care	55.7851	55.7851	3.2945	52.4906
Property	13.6500	16.1832	0.9557	15.2275
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2311
Supplemental Rate Add-on				\$8.8324
Totals	187.2779	189.8111	11.2097	205.6649

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 005384-00 - 2012/07

217.16

Glencove Nursing Pavilion

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1027 East Highway Business 9 Panama City FL 32401 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1992 Acquired Date: 9/1/1992 Entered Medicaid 9/1/1992 Med # Active Date: 12/4/2008 Previous Med # 212181	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 115 Maximum: 41,975 Max Annualized: 41,975 Total Patient: 39,094 Medicare: 8,444 Medicaid: 22,286	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.00619% Occupancy: 93.13639% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.35891% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	910,025	2,006,950	1,095,314	689,529	0	4,701,818
1a	Audit Adjustments						
2	Cost Per Diem	40.8339	90.0543	49.1481	30.9400		210.9763
3	Cost Per Diem Inflated	41.9244	91.6820	50.4606			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9244	91.6820	50.4606	30.9400		215.0070
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3405		55.8248			
7	Provider Target Rate	42.3057		57.1281			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	45.3049		56.7154			
10b	Base for line 10a	44.2713		55.4215			
11	Lesser of 5,7,8,10, 10a	41.9244	91.6820	50.4606	13.6500		197.7170
12/13	Medicaid Adjustment Rate		0.7226	0.3977			
14	Prospective Per Diem 11	41.9244	92.4046	50.8583	13.6500		198.8373
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005384-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

217.16

Glencove Nursing Pavilion

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1992 Year of Phase-In/ Full: RS to Start Calcs: 1992/07 Indexed Asset Value 5,013,889 FRVS Base Asset: 3,635,035 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	4,600,000.00		
	Type:	Fixed [2]		
	< 60% of Base:	False	80% Capital(1):	4,011,111 12.9353
	Interest Rate:	10.7500 %	20% ROE(2):	1,002,778 0.6416
	Chase Rate:	8.2500 %	Insurance Cost(3):	37,212 0.9519
	Amortization Rate:	10.7500 %	Taxes Cost(3):	65,720 1.6811
	Interest Only:	False	Home Office(3):	36,374 0.9304
Yearly Payment:	488,664	Replacement(3&4):	98,961 0.0000	
		Total FRVS PD:	17.1403	

(1) 80% Capital (\$4,011,111) amortized at 10.7500% for 20 years Principal & Interest of \$488,664 divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = \$12.9353

(2) 20% ROE (\$1,002,778) times the ROE factor (0.024170) divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = \$0.6416

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	31,609
Comparison Date: 1/1/1992	Current RS PBS:	50,254
Comparison Bed 115	Effective PBS Limitation	3,635,035

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9244	41.9244	2.4759	39.4485
Patient Care				
Direct Care	92.4046	92.4046	5.4571	86.9475
Indirect Care	50.8583	50.8583	3.0035	47.8548
Property	13.6500	17.1403	1.0122	16.1281
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9459
Supplemental Rate Add-on				\$8.8324
Totals	198.8373	202.3276	11.9487	217.1572

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005385-00 - 2012/07
203.02

Panama City Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
924 West 13th Street Panama City FL 32401 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1984 Acquired Date: 8/1/1984 Entered Medicaid 8/1/1984 Med # Active Date: 12/4/2008 Previous Med # 211851	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 61,968 Medicare: 10,362 Medicaid: 41,981	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.74626% Occupancy: 94.06193% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.53510% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,412,971	3,669,912	1,913,556	802,677	0	7,799,116
1a	Audit Adjustments						
2	Cost Per Diem	33.6574	87.4184	45.5815	19.1200		185.7773
3	Cost Per Diem Inflated	35.6553	90.4431	48.2873			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.6553	90.4431	48.2873	19.1200		193.5057
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8895		54.8810			
7	Provider Target Rate	40.8208		56.1623			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.6317		54.9256			
10b	Base for line 10a	42.6363		53.6725			
11	Lesser of 5,7,8,10, 10a	35.6553	90.4431	48.2873	13.6500		188.0357
12/13	Medicaid Adjustment Rate		1.8057	0.9640			
14	Prospective Per Diem 11	35.6553	92.2488	49.2513	13.6500		190.8054
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005385-00 - 2012/07

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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203.02

Panama City Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	1,957,427	6.1736
Indexed Asset Value	2,446,784	< 60% of Base:	True	20% ROE(2):	489,357	0.3569
FRVS Base Asset:	1,395,468	Interest Rate:	12.5000 %	Insurance Cost(3):	52,040	0.8398
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	39,482	0.6371
ROE Factor	0.028750	Amortization Rate:	12.5000 %	Home Office(3):	59,239	0.9560
		Interest Only:	True	Replacement(3&4):	107,676	0.0000
		Yearly Payment:	243,362	Total FRVS PD:		8.9634

(1) 80% Capital (\$1,957,427) amortized at 12.5000% for 20 years Interest of \$243,362 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.1736

(2) 20% ROE (\$489,357) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3569

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.6553	35.6553	2.1057	33.5496
Patient Care				
Direct Care	92.2488	92.2488	5.4479	86.8009
Indirect Care	49.2513	49.2513	2.9086	46.3427
Property	13.6500	8.9634	0.5293	8.4341
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0624
Supplemental Rate Add-on				\$8.8324
Totals	190.8054	186.1188	10.9915	203.0221

***Medicaid Trend Adjustment :**



0 005386-00 - 2012/07

204.84

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Riverchase Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1017 Strong Road Quincy FL 32351 County: Gadsden[20] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/19/1985 Acquired Date: 11/19/1985 Entered Medicaid 11/19/1985 Med # Active Date: 12/4/2008 Previous Med # 253413	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 63,744 Medicare: 6,208 Medicaid: 54,062	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
Medicaid Utilization 84.81112% Occupancy: 96.75774% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.96097% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,157,841	3,857,416	2,478,104	1,147,196	0	9,640,557
1a	Audit Adjustments						
2	Cost Per Diem	39.9142	71.3517	45.8382	21.2200		178.3241
3	Cost Per Diem Inflated	42.2836	73.8205	48.5592			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2836	73.8205	48.5592	21.2200		185.8833
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1867		51.0286			
7	Provider Target Rate	42.1483		52.2199			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.5274		51.4886			
10b	Base for line 10a	42.5344		50.3139			
11	Lesser of 5,7,8,10, 10a	42.1483	73.8205	48.5592	13.6500		178.1780
12/13	Medicaid Adjustment Rate		2.8910	1.9017			
14	Prospective Per Diem 11	42.1483	76.7115	50.4609	13.6500		182.9707
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005386-00 - 2012/07

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204.84

Riverchase Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	4,486,317	13.5890
Indexed Asset Value	5,607,896	< 60% of Base:	False	20% ROE(2):	1,121,579	0.8180
FRVS Base Asset:	3,420,000	Interest Rate:	10.4500 %	Insurance Cost(3):	47,543	0.7458
Occup Adj Factor:	0.9000	Chase Rate:	11.5000 %	Taxes Cost(3):	62,980	0.9880
ROE Factor	0.028750	Amortization Rate:	10.4500 %	Home Office(3):	56,930	0.8931
		Interest Only:	False	Replacement(3&4):	54,622	0.0000
		Yearly Payment:	535,679	Total FRVS PD:		17.0339

(1) 80% Capital (\$4,486,317) amortized at 10.4500% for 20 years Principal & Interest of \$535,679 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.5890

(2) 20% ROE (\$1,121,579) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8180

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.1483	42.1483	2.4891	39.6592
Patient Care				
Direct Care	76.7115	76.7115	4.5303	72.1812
Indirect Care	50.4609	50.4609	2.9801	47.4808
Property	13.6500	17.0339	1.0060	16.0279
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6608
Supplemental Rate Add-on				\$8.8324
Totals	182.9707	186.3546	11.0055	204.8423

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005387-00 - 2012/07

207.53

Suwannee Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1620 Helvenston Streets E Live Oak FL 32064 County: Suwannee [61] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1982 Acquired Date: 4/1/1982 Entered Medicaid 9/1/1983 Med # Active Date: 12/4/2008 Previous Med # 223719	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 98,820 Max Annualized: 65,700 Total Patient: 95,678 Medicare: 15,513 Medicaid: 74,284	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.63958% Occupancy: 96.82048% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.04070% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,798,245	5,721,376	3,381,132	2,373,374	0	14,274,127
1a	Audit Adjustments						
2	Cost Per Diem	37.6696	77.0203	45.5163	31.9500		192.1562
3	Cost Per Diem Inflated	39.9057	79.6852	48.2182			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.9057	79.6852	48.2182	31.9500		199.7591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.8239		54.0905			
7	Provider Target Rate	42.8003		55.3533			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	47.1830		56.0149			
10b	Base for line 10a	46.1066		54.7370			
11	Lesser of 5,7,8,10, 10a	39.9057	79.6852	48.2182	13.6500		181.4591
12/13	Medicaid Adjustment Rate		2.4778	1.4993			
14	Prospective Per Diem 11	39.9057	82.1630	49.7175	13.6500		185.4362
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005387-00 - 2012/07
207.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Suwannee Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed [2]	80% Capital(1):	6,842,291	15.0964
Indexed Asset Value	8,552,864	< 60% of Base:	False	20% ROE(2):	1,710,573	0.8317
FRVS Base Asset:	3,332,561	Interest Rate:	11.8000 %	Insurance Cost(3):	86,562	0.9047
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	116,676	1.2195
ROE Factor	0.028750	Amortization Rate:	11.8000 %	Home Office(3):	90,549	0.9464
		Interest Only:	False	Replacement(3&4):	55,552	0.0000
		Yearly Payment:	892,652	Total FRVS PD:		18.9987

(1) 80% Capital (\$6,842,291) amortized at 11.8000% for 20 years Principal & Interest of \$892,652 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$15.0964

(2) 20% ROE (\$1,710,573) times the ROE factor (0.028750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8317

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9057	39.9057	2.3567	37.5490
Patient Care				
Direct Care	82.1630	82.1630	4.8523	77.3107
Indirect Care	49.7175	49.7175	2.9362	46.7813
Property	13.6500	18.9987	1.1220	17.8767
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1787
Supplemental Rate Add-on				\$8.8324
Totals	185.4362	190.7849	11.2672	207.5288

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005388-00 - 2012/07
237.30

Berkshire Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1255 NE 135th Street North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1983 Acquired Date: 12/1/1983 Entered Medicaid 12/1/1983 Med # Active Date: 12/4/2008 Previous Med # 228915	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 245 Maximum: 134,505 Max Annualized: 89,425 Total Patient: 59,970 Medicare: 4,393 Medicaid: 51,571	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 85.99466% Occupancy: 44.58570% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 56.66008% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,422,818	4,383,061	2,907,979	1,385,713	0	11,099,571
1a	Audit Adjustments						
2	Cost Per Diem	46.9802	84.9908	56.3879	26.8700		215.2289
3	Cost Per Diem Inflated	49.7690	87.9315	59.7352			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.7690	87.9315	59.7352	26.8700		224.3057
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.0264		57.9177			
7	Provider Target Rate	50.1710		59.2699			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	52.6701		59.8597			
10b	Base for line 10a	51.4685		58.4941			
11	Lesser of 5,7,8,10, 10a	49.7690	87.9315	59.2699	13.6500		210.6204
12/13	Medicaid Adjustment Rate		3.5607	2.4001			
14	Prospective Per Diem 11	49.7690	91.4922	61.6700	13.6500		216.5812
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005388-00 - 2012/07
237.30

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Berkshire Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	10,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	7,628,398	12.1296
Indexed Asset Value	9,535,498	< 60% of Base:	False	20% ROE(2):	1,907,100	0.6813
FRVS Base Asset:	5,509,033	Interest Rate:	11.5000 %	Insurance Cost(3):	64,608	1.0773
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	143,982	2.4009
ROE Factor	0.028750	Amortization Rate:	11.5000 %	Home Office(3):	62,234	1.0378
		Interest Only:	False	Replacement(3&4):	131,109	0.0000
		Yearly Payment:	976,218	Total FRVS PD:		17.3269

(1) 80% Capital (\$7,628,398) amortized at 11.5000% for 20 years Principal & Interest of \$976,218 divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = \$12.1296

(2) 20% ROE (\$1,907,100) times the ROE factor (0.028750) divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = \$0.6813

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 245	Effective PBS Limitation	6,982,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.7690	49.7690	2.9392	46.8298
Patient Care				
Direct Care	91.4922	91.4922	5.4032	86.0890
Indirect Care	61.6700	61.6700	3.6420	58.0280
Property	13.6500	17.3269	1.0233	16.3036
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2132
Supplemental Rate Add-on				\$8.8324
Totals	216.5812	220.2581	13.0077	237.2960

***Medicaid Trend Adjustment :**



0 005519-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

206.80

Carnegie Gardens Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1415 South Hickory Street Melbourne FL 32901 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1983 Acquired Date: 8/1/1983 Entered Medicaid 8/1/1983 Med # Active Date: 12/4/2008 Previous Med # 212008	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 138 Maximum: 50,370 Max Annualized: 50,370 Total Patient: 43,377 Medicare: 7,232 Medicaid: 28,829	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.46149% Occupancy: 86.11674% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.43824% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,168,675	2,439,550	1,288,433	708,617	0	5,605,275
1a	Audit Adjustments						
2	Cost Per Diem	40.5382	84.6214	44.6923	24.5800		194.4319
3	Cost Per Diem Inflated	41.6208	86.1509	45.8858			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.6208	86.1509	45.8858	24.5800		198.2375
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8486		52.9407			
7	Provider Target Rate	45.8957		54.1767			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	45.9822		53.6700			
10b	Base for line 10a	44.9332		52.4456			
11	Lesser of 5,7,8,10, 10a	41.6208	86.1509	45.8858	13.6500		187.3075
12/13	Medicaid Adjustment Rate		1.5954	0.8498			
14	Prospective Per Diem 11	41.6208	87.7463	46.7356	13.6500		189.7527
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005519-00 - 2012/07
206.80

Florida Agency For Health Care Administration
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Carnegie Gardens Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,595,040.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	5,353,098	10.5382
Indexed Asset Value	6,691,372	< 60% of Base:	False	20% ROE(2):	1,338,274	0.7135
FRVS Base Asset:	3,933,000	Interest Rate:	6.4680 %	Insurance Cost(3):	35,694	0.8229
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	45,790	1.0556
ROE Factor	0.024170	Amortization Rate:	6.4680 %	Home Office(3):	38,687	0.8919
		Interest Only:	False	Replacement(3&4):	98,376	0.0000
		Yearly Payment:	477,726	Total FRVS PD:		14.0221

(1) 80% Capital (\$5,353,098) amortized at 6.4680% for 20 years Principal & Interest of \$477,726 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$10.5382

(2) 20% ROE (\$1,338,274) times the ROE factor (0.024170) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.7135

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	138	Effective PBS Limitation	3,933,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.6208	41.6208	2.4580	39.1628
Patient Care				
Direct Care	87.7463	87.7463	5.1820	82.5643
Indirect Care	46.7356	46.7356	2.7601	43.9755
Property	13.6500	14.0221	0.8281	13.1940
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0737
Supplemental Rate Add-on				\$8.8324
Totals	189.7527	190.1248	11.2282	206.8027

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 005523-00 - 2012/07

201.44

Fountainhead Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
390 NE 135th Street North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 7/1/1984 Med # Active Date: 12/4/2008 Previous Med # 228907	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 146 Maximum: 53,290 Max Annualized: 53,290 Total Patient: 42,434 Medicare: 2,196 Medicaid: 38,516	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 90.76684% Occupancy: 79.62845% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 101.19284% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,386,554	2,859,875	1,720,832	976,766	0	6,944,027
1a	Audit Adjustments						
2	Cost Per Diem	35.9994	74.2516	44.6784	25.3600		180.2894
3	Cost Per Diem Inflated	36.9608	75.5937	45.8716			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.9608	75.5937	45.8716	25.3600		183.7861
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.5598		50.7305			
7	Provider Target Rate	42.5301		51.9149			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	47.9614		55.6353			
10b	Base for line 10a	46.8672		54.3660			
11	Lesser of 5,7,8,10, 10a	36.9608	75.5937	45.8716	13.6500		172.0761
12/13	Medicaid Adjustment Rate		3.4017	2.0642			
14	Prospective Per Diem 11	36.9608	78.9954	47.9358	13.6500		177.5420
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005523-00 - 2012/07
201.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Fountainhead Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	5,546,831	14.8003
Indexed Asset Value	6,933,539	< 60% of Base:	False	20% ROE(2):	1,386,708	0.6988
FRVS Base Asset:	4,161,000	Interest Rate:	11.5000 %	Insurance Cost(3):	31,689	0.7468
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	30,643	0.7221
ROE Factor	0.024170	Amortization Rate:	11.5000 %	Home Office(3):	32,829	0.7736
		Interest Only:	False	Replacement(3&4):	48,313	0.0000
		Yearly Payment:	709,837	Total FRVS PD:		17.7416

- (1) 80% Capital (\$5,546,831) amortized at 11.5000% for 20 years Principal & Interest of \$709,837 divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = \$14.8003
- (2) 20% ROE (\$1,386,708) times the ROE factor (0.024170) divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = \$0.6988
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 146	Effective PBS Limitation	4,161,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.9608	36.9608	2.1828	34.7780
Patient Care				
Direct Care	78.9954	78.9954	4.6652	74.3302
Indirect Care	47.9358	47.9358	2.8309	45.1049
Property	13.6500	17.7416	1.0478	16.6938
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.7054
Supplemental Rate Add-on				\$8.8324
Totals	177.5420	181.6336	10.7267	201.4447

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005543-00 - 2012/07
220.61

Manor on the Green

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
324 Wilder Boulevard Daytona Beach FL 32114 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1981 Acquired Date: 8/1/1981 Entered Medicaid 8/1/1981 Med # Active Date: 12/4/2008 Previous Med # 213527	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 192 Maximum: 105,408 Max Annualized: 70,080 Total Patient: 65,564 Medicare: 6,812 Medicaid: 53,943	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 82.27533% Occupancy: 62.20021% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 79.04482% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,233,079	4,565,957	2,793,505	1,024,378	0	10,616,919
1a	Audit Adjustments						
2	Cost Per Diem	41.3970	84.6441	51.7862	18.9900		196.8173
3	Cost Per Diem Inflated	43.8544	87.5728	54.8603			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8544	87.5728	54.8603	18.9900		205.2775
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5415		59.2856			
7	Provider Target Rate	46.6047		60.6697			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	45.4569		56.1423			
10b	Base for line 10a	44.4199		54.8615			
11	Lesser of 5,7,8,10, 10a	43.8544	87.5728	54.8603	13.6500		199.9375
12/13	Medicaid Adjustment Rate		3.1797	1.9920			
14	Prospective Per Diem 11	43.8544	90.7525	56.8523	13.6500		205.1092
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005543-00 - 2012/07
220.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Manor on the Green

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/19/2004 Year of Phase-In/ Full: RS to Start Calcs: 1981/07 Indexed Asset Value 6,245,544 FRVS Base Asset: 3,805,960 Occup Adj Factor: 0.9000 ROE Factor 0.028750	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,495,865.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,996,435	8.1746
	< 60% of Base:	False	20% ROE(2):	1,249,109	0.5694
	Interest Rate:	8.3750 %	Insurance Cost(3):	64,684	0.9866
	Chase Rate:	8.5000 %	Taxes Cost(3):	71,831	1.0956
	Amortization Rate:	8.3750 %	Home Office(3):	64,823	0.9887
	Interest Only:	False	Replacement(3&4):	113,872	0.0000
Yearly Payment:	515,589	Total FRVS PD:	11.8149		

(1) 80% Capital (\$4,996,435) amortized at 8.3750% for 20 years Principal & Interest of \$515,589 divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = \$8.1746

(2) 20% ROE (\$1,249,109) times the ROE factor (0.028750) divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = \$0.5694

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 192	Effective PBS Limitation	5,472,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.8544	43.8544	2.5899	41.2645
Patient Care				
Direct Care	90.7525	90.7525	5.3595	85.3930
Indirect Care	56.8523	56.8523	3.3575	53.4948
Property	13.6500	11.8149	0.6977	11.1172
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.5118
Supplemental Rate Add-on				\$8.8324
Totals	205.1092	203.2741	12.0046	220.6137

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005547-00 - 2012/07
207.22

Oakwood Garden of Deland

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
451 South Amelia Avenue Deland FL 32724 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1978 Acquired Date: 1/1/1978 Entered Medicaid 1/1/1978 Med # Active Date: 12/4/2008 Previous Med # 213543	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 122 Maximum: 66,978 Max Annualized: 44,530 Total Patient: 57,981 Medicare: 8,251 Medicaid: 42,095	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.60137% Occupancy: 86.56723% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.01073% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,716,619	3,299,271	2,051,874	982,076	0	8,049,840
1a	Audit Adjustments						
2	Cost Per Diem	40.7796	78.3768	48.7439	23.3300		191.2303
3	Cost Per Diem Inflated	43.2003	81.0887	51.6374			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2003	81.0887	51.6374	23.3300		199.2564
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7476		54.8674			
7	Provider Target Rate	46.8156		56.1484			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	49.5663		57.7575			
10b	Base for line 10a	48.4355		56.4398			
11	Lesser of 5,7,8,10, 10a	43.2003	81.0887	51.6374	13.6500		189.5764
12/13	Medicaid Adjustment Rate		2.0618	1.3130			
14	Prospective Per Diem 11	43.2003	83.1505	52.9504	13.6500		192.9512
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005547-00 - 2012/07
207.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Oakwood Garden of Deland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1978/01 Indexed Asset Value 3,543,745 FRVS Base Asset: 2,076,193 Occup Adj Factor: 0.9000 ROE Factor 0.028750	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,586,938.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,834,996	7.2996
	< 60% of Base:	False	20% ROE(2):	708,749	0.5084
	Interest Rate:	8.3750 %	Insurance Cost(3):	55,907	0.9642
	Chase Rate:	8.5000 %	Taxes Cost(3):	54,602	0.9417
	Amortization Rate:	8.3750 %	Home Office(3):	55,658	0.9599
	Interest Only:	False	Replacement(3&4):	105,445	0.0000
Yearly Payment:	292,547	Total FRVS PD:	10.6738		

(1) 80% Capital (\$2,834,996) amortized at 8.3750% for 20 years Principal & Interest of \$292,547 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$7.2996

(2) 20% ROE (\$708,749) times the ROE factor (0.028750) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$0.5084

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 122	Effective PBS Limitation	3,477,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.2003	43.2003	2.5513	40.6490
Patient Care				
Direct Care	83.1505	83.1505	4.9106	78.2399
Indirect Care	52.9504	52.9504	3.1271	49.8233
Property	13.6500	10.6738	0.6304	10.0434
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6326
Supplemental Rate Add-on				\$8.8324
Totals	192.9512	189.9750	11.2194	207.2206

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005549-00 - 2012/07

224.62

Oaks Of Kissimmee

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
320 North Mitchell Avenue Kissimmee FL 34741 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 11/1/1985 Acquired Date: 11/1/1985 Entered Medicaid 11/1/1985 Med # Active Date: 12/4/2008 Previous Med # 213501	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 59 Maximum: 21,535 Max Annualized: 21,535 Total Patient: 18,844 Medicare: 2,913 Medicaid: 13,319	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 70.68032% Occupancy: 87.50407% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.20127% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	667,631	1,141,041	720,222	338,835	0	2,867,729
1a	Audit Adjustments						
2	Cost Per Diem	50.1262	85.6702	54.0748	25.4400		215.3112
3	Cost Per Diem Inflated	51.4649	87.2187	55.5189			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.4649	87.2187	55.5189	25.4400		219.6425
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8038		60.1337			
7	Provider Target Rate	51.9899		61.5376			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation	54.3327		60.1734			
10b	Base for line 10a	53.0932		58.8006			
11	Lesser of 5,7,8,10, 10a	51.4649	87.2187	55.5189	13.6500		207.8525
12/13	Medicaid Adjustment Rate		2.0292	1.2917			
14	Prospective Per Diem 11	51.4649	89.2479	56.8106	13.6500		211.1734
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005549-00 - 2012/07
224.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Oaks Of Kissimmee

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Variable [3]	80% Capital(1):	1,396,595	7.3001
Indexed Asset Value	1,745,744	< 60% of Base:	False	20% ROE(2):	349,149	0.4354
FRVS Base Asset:	923,314	Interest Rate:	8.1250 %	Insurance Cost(3):	18,783	0.9968
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	29,438	1.5622
ROE Factor	0.024170	Amortization Rate:	8.1250 %	Home Office(3):	17,917	0.9508
		Interest Only:	False	Replacement(3&4):	42,730	0.0000
		Yearly Payment:	141,487	Total FRVS PD:		11.2453

(1) 80% Capital (\$1,396,595) amortized at 8.1250% for 20 years Principal & Interest of \$141,487 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$7.3001

(2) 20% ROE (\$349,149) times the ROE factor (0.024170) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.4354

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 59	Effective PBS Limitation	1,681,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.4649	51.4649	3.0393	48.4256
Patient Care				
Direct Care	89.2479	89.2479	5.2707	83.9772
Indirect Care	56.8106	56.8106	3.3550	53.4556
Property	13.6500	11.2453	0.6641	10.5812
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3515
Supplemental Rate Add-on				\$8.8324
Totals	211.1734	208.7687	12.3291	224.6235

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005701-00 - 2012/07
209.20

Avante at Ocala, Inc.

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2021 SW 1 Avenue Ocala FL 34474 County: Marion[42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1968 Acquired Date: 9/1/1968 Entered Medicaid 11/1/1980 Med # Active Date: 11/15/2008 Previous Med # 228699	12/01/2009-05/31/2011 Days In CR 547 First Used: 2008/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 133 Maximum: 72,751 Max Annualized: 48,545 Total Patient: 30,594 Medicare: 11,821 Medicaid: 13,349	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 43.63274% Occupancy: 42.05303% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 53.44152% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22417738	Semester Index: 1.28710041
		Cost: 1.05140026	Target: 1.01634256
		DC FY Index: 1.17566608	DC Sem Index: 1.21100000
		DC Inflation: 1.03005438	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	853,946	1,320,419	1,058,738	117,738	0	3,350,841
1a	Audit Adjustments						
2	Cost Per Diem	63.9708	98.9152	79.3122	8.8200		251.0182
3	Cost Per Diem Inflated	67.2589	101.8880	83.3889			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	67.2589	101.8880	83.3889	8.8200		261.3558
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.9076		84.1931			
7	Provider Target Rate	69.4930		86.1587			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	41.0250		47.4134			
10b	Base for line 10a	40.0891		46.3317			
11	Lesser of 5,7,8,10, 10a	41.0250	96.6592	47.4134	8.8200		193.9176
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.0250	96.6592	47.4134	8.8200		193.9176
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005701-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

209.20

Avante at Ocala, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None [1]	80% Capital(1):	2,775,194	7.8972
Indexed Asset Value	3,468,992	< 60% of Base:	True	20% ROE(2):	693,798	0.4467
FRVS Base Asset:	1,786,469	Interest Rate:	12.5000 %	Insurance Cost(3):	47,891	1.5654
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	59,151	1.9334
ROE Factor	0.028130	Amortization Rate:	12.5000 %	Home Office(3):	33,028	1.0796
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	345,033	Total FRVS PD:		12.9223

(1) 80% Capital (\$2,775,194) amortized at 12.5000% for 20 years Interest of \$345,033 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$7.8972

(2) 20% ROE (\$693,798) times the ROE factor (0.028130) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$0.4467

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 133	Effective PBS Limitation	3,790,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0250	41.0250	2.4228	38.6022
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	47.4134	47.4134	2.8001	44.6133
Property	8.8200	12.9223	0.7631	12.1592
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.0457
Supplemental Rate Add-on				\$8.8324
Totals	193.9176	198.0199	11.6944	209.2036

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005811-00 - 2012/07

217.49

Palatka Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
110 Kay Larkin Dr. Palatka FL 32177 County: Putnam [54] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/26/1989 Acquired Date: 5/26/1989 Entered Medicaid 5/26/1989 Med # Active Date: 1/1/2009 Previous Med # 226025	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,157 Medicare: 13,528 Medicaid: 39,018	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.79973% Occupancy: 93.08524% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.29391% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,724,903	3,322,285	1,971,787	670,719	0	7,689,694
1a	Audit Adjustments						
2	Cost Per Diem	44.2079	85.1475	50.5353	17.1900		197.0807
3	Cost Per Diem Inflated	46.1045	87.4215	52.7034			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.1045	87.4215	52.7034	17.1900		203.4194
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7537		57.9392			
7	Provider Target Rate	50.9153		59.2919			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.9899		52.8221			
10b	Base for line 10a	42.9863		51.6170			
11	Lesser of 5,7,8,10, 10a	43.9899	87.4215	52.7034	13.6500		197.7648
12/13	Medicaid Adjustment Rate		1.3572	0.8182			
14	Prospective Per Diem 11	43.9899	88.7787	53.5216	13.6500		199.9402
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005811-00 - 2012/07
217.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Palatka Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/26/1986	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 8,164,874.00	Total Amount	Per Diem
RS to Start Calcs: 1989/01	Type: Variable [3]	80% Capital(1): 6,359,230	12.1754
Indexed Asset Value: 7,949,038	< 60% of Base: False	20% ROE(2): 1,589,808	0.6945
FRVS Base Asset: 1,778,760	Interest Rate: 9.6724 %	Insurance Cost(3): 43,486	0.7111
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 179,592	2.9366
ROE Factor: 0.025830	Amortization Rate: 9.6724 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 719,929	Total FRVS PD: 16.5176	

(1) 80% Capital (\$6,359,230) amortized at 9.6724% for 20 years Principal & Interest of \$719,929 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.1754

(2) 20% ROE (\$1,589,808) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6945

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,778,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9899	43.9899	2.5979	41.3920
Patient Care				
Direct Care	88.7787	88.7787	5.2430	83.5357
Indirect Care	53.5216	53.5216	3.1608	50.3608
Property	13.6500	16.5176	0.9755	15.5421
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8267
Supplemental Rate Add-on				\$8.8324
Totals	199.9402	202.8078	11.9772	217.4897

***Medicaid Trend Adjustment :**



0 005814-00 - 2012/07

229.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bovnton Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7900 Venture Center Way Boynton Beach FL 33437 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 9/14/1999 Acquired Date: 9/1/1983 Entered Medicaid 9/14/1999 Med # Active Date: 12/4/2008 Previous Med # 218952	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 81 Maximum: 44,469 Max Annualized: 29,565 Total Patient: 40,333 Medicare: 15,435 Medicaid: 13,820	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 34.26475% Occupancy: 90.69914% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.26161% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	643,639	1,215,047	822,757	555,564	0	3,237,007
1a	Audit Adjustments						
2	Cost Per Diem	46.5730	87.9195	59.5338	40.2000		234.2263
3	Cost Per Diem Inflated	49.3376	90.9616	63.0678			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.3376	90.9616	63.0678	40.2000		243.5670
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6162		65.5547			
7	Provider Target Rate	49.7512		67.0852			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	57.4934		66.4046			
10b	Base for line 10a	56.1818		64.8897			
11	Lesser of 5,7,8,10, 10a	49.3376	90.9616	63.0678	13.6500		217.0170
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.3376	90.9616	63.0678	13.6500		217.0170
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005814-00 - 2012/07
229.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bovnton Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/14/1999	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,280,000.00	Total Amount	Per Diem
RS to Start Calcs: 1983/07	Type: Variable [3]	80% Capital(1): 2,527,626	10.3221
Indexed Asset Value 3,159,533	< 60% of Base: False	20% ROE(2): 631,907	0.6828
FRVS Base Asset: 0	Interest Rate: 9.0898 %	Insurance Cost(3): 43,601	1.0810
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 95,027	2.3561
ROE Factor 0.028750	Amortization Rate: 9.0898 %	Home Office(3): 53,436	1.3249
	Interest Only: False	Replacement(3&4): 82,181	0.0000
	Yearly Payment: 274,655	Total FRVS PD:	15.7669

(1) 80% Capital (\$2,527,626) amortized at 9.0898% for 20 years Principal & Interest of \$274,655 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$10.3221

(2) 20% ROE (\$631,907) times the ROE factor (0.028750) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$0.6828

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	50,254
Comparison Bed 71	Effective PBS Limitation	2,758,066

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.3376	49.3376	2.9137	46.4239
Patient Care				
Direct Care	90.9616	90.9616	5.3719	85.5897
Indirect Care	63.0678	63.0678	3.7246	59.3432
Property	13.6500	15.7669	0.9311	14.8358
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.1302
Supplemental Rate Add-on				\$8.8324
Totals	217.0170	219.1339	12.9413	229.1552

***Medicaid Trend Adjustment :**



0 005826-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

188.58

Accentia Health & Rehabilitation Center of Tampa

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1818 East Fletcher Avenue Tampa FL 33612 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1975 Acquired Date: 1/1/1975 Entered Medicaid 8/1/1981 Med # Active Date: 12/4/2008 Previous Med # 213039	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 266 Maximum: 146,034 Max Annualized: 97,090 Total Patient: 125,515 Medicare: 14,552 Medicaid: 102,504	Superior: 0 Standard: 171 Conditional: 13 Total: 184
	Medicaid Utilization 81.66673% Occupancy: 85.94916% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.22530% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,563,209	8,929,103	4,295,723	1,973,202	0	18,761,236
1a	Audit Adjustments						
2	Cost Per Diem	34.7617	87.1098	41.9079	19.2500		183.0294
3	Cost Per Diem Inflated	36.8252	90.1239	44.3956			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.8252	90.1239	44.3956	19.2500		190.5947
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7480		53.1168			
7	Provider Target Rate	44.7694		54.3569			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	45.9822		54.2296			
10b	Base for line 10a	44.9332		52.9924			
11	Lesser of 5,7,8,10, 10a	36.8252	90.1239	44.3956	13.6500		184.9947
12/13	Medicaid Adjustment Rate		2.9838	1.4699			
14	Prospective Per Diem 11	36.8252	93.1077	45.8655	13.6500		189.4484
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005826-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

188.58

Accentia Health & Rehabilitation Center of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,371,412.00		Total Amount	Per Diem
RS to Start Calcs:	1975/01	Type:	Fixed [2]	80% Capital(1):	5,654,429	8.0452
Indexed Asset Value	7,068,036	< 60% of Base:	True	20% ROE(2):	1,413,607	0.4651
FRVS Base Asset:	3,288,408	Interest Rate:	9.5000 %	Insurance Cost(3):	76,463	0.6092
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	181,850	1.4488
ROE Factor	0.028750	Amortization Rate:	12.5000 %	Home Office(3):	112,251	0.8943
		Interest Only:	True	Replacement(3&4):	112,375	0.0000
		Yearly Payment:	703,000	Total FRVS PD:		11.4626

(1) 80% Capital (\$5,654,429) amortized at 12.5000% for 20 years Interest of \$703,000 divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = \$8.0452

(2) 20% ROE (\$1,413,607) times the ROE factor (0.028750) divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = \$0.4651

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 266	Effective PBS Limitation	7,581,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.8252	36.8252	2.1748	34.6504
Patient Care				
Direct Care	93.1077	93.1077	5.4986	87.6091
Indirect Care	45.8655	45.8655	2.7087	43.1568
Property	13.6500	11.4626	0.6769	10.7857
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.5451
Supplemental Rate Add-on				\$8.8324
Totals	189.4484	187.2610	11.0590	188.5795

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005849-00 - 2012/07

234.96

Glen Oaks Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1100 Pine Street Clearwater FL 33756 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/6/1989 Acquired Date: 2/6/1989 Entered Medicaid 2/6/1989 Med # Active Date: 12/4/2008 Previous Med # 255840	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 76 Maximum: 41,724 Max Annualized: 27,740 Total Patient: 36,018 Medicare: 4,222 Medicaid: 28,112	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.04986% Occupancy: 86.32442% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.70217% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,371,979	2,388,207	1,523,716	675,812	0	5,959,714
1a	Audit Adjustments						
2	Cost Per Diem	48.8040	84.9533	54.2016	24.0400		211.9989
3	Cost Per Diem Inflated	51.7011	87.8927	57.4191			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.7011	87.8927	57.4191	24.0400		221.0529
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.6799		62.6309			
7	Provider Target Rate	51.8631		64.0931			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation	55.1149		65.4143			
10b	Base for line 10a	53.8575		63.9219			
11	Lesser of 5,7,8,10, 10a	51.7011	87.8927	57.4191	13.6500		210.6629
12/13	Medicaid Adjustment Rate		2.7736	1.8119			
14	Prospective Per Diem 11	51.7011	90.6663	59.2310	13.6500		215.2484
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005849-00 - 2012/07
234.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Glen Oaks Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/6/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,715,349.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Fixed [2]	80% Capital(1):	2,817,081	13.4730
Indexed Asset Value	3,521,351	< 60% of Base:	False	20% ROE(2):	704,270	0.8110
FRVS Base Asset:	2,253,096	Interest Rate:	10.4500 %	Insurance Cost(3):	36,755	1.0205
Occup Adj Factor:	0.9000	Chase Rate:	11.0000 %	Taxes Cost(3):	32,988	0.9159
ROE Factor	0.028750	Amortization Rate:	10.4500 %	Home Office(3):	36,841	1.0228
		Interest Only:	False	Replacement(3&4):	100,997	0.0000
		Yearly Payment:	336,367	Total FRVS PD:		17.2432

- (1) 80% Capital (\$2,817,081) amortized at 10.4500% for 20 years Principal & Interest of \$336,367 divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = \$13.4730
- (2) 20% ROE (\$704,270) times the ROE factor (0.028750) divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = \$0.8110
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	50,254
Comparison Bed 76	Effective PBS Limitation	2,253,096

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.7011	51.7011	3.0533	48.6478
Patient Care				
Direct Care	90.6663	90.6663	5.3545	85.3118
Indirect Care	59.2310	59.2310	3.4980	55.7330
Property	13.6500	17.2432	1.0183	16.2249
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.2069
Supplemental Rate Add-on				\$8.8324
Totals	215.2484	218.8416	12.9241	234.9568

***Medicaid Trend Adjustment :**



0 005850-00 - 2012/07

207.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heritage Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
37135 Coleman Avenue Dade City FL 33525 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 12/4/2008 Previous Med # 214132	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 63,091 Medicare: 14,213 Medicaid: 40,010	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,522,786	3,457,720	1,841,275	908,627	0	7,730,408
1a	Audit Adjustments						
2	Cost Per Diem	38.0601	86.4214	46.0204	22.7100		193.2119
3	Cost Per Diem Inflated	40.3194	89.4116	48.7522			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.3194	89.4116	48.7522	22.7100		201.1932
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.2732		52.3029			
7	Provider Target Rate	43.2601		53.5240			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	46.3281		54.0463			
10b	Base for line 10a	45.2712		52.8133			
11	Lesser of 5,7,8,10, 10a	40.3194	89.4116	48.7522	13.6500		192.1332
12/13	Medicaid Adjustment Rate		1.3495	0.7358			
14	Prospective Per Diem 11	40.3194	90.7611	49.4880	13.6500		194.2185
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005850-00 - 2012/07
207.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heritage Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,455,094.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Variable [3]	80% Capital(1):	3,050,758	7.5882
Indexed Asset Value	3,813,448	< 60% of Base:	False	20% ROE(2):	762,690	0.5562
FRVS Base Asset:	2,122,271	Interest Rate:	7.6872 %	Insurance Cost(3):	61,932	0.9816
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	83,316	1.3206
ROE Factor	0.028750	Amortization Rate:	7.6872 %	Home Office(3):	62,938	0.9976
		Interest Only:	False	Replacement(3&4):	119,219	0.0000
		Yearly Payment:	299,125	Total FRVS PD:		11.4442

(1) 80% Capital (\$3,050,758) amortized at 7.6872% for 20 years Principal & Interest of \$299,125 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5882

(2) 20% ROE (\$762,690) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5562

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.3194	40.3194	2.3811	37.9383
Patient Care				
Direct Care	90.7611	90.7611	5.3601	85.4010
Indirect Care	49.4880	49.4880	2.9226	46.5654
Property	13.6500	11.4442	0.6759	10.7683
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7334
Supplemental Rate Add-on				\$8.8324
Totals	194.2185	192.0127	11.3397	207.2388

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 005851-00 - 2012/07
220.29

Lake Eustis Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
411 W. Woodward Avenue Eustis FL 32726 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 2/1/1982 Med # Active Date: 12/4/2008 Previous Med # 213870	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 49,410 Max Annualized: 32,850 Total Patient: 45,964 Medicare: 12,966 Medicaid: 29,839	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.91820% Occupancy: 93.02570% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.21824% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,217,706	2,525,385	1,810,163	795,508	0	6,348,762
1a	Audit Adjustments						
2	Cost Per Diem	40.8092	84.6337	60.6643	26.6600		212.7672
3	Cost Per Diem Inflated	43.2317	87.5621	64.2654			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2317	87.5621	64.2654	26.6600		221.7192
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.5514		61.3508			
7	Provider Target Rate	42.5215		62.7831			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	47.3611		62.8063			
10b	Base for line 10a	46.2806		61.3734			
11	Lesser of 5,7,8,10, 10a	42.5215	87.5621	61.7620	13.6500		205.4956
12/13	Medicaid Adjustment Rate		1.4696	1.0366			
14	Prospective Per Diem 11	42.5215	89.0317	62.7986	13.6500		208.0018
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005851-00 - 2012/07
220.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lake Eustis Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 2,624,895.00			Total Amount	Per Diem
RS to Start Calcs: 1983/01	Type: Variable [3]		80% Capital(1): 2,503,828	9.3077	
Indexed Asset Value 3,129,785	< 60% of Base: False		20% ROE(2): 625,957	0.6087	
FRVS Base Asset: 1,010,008	Interest Rate: 9.5350 %		Insurance Cost(3): 41,863	0.9108	
Occup Adj Factor: 0.9000	Chase Rate: 7.2500 %		Taxes Cost(3): 44,271	0.9632	
ROE Factor 0.028750	Amortization Rate: 9.2500 %		Home Office(3): 51,694	1.1247	
	Interest Only: False		Replacement(3&4): 100,287	0.0000	
	Yearly Payment: 275,181		Total FRVS PD:	12.9151	

(1) 80% Capital (\$2,503,828) amortized at 9.2500% for 20 years Principal & Interest of \$275,181 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$9.3077

(2) 20% ROE (\$625,957) times the ROE factor (0.028750) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.6087

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 60	Effective PBS Limitation 1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5215	42.5215	2.5112	40.0103
Patient Care				
Direct Care	89.0317	89.0317	5.2579	83.7738
Indirect Care	62.7986	62.7986	3.7087	59.0899
Property	13.6500	12.9151	0.7627	12.1524
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.4330
Supplemental Rate Add-on				\$8.8324
Totals	208.0018	207.2669	12.2405	220.2918

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 006339-00 - 2012/07 205.99

Lake Placid Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
125 Tomoka Boulevard South Lake Placid FL 33852 County: Highlands [28] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1984 Acquired Date: 1/1/1984 Entered Medicaid 1/1/1984 Med # Active Date: 12/4/2008 Previous Med # 214124	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 98,820 Max Annualized: 65,700 Total Patient: 87,140 Medicare: 21,625 Medicaid: 60,204	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 69.08882% Occupancy: 88.18053% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.06094% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,094,291	5,017,895	2,859,967	1,792,875	0	11,765,028
1a	Audit Adjustments						
2	Cost Per Diem	34.7866	83.3482	47.5046	29.7800		195.4194
3	Cost Per Diem Inflated	36.8516	86.2321	50.3245			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.8516	86.2321	50.3245	29.7800		203.1882
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0659		54.8854			
7	Provider Target Rate	39.9780		56.1668			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	45.5302		53.6700			
10b	Base for line 10a	44.4915		52.4456			
11	Lesser of 5,7,8,10, 10a	36.8516	86.2321	50.3245	13.6500		187.0582
12/13	Medicaid Adjustment Rate		1.8518	1.0807			
14	Prospective Per Diem 11	36.8516	88.0839	51.4052	13.6500		189.9907
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 006339-00 - 2012/07
205.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lake Placid Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 8,129,560.00			Total Amount	Per Diem
RS to Start Calcs: 1984/01	Type: Variable [3]		80% Capital(1): 6,399,970	10.6124	
Indexed Asset Value 7,999,962	< 60% of Base: False		20% ROE(2): 1,599,992	0.7779	
FRVS Base Asset: 2,984,578	Interest Rate: 7.6872 %		Insurance Cost(3): 82,692	0.9490	
Occup Adj Factor: 0.9000	Chase Rate: 7.7500 %		Taxes Cost(3): 136,537	1.5669	
ROE Factor 0.028750	Amortization Rate: 7.6872 %		Home Office(3): 86,684	0.9948	
	Interest Only: False		Replacement(3&4): 64,050	0.0000	
	Yearly Payment: 627,513		Total FRVS PD:	14.9010	

(1) 80% Capital (\$6,399,970) amortized at 7.6872% for 20 years Principal & Interest of \$627,513 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.6124

(2) 20% ROE (\$1,599,992) times the ROE factor (0.028750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7779

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.8516	36.8516	2.1763	34.6753
Patient Care				
Direct Care	88.0839	88.0839	5.2019	82.8820
Indirect Care	51.4052	51.4052	3.0358	48.3694
Property	13.6500	14.9010	0.8800	14.0210
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2095
Supplemental Rate Add-on				\$8.8324
Totals	189.9907	191.2417	11.2940	205.9896

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 006340-00 - 2012/07

207.25

Windsor Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
602 East Laura Street Starke FL 32091 County: Bradford [4] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/25/1990 Acquired Date: 6/25/1990 Entered Medicaid 7/2/1990 Med # Active Date: 12/4/2008 Previous Med # 213888	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 61,789 Medicare: 12,732 Medicaid: 41,732	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.53953% Occupancy: 93.79023% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.18981% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,548,822	3,324,288	1,950,284	1,628,383	0	8,451,777
1a	Audit Adjustments						
2	Cost Per Diem	37.1135	79.6580	46.7335	39.0200		202.5250
3	Cost Per Diem Inflated	39.3166	82.4142	49.5077			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.3166	82.4142	49.5077	39.0200		210.2585
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.5990		52.2097			
7	Provider Target Rate	41.5468		53.4286			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.5274		53.3178			
10b	Base for line 10a	42.5344		52.1014			
11	Lesser of 5,7,8,10, 10a	39.3166	82.4142	49.5077	13.6500		184.8885
12/13	Medicaid Adjustment Rate		1.6262	0.9769			
14	Prospective Per Diem 11	39.3166	84.0404	50.4846	13.6500		187.4916
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 006340-00 - 2012/07
207.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Windsor Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/2/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,618,667.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed [2]	80% Capital(1):	4,351,130	14.1253
Indexed Asset Value	5,438,913	< 60% of Base:	False	20% ROE(2):	1,087,783	0.7933
FRVS Base Asset:	3,595,587	Interest Rate:	11.5000 %	Insurance Cost(3):	46,651	0.7550
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	63,888	1.0340
ROE Factor	0.028750	Amortization Rate:	11.5000 %	Home Office(3):	62,501	1.0115
		Interest Only:	False	Replacement(3&4):	56,185	0.0000
		Yearly Payment:	556,821	Total FRVS PD:		17.7191

(1) 80% Capital (\$4,351,130) amortized at 11.5000% for 20 years Principal & Interest of \$556,821 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.1253

(2) 20% ROE (\$1,087,783) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7933

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.3166	39.3166	2.3219	36.9947
Patient Care				
Direct Care	84.0404	84.0404	4.9631	79.0773
Indirect Care	50.4846	50.4846	2.9815	47.5031
Property	13.6500	17.7191	1.0464	16.6727
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1734
Supplemental Rate Add-on				\$8.8324
Totals	187.4916	191.5607	11.3129	207.2536

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 006408-00 - 2012/07
220.14

Rehabilitation Center of St. Pete

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
435 42nd Avenue South St. Petersburg FL 33705 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 1/1/2009 Previous Med # 228362	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 159 Maximum: 58,035 Max Annualized: 58,035 Total Patient: 53,471 Medicare: 6,503 Medicaid: 40,541	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 75.81867% Occupancy: 92.13578% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.08733% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,962,570	3,337,838	2,146,599	467,438	0	7,914,445
1a	Audit Adjustments						
2	Cost Per Diem	48.4095	82.3324	52.9488	11.5300		195.2207
3	Cost Per Diem Inflated	50.4864	84.5312	55.2205			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.4864	84.5312	55.2205	11.5300		201.7681
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.9221		58.5765			
7	Provider Target Rate	52.1110		59.9441			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	48.3955		54.7056			
10b	Base for line 10a	47.2914		53.4576			
11	Lesser of 5,7,8,10, 10a	48.3955	84.5312	54.7056	11.5300		199.1623
12/13	Medicaid Adjustment Rate		2.4553	1.5890			
14	Prospective Per Diem 11	48.3955	86.9865	56.2946	11.5300		203.2066
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 006408-00 - 2012/07
220.14

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Rehabilitation Center of St. Pete

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1984/07	Amount: 5,800,000.00	80% Capital(1): 2,526,570	4.1496
Indexed Asset Value 3,158,212	Type: Fixed [2]	20% ROE(2): 631,642	0.3124
FRVS Base Asset: 1,587,729	< 60% of Base: False	Insurance Cost(3): 67,124	1.2553
Occup Adj Factor: 0.9000	Interest Rate: 5.9728 %	Taxes Cost(3): 62,923	1.1768
ROE Factor 0.025830	Chase Rate: 3.2500 %	Home Office(3): 0	0.0000
	Amortization Rate: 5.9728 %	Replacement(3&4): 58,139	0.0000
	Interest Only: False	Total FRVS PD:	6.8941
	Yearly Payment: 216,738		

(1) 80% Capital (\$2,526,570) amortized at 5.9728% for 20 years Principal & Interest of \$216,738 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$4.1496

(2) 20% ROE (\$631,642) times the ROE factor (0.025830) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.3124

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 159	Effective PBS Limitation	4,531,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.3955	48.3955	2.8581	45.5374
Patient Care				
Direct Care	86.9865	86.9865	5.1371	81.8494
Indirect Care	56.2946	56.2946	3.3246	52.9700
Property	11.5300	6.8941	0.6809	10.8491
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1062
Supplemental Rate Add-on				\$8.8324
Totals	203.2066	198.5707	12.0007	220.1445

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 006483-00 - 2012/07 215.46

Salerno Bay Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4801 S.E. Cove Road Stuart FL 34997 County: Martin [43] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1985 Acquired Date: 6/1/1985 Entered Medicaid 7/1/1985 Med # Active Date: 12/4/2008 Previous Med # 214141	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,875 Medicare: 4,993 Medicaid: 27,050	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.83699% Occupancy: 91.03881% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.69328% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,135,916	2,246,202	1,389,851	746,310	0	5,518,279	
1a	Audit Adjustments							
2	Cost Per Diem	41.9932	83.0389	51.3808	27.5900		204.0029	
3	Cost Per Diem Inflated	43.1147	84.5398	52.7530				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.1147	84.5398	52.7530	27.5900		207.9975	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1627		58.6549				
7	Provider Target Rate	45.1937		60.0243				
7a	Interim Adjustment							
7b	Interim Adjusted Provider Target Rate							
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500			
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454				
10	Target Rate Class Ceiling	52.8206		59.7055				
10a	New Provider Target Limitation	49.3247		60.8727				
10b	Base for line 10a	48.1994		59.4840				
11	Lesser of 5,7,8,10, 10a	43.1147	84.5398	52.7530	13.6500		194.0575	
12/13	Medicaid Adjustment Rate		1.6964	1.0586				
14	Prospective Per Diem 11	43.1147	86.2362	53.8116	13.6500		196.8125	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 006483-00 - 2012/07
215.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Salerno Bay Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,162,740.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Variable [3]	80% Capital(1):	4,261,612	10.5999
Indexed Asset Value	5,327,015	< 60% of Base:	False	20% ROE(2):	1,065,403	0.6532
FRVS Base Asset:	3,321,973	Interest Rate:	7.6872 %	Insurance Cost(3):	35,890	0.9001
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	83,888	2.1038
ROE Factor	0.024170	Amortization Rate:	7.6872 %	Home Office(3):	35,847	0.8990
		Interest Only:	False	Replacement(3&4):	64,128	0.0000
		Yearly Payment:	417,849	Total FRVS PD:		15.1560

(1) 80% Capital (\$4,261,612) amortized at 7.6872% for 20 years Principal & Interest of \$417,849 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5999

(2) 20% ROE (\$1,065,403) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6532

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.1147	43.1147	2.5462	40.5685
Patient Care				
Direct Care	86.2362	86.2362	5.0928	81.1434
Indirect Care	53.8116	53.8116	3.1779	50.6337
Property	13.6500	15.1560	0.8951	14.2609
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.0238
Supplemental Rate Add-on				\$8.8324
Totals	196.8125	198.3185	11.7120	215.4627

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 006489-00 - 2012/07

223.33

Royal Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
600 Business Parkway Royal Palm Beach FL 33411 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/1/1985 Acquired Date: 2/1/1985 Entered Medicaid 2/1/1985 Med # Active Date: 12/4/2008 Previous Med # 214108	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,542 Medicare: 6,613 Medicaid: 24,995	Superior: 0 Standard: 117 Conditional: 67 Total: 184
	Medicaid Utilization 61.65211% Occupancy: 92.56164% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.62851% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,112,735	2,203,802	1,315,568	774,345	0	5,406,450
1a	Audit Adjustments						
2	Cost Per Diem	44.5183	88.1697	52.6332	30.9800		216.3012
3	Cost Per Diem Inflated	45.7072	89.7634	54.0388			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.7072	89.7634	54.0388	30.9800		220.4894
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5403		58.3700			
7	Provider Target Rate	47.6269		59.7327			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	49.6039		58.0543			
10b	Base for line 10a	48.4722		56.7299			
11	Lesser of 5,7,8,10, 10a	45.7072	89.7634	54.0388	13.6500		203.1594
12/13	Medicaid Adjustment Rate		0.7482	0.4504			
14	Prospective Per Diem 11	45.7072	90.5116	54.4892	13.6500		204.3580
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 006489-00 - 2012/07
223.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Royal Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,446,928.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Variable [3]	80% Capital(1):	4,699,036	11.6879
Indexed Asset Value	5,873,795	< 60% of Base:	False	20% ROE(2):	1,174,759	0.7203
FRVS Base Asset:	3,420,000	Interest Rate:	7.6872 %	Insurance Cost(3):	36,196	0.8928
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	105,066	2.5915
ROE Factor	0.024170	Amortization Rate:	7.6872 %	Home Office(3):	40,768	1.0056
		Interest Only:	False	Replacement(3&4):	102,270	0.0000
		Yearly Payment:	460,738	Total FRVS PD:		16.8981

(1) 80% Capital (\$4,699,036) amortized at 7.6872% for 20 years Principal & Interest of \$460,738 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6879

(2) 20% ROE (\$1,174,759) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7203

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.7072	45.7072	2.6993	43.0079
Patient Care				
Direct Care	90.5116	90.5116	5.3453	85.1663
Indirect Care	54.4892	54.4892	3.2180	51.2712
Property	13.6500	16.8981	0.9979	15.9002
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1563
Supplemental Rate Add-on				\$8.8324
Totals	204.3580	207.6061	12.2605	223.3343

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 006767-00 - 2012/07
226.32

Oakbrook of LaBelle

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
250 Broward Avenue Labelle FL 33935 County: Hendry [26] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 11/1/1986 Acquired Date: 11/1/1986 Entered Medicaid 11/25/1986 Med # Active Date: 12/4/2008 Previous Med # 213497	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 93 Maximum: 51,057 Max Annualized: 33,945 Total Patient: 44,808 Medicare: 6,610 Medicaid: 29,049	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.82994% Occupancy: 87.76074% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.52747% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,168,530	2,558,987	1,556,579	725,935	0	6,010,031
1a	Audit Adjustments						
2	Cost Per Diem	40.2262	88.0921	53.5846	24.9900		206.8929
3	Cost Per Diem Inflated	42.6141	91.1401	56.7655			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.6141	91.1401	56.7655	24.9900		215.5097
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7190		61.3003			
7	Provider Target Rate	47.8097		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	54.2271		62.7314			
10b	Base for line 10a	52.9900		61.3003			
11	Lesser of 5,7,8,10, 10a	42.6141	91.1401	56.7655	13.6500		204.1697
12/13	Medicaid Adjustment Rate		1.5206	0.9471			
14	Prospective Per Diem 11	42.6141	92.6607	57.7126	13.6500		206.6374
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 006767-00 - 2012/07
226.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Oakbrook of LaBelle

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 4,700,000.00			Total Amount	Per Diem
RS to Start Calcs: 1986/07	Type: Fixed [2]		80% Capital(1): 3,093,302	12.9574	
Indexed Asset Value 3,866,628	< 60% of Base: False		20% ROE(2): 773,326	0.7278	
FRVS Base Asset: 1,397,653	Interest Rate: 11.5000 %		Insurance Cost(3): 44,989	1.0040	
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %		Taxes Cost(3): 75,800	1.6917	
ROE Factor 0.028750	Amortization Rate: 11.5000 %		Home Office(3): 46,431	1.0362	
	Interest Only: False		Replacement(3&4): 78,933	0.0000	
	Yearly Payment: 395,855		Total FRVS PD:	17.4171	

(1) 80% Capital (\$3,093,302) amortized at 11.5000% for 20 years Principal & Interest of \$395,855 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$12.9574

(2) 20% ROE (\$773,326) times the ROE factor (0.028750) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$0.7278

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,737
Comparison Date: 1/1/1986	Current RS PBS: 50,254
Comparison Bed 60	Effective PBS Limitation 1,724,220

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.6141	42.6141	2.5166	40.0975
Patient Care				
Direct Care	92.6607	92.6607	5.4722	87.1885
Indirect Care	57.7126	57.7126	3.4083	54.3043
Property	13.6500	17.4171	1.0286	16.3885
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5133
Supplemental Rate Add-on				\$8.8324
Totals	206.6374	210.4045	12.4257	226.3245

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 008793-00 - 2012/07
236.66

Woods of Manatee Springs

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5627 9th Street East Bradenton FL 34203 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1985 Acquired Date: 8/1/1985 Entered Medicaid 8/1/1985 Med # Active Date: 7/1/2007 Previous Med # 316610	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,765 Medicare: 7,756 Medicaid: 23,469	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.14484% Occupancy: 86.22146% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.57134% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,047,887	2,211,036	1,105,876	1,356,274	0	5,721,073
1a	Audit Adjustments						
2	Cost Per Diem	44.6498	94.2109	47.1207	57.7900		243.7714
3	Cost Per Diem Inflated	47.0752	97.1801	49.6803			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.0752	97.1801	49.6803	57.7900		251.7256
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6232		50.5007			
7	Provider Target Rate	47.7117		51.6797			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	52.9116		58.0487			
10b	Base for line 10a	51.7045		56.7244			
11	Lesser of 5,7,8,10, 10a	47.0752	97.1801	49.6803	13.6500		207.5856
12/13	Medicaid Adjustment Rate		1.3278	0.6788			
14	Prospective Per Diem 11	47.0752	98.5079	50.3591	13.6500		209.5922
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 008793-00 - 2012/07
236.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Woods of Manatee Springs

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 7,067,335 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,800,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,653,868	20.4653
	< 60% of Base:	False	20% ROE(2):	1,413,467	0.9896
	Interest Rate:	13.2450 %	Insurance Cost(3):	37,263	0.9867
	Chase Rate:	13.0000 %	Taxes Cost(3):	165,973	4.3949
	Amortization Rate:	13.2450 %	Home Office(3):	751	0.0199
	Interest Only:	False	Replacement(3&4):	17,800	0.0000
Yearly Payment:	806,743	Total FRVS PD:	26.8564		

- (1) 80% Capital (\$5,653,868) amortized at 13.2450% for 20 years Principal & Interest of \$806,743 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$20.4653
- (2) 20% ROE (\$1,413,467) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9896
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.0752	47.0752	2.7801	44.2951
Patient Care				
Direct Care	98.5079	98.5079	5.8176	92.6903
Indirect Care	50.3591	50.3591	2.9740	47.3851
Property	13.6500	26.8564	1.5861	25.2703
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1890
Supplemental Rate Add-on				\$8.8324
Totals	209.5922	222.7986	13.1578	236.6622

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 010082-00 - 2012/07 226.00

Courtvard Gardens Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
17781 Thelma Ave Jupiter FL 33458 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 7/8/1986 Med # Active Date: 6/1/2009 Previous Med # 224928	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 27,718 Medicare: 4,819 Medicaid: 14,526	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 52.40638% Occupancy: 63.28310% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 80.42098% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	609,291	1,357,673	888,518	258,708	0	3,114,190
1a	Audit Adjustments						
2	Cost Per Diem	41.9449	93.4650	61.1674	17.8100		214.3873
3	Cost Per Diem Inflated	43.7445	95.9611	63.7917			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.7445	95.9611	63.7917	17.8100		221.3073
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8540		60.6478			
7	Provider Target Rate	52.0413		62.0637			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	48.8906		56.5895			
10b	Base for line 10a	47.7752		55.2985			
11	Lesser of 5,7,8,10, 10a	43.7445	95.9611	56.5895	13.6500		209.9451
12/13	Medicaid Adjustment Rate		0.2598	0.1532			
14	Prospective Per Diem 11	43.7445	96.2209	56.7427	13.6500		210.3581
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 010082-00 - 2012/07
226.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Courtvard Gardens Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/8/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,580,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	4,427,162	8.8942
Indexed Asset Value	5,533,953	< 60% of Base:	False	20% ROE(2):	1,106,791	0.7252
FRVS Base Asset:	3,289,560	Interest Rate:	5.0000 %	Insurance Cost(3):	49,775	1.7958
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	71,523	2.5804
ROE Factor	0.025830	Amortization Rate:	5.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	318,552	0.0000
		Yearly Payment:	350,608	Total FRVS PD:		13.9956

(1) 80% Capital (\$4,427,162) amortized at 5.0000% for 20 years Principal & Interest of \$350,608 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8942

(2) 20% ROE (\$1,106,791) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7252

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,413
Comparison Date: 1/1/1984	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,289,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.7445	43.7445	2.5834	41.1611
Patient Care				
Direct Care	96.2209	96.2209	5.6825	90.5384
Indirect Care	56.7427	56.7427	3.3510	53.3917
Property	13.6500	13.9956	0.8265	13.1691
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9104
Supplemental Rate Add-on				\$8.8324
Totals	210.3581	210.7037	12.4434	226.0031

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 010453-00 - 2012/07

223.17

HHCC - Sarasota

Type of Cost Report: Cost Settled Interim New Facility[6] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5401 Sawyer Road Sarasota FL 34233 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/10/2009 Acquired Date: 7/10/2009 Entered Medicaid 7/10/2009 Med # Active Date: 7/10/2009 Previous Med #	07/10/2009-12/31/2010 Days In CR 540 First Used: 2009/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 140 Maximum: 75,600 Max Annualized: 51,100 Total Patient: 46,629 Medicare: 24,780 Medicaid: 500	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 1.07229% Occupancy: 61.67857% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 78.38191% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	38,366	46,900	33,936	11,120	2,084	132,406
1a	Audit Adjustments						
2	Cost Per Diem	76.7320	93.8000	67.8720	22.2400	4.1680	264.8120
3	Cost Per Diem Inflated	81.2869	97.0455	71.9010			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	81.2869	97.0455	71.9010	22.2400	4.1680	276.6414
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	82.1502		72.6647			
7	Provider Target Rate	84.0681		74.3612			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	49.7818		56.8347			
10b	Base for line 10a	48.6461		55.5381			
11	Lesser of 5,7,8,10, 10a	49.7818	97.0455	56.8347	13.6500	4.1680	221.4800
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.7818	97.0455	56.8347	13.6500	4.1680	221.4800
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 010453-00 - 2012/07
223.17

Florida Agency For Health Care Administration
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 Rate Semester 07/01/2012 through 12/31/2012

HHCC - Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/10/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,959,885.00		Total Amount	Per Diem
RS to Start Calcs:	2009/07	Type:	Variable [3]	80% Capital(1):	5,435,870	7.9660
Indexed Asset Value	6,794,837	< 60% of Base:	False	20% ROE(2):	1,358,967	0.8495
FRVS Base Asset:	6,666,380	Interest Rate:	3.1400 %	Insurance Cost(3):	12,598	0.2702
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	121,746	2.6110
ROE Factor	0.028750	Amortization Rate:	3.1400 %	Home Office(3):	48,024	1.0299
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	366,355	Total FRVS PD:		12.7266

(1) 80% Capital (\$5,435,870) amortized at 3.1400% for 20 years Principal & Interest of \$366,355 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$7.9660

(2) 20% ROE (\$1,358,967) times the ROE factor (0.028750) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$0.8495

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	47,617
Comparison Date: 1/1/2009	Current RS PBS:	50,254
Comparison Bed 140	Effective PBS Limitation	6,666,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.7818	49.7818	2.9399	46.8419
Patient Care				
Direct Care	97.0455	97.0455	5.7312	91.3143
Indirect Care	56.8347	56.8347	3.3565	53.4782
Property	13.6500	12.7266	0.7516	11.9750
ROE	4.1680	2.8980	0.1711	2.7269
ROE Adjustment	-2.8980	-2.8980	-0.1711	-2.7269
Quality Assess-Medicaid Share				\$10.7256
Supplemental Rate Add-on				\$8.8324
Totals	218.5820	216.3886	12.7792	223.1674

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 011997-00 - 2012/07 217.54

HHCC Boca Raton

Type of Cost Report: Cost Settled Interim New Facility[6] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider[2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7225 Boca Del Mar Drive Boca Raton FL 33433 County: Palm Beach[50] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1994 Acquired Date: 12/1/1994 Entered Medicaid 8/5/2009 Med # Active Date: 8/5/2009 Previous Med #	08/05/2009-12/31/2010 Days In CR 514 First Used: 2009/07 Last Used: 2012/07 Unaudited [3] Initial CR? True	Number of Beds: 120 Maximum: 61,680 Max Annualized: 43,800 Total Patient: 37,103 Medicare: 28,418 Medicaid: 984	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 2.65208% Occupancy: 60.15402% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 76.44449% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	70,934	93,061	69,601	28,556	3,059	265,211
1a	Audit Adjustments						
2	Cost Per Diem	72.0874	94.5742	70.7327	29.0203	3.1087	269.5233
3	Cost Per Diem Inflated	76.2453	97.7492	74.8124			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	76.2453	97.7492	74.8124	29.0203	3.1087	280.9359
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.0496		75.6016			
7	Provider Target Rate	78.8484		77.3666			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	50.5341		56.4646			
10b	Base for line 10a	49.3812		55.1764			
11	Lesser of 5,7,8,10, 10a	50.5341	97.7492	56.4646	13.6500	3.1087	221.5066
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.5341	97.7492	56.4646	13.6500	3.1087	221.5066
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 011997-00 - 2012/07
217.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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HHCC Boca Raton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/5/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	12,580,755.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Variable [3]	80% Capital(1):	3,394,707	5.8039
Indexed Asset Value	4,243,384	< 60% of Base:	False	20% ROE(2):	848,677	0.6142
FRVS Base Asset:	0	Interest Rate:	3.1400 %	Insurance Cost(3):	7,427	0.2002
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	132,859	3.5808
ROE Factor	0.028530	Amortization Rate:	3.1400 %	Home Office(3):	43,176	1.1637
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	228,789	Total FRVS PD:		11.3628

- (1) 80% Capital (\$3,394,707) amortized at 3.1400% for 20 years Principal & Interest of \$228,789 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.8039
- (2) 20% ROE (\$848,677) times the ROE factor (0.028530) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6142
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.5341	50.5341	2.9844	47.5497
Patient Care				
Direct Care	97.7492	97.7492	5.7727	91.9765
Indirect Care	56.4646	56.4646	3.3346	53.1300
Property	13.6500	11.3628	0.6710	10.6918
ROE	3.1087	2.5091	0.1482	2.3609
ROE Adjustment	-2.5091	-2.5091	-0.1482	-2.3609
Quality Assess-Medicaid Share				\$5.3581
Supplemental Rate Add-on				\$8.8324
Totals	218.9975	216.1107	12.7627	217.5385

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 011998-00 - 2012/07
223.63

Royal Palm Healthcare & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2180 10th Avenue Vero Beach FL 32960 County: Indian River [31] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 4/1/2004 Acquired Date: 4/1/2004 Entered Medicaid 3/7/2009 Med # Active Date: 3/7/2009 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 72 Maximum: 26,280 Max Annualized: 26,280 Total Patient: 20,832 Medicare: 10,704 Medicaid: 2,664	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 12.78802% Occupancy: 79.26941% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 100.73657% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	131,178	206,166	201,878	112,714	0	651,936
1a	Audit Adjustments						
2	Cost Per Diem	49.2410	77.3896	75.7800	42.3101		244.7207
3	Cost Per Diem Inflated	51.3536	79.4564	79.0312			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.3536	79.4564	79.0312	42.3101		252.1513
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7091		76.6061			
7	Provider Target Rate	51.8930		78.3946			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	64.4782		71.5196			
10b	Base for line 10a	63.0072		69.8880			
11	Lesser of 5,7,8,10, 10a	51.3536	79.4564	71.5196	13.6500		215.9796
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.3536	79.4564	71.5196	13.6500		215.9796
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 011998-00 - 2012/07
223.63

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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Royal Palm Healthcare & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/7/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,500,207.00		Total Amount	Per Diem
RS to Start Calcs:	2004/01	Type:	Variable [3]	80% Capital(1):	2,586,229	8.8418
Indexed Asset Value	3,232,786	< 60% of Base:	False	20% ROE(2):	646,557	0.7061
FRVS Base Asset:	0	Interest Rate:	7.0000 %	Insurance Cost(3):	13,730	0.6591
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	77,144	3.7031
ROE Factor	0.025830	Amortization Rate:	5.2500 %	Home Office(3):	4,336	0.2081
		Interest Only:	False	Replacement(3&4):	11,782	0.0000
		Yearly Payment:	209,126	Total FRVS PD:		14.1182

(1) 80% Capital (\$2,586,229) amortized at 5.2500% for 20 years Principal & Interest of \$209,126 divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = \$8.8418

(2) 20% ROE (\$646,557) times the ROE factor (0.025830) divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = \$0.7061

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,031
Comparison Date: 7/1/2003	Current RS PBS:	50,254
Comparison Bed 72	Effective PBS Limitation	3,098,232

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.3536	51.3536	3.0328	48.3208
Patient Care				
Direct Care	79.4564	79.4564	4.6924	74.7640
Indirect Care	71.5196	71.5196	4.2237	67.2959
Property	13.6500	14.1182	0.8338	13.2844
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.1285
Supplemental Rate Add-on				\$8.8324
Totals	215.9796	216.4478	12.7827	223.6260

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 014169-00 - 2012/07 224.41

Gulf Shore Rehab & Nursing

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6767 86th Avenue North Pinellas Park FL 33782 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/6/1998 Acquired Date: 2/6/1998 Entered Medicaid 2/6/1998 Med # Active Date: 7/31/2009 Previous Med # 264351	02/01/2010-01/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,382 Medicare: 12,216 Medicaid: 24,995	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.89639% Occupancy: 92.19635% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.16429% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22248089	Semester Index: 1.28710041
		Cost: 1.05285933	Target: 1.01634256
		DC FY Index: 1.17483274	DC Sem Index: 1.21100000
		DC Inflation: 1.03078503	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	953,269	2,476,212	1,583,587	741,102	0	5,754,170
1a	Audit Adjustments						
2	Cost Per Diem	38.1384	99.0683	63.3562	29.6500		230.2129
3	Cost Per Diem Inflated	40.1544	102.1181	66.7052			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.1544	102.1181	66.7052	29.6500		238.6277
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3002		65.8851			
7	Provider Target Rate	48.4045		67.4233			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	52.1390		60.6887			
10b	Base for line 10a	50.9495		59.3042			
11	Lesser of 5,7,8,10, 10a	40.1544	98.2868	57.8638	13.6500		209.9550
12/13	Medicaid Adjustment Rate		1.3154	0.7744			
14	Prospective Per Diem 11	40.1544	99.6022	58.6382	13.6500		212.0448
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 014169-00 - 2012/07
224.41

Florida Agency For Health Care Administration
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Gulf Shore Rehab & Nursing

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/6/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Variable [3]	80% Capital(1):	2,309,499	6.4572
Indexed Asset Value	2,886,874	< 60% of Base:	False	20% ROE(2):	577,375	0.3966
FRVS Base Asset:	2,246,700	Interest Rate:	9.2900 %	Insurance Cost(3):	102,902	2.5482
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	162,403	4.0217
ROE Factor	0.027080	Amortization Rate:	9.2900 %	Home Office(3):	13,144	0.3255
		Interest Only:	False	Replacement(3&4):	13,857	0.0000
		Yearly Payment:	254,542	Total FRVS PD:		13.7492

(1) 80% Capital (\$2,309,499) amortized at 9.2900% for 20 years Principal & Interest of \$254,542 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.4572

(2) 20% ROE (\$577,375) times the ROE factor (0.027080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3966

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,246,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.1544	40.1544	2.3714	37.7830
Patient Care				
Direct Care	99.6022	99.6022	5.8822	93.7200
Indirect Care	58.6382	58.6382	3.4630	55.1752
Property	13.6500	13.7492	0.8120	12.9372
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9655
Supplemental Rate Add-on				\$8.8324
Totals	212.0448	212.1440	12.5286	224.4133

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 015613-00 - 2012/07 217.25

St. James Health And Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
239 Crooked River Road Carrabelle FL 32322 County: Franklin[19] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 5/26/2009 Acquired Date: 5/26/2009 Entered Medicaid 5/26/2009 Med # Active Date: 5/26/2009 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 16,208 Medicare: 2,630 Medicaid: 10,744	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.28825% Occupancy: 49.33942% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 62.70117% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	509,498	811,637	570,333	741,014	0	2,632,482
1a	Audit Adjustments						
2	Cost Per Diem	47.4216	75.5433	53.0839	68.9700		245.0188
3	Cost Per Diem Inflated	49.9976	77.9241	55.9674			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.9976	77.9241	55.9674	68.9700		252.8591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	100.6789		101.4111			
7	Provider Target Rate	103.0294		103.7787			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	48.0448		56.3621			
10b	Base for line 10a	46.9487		55.0763			
11	Lesser of 5,7,8,10, 10a	48.0448	77.9241	55.9674	13.6500		195.5863
12/13	Medicaid Adjustment Rate		1.4279	1.0256			
14	Prospective Per Diem 11	48.0448	79.3520	56.9930	13.6500		198.0398
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 015613-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

217.25

St. James Health And Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/26/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,799,191.00		Total Amount	Per Diem
RS to Start Calcs:	2009/01	Type:	Variable [3]	80% Capital(1):	3,447,562	7.5756
Indexed Asset Value	4,309,453	< 60% of Base:	False	20% ROE(2):	861,891	0.8046
FRVS Base Asset:	4,229,370	Interest Rate:	2.7341 %	Insurance Cost(3):	101,531	6.2643
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	22,635	1.3965
ROE Factor	0.027600	Amortization Rate:	2.7341 %	Home Office(3):	11,127	0.6865
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	223,974	Total FRVS PD:		16.7275

(1) 80% Capital (\$3,447,562) amortized at 2.7341% for 20 years Principal & Interest of \$223,974 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$7.5756

(2) 20% ROE (\$861,891) times the ROE factor (0.027600) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.8046

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	46,993
Comparison Date: 7/1/2008	Current RS PBS:	50,254
Comparison Bed 90	Effective PBS Limitation	4,229,370

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.0448	48.0448	2.8374	45.2074
Patient Care				
Direct Care	79.3520	79.3520	4.6863	74.6657
Indirect Care	56.9930	56.9930	3.3658	53.6272
Property	13.6500	16.7275	0.9879	15.7396
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1757
Supplemental Rate Add-on				\$8.8324
Totals	198.0398	201.1173	11.8774	217.2480

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 016016-00 - 2012/07

219.74

Whitehall Boca Raton

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7300 Del Prado South Boca Raton FL 33433 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/16/1982 Acquired Date: 12/16/1982 Entered Medicaid 12/1/2009 Med # Active Date: 12/1/2009 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 154 Maximum: 56,210 Max Annualized: 56,210 Total Patient: 51,935 Medicare: 37,957 Medicaid: 3,405	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 6.55627% Occupancy: 92.39459% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.41623% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	197,240	452,421	314,586	87,100	0	1,051,347
1a	Audit Adjustments						
2	Cost Per Diem	57.9266	132.8696	92.3894	25.5800		308.7656
3	Cost Per Diem Inflated	59.4736	135.2712	94.8567			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.4736	135.2712	94.8567	25.5800		315.1815
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.6935		104.9879			
7	Provider Target Rate	61.0871		107.4390			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	50.5341		56.4088			
10b	Base for line 10a	49.3812		55.1219			
11	Lesser of 5,7,8,10, 10a	50.5341	99.9145	56.4088	13.6500		220.5074
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.5341	99.9145	56.4088	13.6500		220.5074
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 016016-00 - 2012/07
219.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Whitehall Boca Raton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	9,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	3,054,867	5.2965
Indexed Asset Value	3,818,584	< 60% of Base:	False	20% ROE(2):	763,717	0.3649
FRVS Base Asset:	0	Interest Rate:	7.1000 %	Insurance Cost(3):	72,290	1.3919
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	191,337	3.6842
ROE Factor	0.024170	Amortization Rate:	6.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	356,725	0.0000
		Yearly Payment:	267,947	Total FRVS PD:		10.7375

(1) 80% Capital (\$3,054,867) amortized at 6.2500% for 20 years Principal & Interest of \$267,947 divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = \$5.2965

(2) 20% ROE (\$763,717) times the ROE factor (0.024170) divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = \$0.3649

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	24,796
Comparison Date: 1/1/1982	Current RS PBS:	50,254
Comparison Bed 154	Effective PBS Limitation	3,818,584

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.5341	50.5341	2.9844	47.5497
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	56.4088	56.4088	3.3313	53.0775
Property	13.6500	10.7375	0.6341	10.1034
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$6.1607
Supplemental Rate Add-on				\$8.8324
Totals	220.5074	217.5949	12.8504	219.7376

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 017221-00 - 2012/07
212.48

Bayside Manor

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4343 Langley Avenue Pensacola FL 32504-8511 County: Escambia[17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1979 Acquired Date: 10/1/1979 Entered Medicaid 10/1/1979 Med # Active Date: 1/1/2010 Previous Med # 213853	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 20,991 Medicare: 5,249 Medicaid: 12,760	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.78796% Occupancy: 96.64364% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.81598% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	507,057	1,114,546	674,749	331,760	0	2,628,112
1a	Audit Adjustments						
2	Cost Per Diem	39.7380	87.3469	52.8800	26.0000		205.9649
3	Cost Per Diem Inflated	42.0969	90.3692	56.0190			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.0969	90.3692	56.0190	26.0000		214.4851
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.6778		56.7921			
7	Provider Target Rate	43.6742		58.1180			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.2104		52.5832			
10b	Base for line 10a	42.2246		51.3836			
11	Lesser of 5,7,8,10, 10a	42.0969	90.3692	52.5832	13.6500		198.6993
12/13	Medicaid Adjustment Rate		1.0968	0.6382			
14	Prospective Per Diem 11	42.0969	91.4660	53.2214	13.6500		200.4343
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 017221-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

212.48

Bayside Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,652,500.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Fixed [2]	80% Capital(1):	2,375,468	7.7116
Indexed Asset Value	2,969,335	< 60% of Base:	False	20% ROE(2):	593,867	0.4833
FRVS Base Asset:	1,740,980	Interest Rate:	11.5000 %	Insurance Cost(3):	20,209	0.9627
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	25,494	1.2145
ROE Factor	0.032080	Amortization Rate:	11.5000 %	Home Office(3):	21,622	1.0301
		Interest Only:	False	Replacement(3&4):	128,828	0.0000
		Yearly Payment:	303,992	Total FRVS PD:		11.4022

- (1) 80% Capital (\$2,375,468) amortized at 11.5000% for 20 years Principal & Interest of \$303,992 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.7116
- (2) 20% ROE (\$593,867) times the ROE factor (0.032080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4833
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.0969	42.0969	2.4861	39.6108
Patient Care				
Direct Care	91.4660	91.4660	5.4017	86.0643
Indirect Care	53.2214	53.2214	3.1431	50.0783
Property	13.6500	11.4022	0.6734	10.7288
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1661
Supplemental Rate Add-on				\$8.8324
Totals	200.4343	198.1865	11.7043	212.4807

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 017222-00 - 2012/07

225.03

Margate Health Care Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5951 Colonial Drive Margate FL 33063 County: Broward[6] Region: South[2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/10/1985 Acquired Date: 6/10/1985 Entered Medicaid 6/10/1985 Med # Active Date: 1/1/2010 Previous Med # 214931	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 170 Maximum: 30,770 Max Annualized: 62,050 Total Patient: 28,372 Medicare: 7,577 Medicaid: 16,578	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.43085% Occupancy: 92.20669% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.17744% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	690,057	1,419,062	858,640	692,629	0	3,660,388
1a	Audit Adjustments						
2	Cost Per Diem	41.6249	85.5991	51.7939	41.7800		220.7979
3	Cost Per Diem Inflated	44.0958	88.5609	54.8685			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.0958	88.5609	54.8685	41.7800		229.3052
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7043		55.6255			
7	Provider Target Rate	45.7480		56.9242			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	45.8664		54.9498			
10b	Base for line 10a	44.8200		53.6962			
11	Lesser of 5,7,8,10, 10a	44.0958	88.5609	54.8685	13.6500		201.1752
12/13	Medicaid Adjustment Rate		0.8400	0.5204			
14	Prospective Per Diem 11	44.0958	89.4009	55.3889	13.6500		202.5356
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 017222-00 - 2012/07
225.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Margate Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	13,125,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed [2]	80% Capital(1):	6,421,542	14.0088
Indexed Asset Value	8,026,927	< 60% of Base:	False	20% ROE(2):	1,605,385	0.9222
FRVS Base Asset:	3,420,000	Interest Rate:	10.7500 %	Insurance Cost(3):	26,692	0.9408
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	173,810	6.1261
ROE Factor	0.032080	Amortization Rate:	10.7500 %	Home Office(3):	29,881	1.0532
		Interest Only:	False	Replacement(3&4):	92,817	0.0000
		Yearly Payment:	782,320	Total FRVS PD:		23.0511

- (1) 80% Capital (\$6,421,542) amortized at 10.7500% for 20 years Principal & Interest of \$782,320 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$14.0088
- (2) 20% ROE (\$1,605,385) times the ROE factor (0.032080) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$0.9222
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.0958	44.0958	2.6042	41.4916
Patient Care				
Direct Care	89.4009	89.4009	5.2797	84.1212
Indirect Care	55.3889	55.3889	3.2711	52.1178
Property	13.6500	23.0511	1.3613	21.6898
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.7770
Supplemental Rate Add-on				\$8.8324
Totals	202.5356	211.9367	12.5163	225.0298

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

0 017223-00 - 2012/07

216.80

Rosewood Manor

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3107 North H Street Pensacola FL 32501 County: Escambia[17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/2010 Previous Med # 211842	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 155 Maximum: 28,055 Max Annualized: 56,575 Total Patient: 27,502 Medicare: 3,345 Medicaid: 19,703	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 71.64206% Occupancy: 98.02887% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.57634% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	764,324	1,865,387	932,133	407,261	0	3,969,105
1a	Audit Adjustments						
2	Cost Per Diem	38.7923	94.6753	47.3092	20.6700		201.4468
3	Cost Per Diem Inflated	41.0951	97.9511	50.1175			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0951	97.9511	50.1175	20.6700		209.8337
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.6622		50.8092			
7	Provider Target Rate	42.6349		51.9954			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	42.4328		52.3196			
10b	Base for line 10a	41.4647		51.1260			
11	Lesser of 5,7,8,10, 10a	41.0951	96.6592	50.1175	13.6500		201.5218
12/13	Medicaid Adjustment Rate		2.3534	1.2202			
14	Prospective Per Diem 11	41.0951	99.0126	51.3377	13.6500		205.0954
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 017223-00 - 2012/07
216.80

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Rosewood Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,259,962 FRVS Base Asset: 1,485,746 Occup Adj Factor: 0.9000 ROE Factor 0.032080	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,487,500.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,607,970	5.5300
	< 60% of Base:	False	20% ROE(2):	651,992	0.4108
	Interest Rate:	9.0000 %	Insurance Cost(3):	23,508	0.8548
	Chase Rate:	6.0000 %	Taxes Cost(3):	12,819	0.4661
	Amortization Rate:	9.0000 %	Home Office(3):	26,100	0.9490
	Interest Only:	False	Replacement(3&4):	71,260	0.0000
Yearly Payment:	281,575	Total FRVS PD:		8.2107	

(1) 80% Capital (\$2,607,970) amortized at 9.0000% for 20 years Principal & Interest of \$281,575 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$5.5300

(2) 20% ROE (\$651,992) times the ROE factor (0.032080) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.4108

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 155	Effective PBS Limitation	4,417,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0951	41.0951	2.4269	38.6682
Patient Care				
Direct Care	99.0126	99.0126	5.8474	93.1652
Indirect Care	51.3377	51.3377	3.0318	48.3059
Property	13.6500	8.2107	0.4849	7.7258
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1059
Supplemental Rate Add-on				\$8.8324
Totals	205.0954	199.6561	11.7910	216.8034

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 017225-00 - 2012/07

221.18

Bay Breeze Nursing & Retirement Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3387 Gulf Breeze Parkway Gulf Breeze FL 32563 County: Santa Rosa[57] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1984 Acquired Date: 8/1/1984 Entered Medicaid 8/1/1984 Med # Active Date: 1/1/2010 Previous Med # 213861	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 18,966 Medicare: 5,163 Medicaid: 10,756	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 56.71201% Occupancy: 87.32044% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.96793% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	408,901	1,019,180	549,685	357,960	0	2,335,726
1a	Audit Adjustments						
2	Cost Per Diem	38.0161	94.7546	51.1050	33.2800		217.1557
3	Cost Per Diem Inflated	40.2728	98.0332	54.1387			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.2728	98.0332	54.1387	33.2800		225.7247
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.8285		54.8858			
7	Provider Target Rate	41.7817		56.1672			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	41.4753		52.5832			
10b	Base for line 10a	40.5291		51.3836			
11	Lesser of 5,7,8,10, 10a	40.2728	96.6592	52.5832	13.6500		203.1652
12/13	Medicaid Adjustment Rate		0.7299	0.3971			
14	Prospective Per Diem 11	40.2728	97.3891	52.9803	13.6500		204.2922
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 017225-00 - 2012/07
221.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bay Breeze Nursing & Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/30/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,767,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	3,896,074	12.6481
Indexed Asset Value	4,870,092	< 60% of Base:	False	20% ROE(2):	974,018	0.7927
FRVS Base Asset:	1,698,423	Interest Rate:	11.5000 %	Insurance Cost(3):	24,873	1.3115
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	28,096	1.4814
ROE Factor	0.032080	Amortization Rate:	11.5000 %	Home Office(3):	20,800	1.0967
		Interest Only:	False	Replacement(3&4):	197,950	0.0000
		Yearly Payment:	498,587	Total FRVS PD:		17.3304

(1) 80% Capital (\$3,896,074) amortized at 11.5000% for 20 years Principal & Interest of \$498,587 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.6481

(2) 20% ROE (\$974,018) times the ROE factor (0.032080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7927

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.2728	40.2728	2.3784	37.8944
Patient Care				
Direct Care	97.3891	97.3891	5.7515	91.6376
Indirect Care	52.9803	52.9803	3.1288	49.8515
Property	13.6500	17.3304	1.0235	16.3069
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.6588
Supplemental Rate Add-on				\$8.8324
Totals	204.2922	207.9726	12.2822	221.1816

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 017230-00 - 2012/07

223.85

Silvercrest Manor

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
103 Ruby Lane Crestview FL 32539 County: Okaloosa[46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1988 Acquired Date: 7/1/1988 Entered Medicaid 8/1/1988 Med # Active Date: 1/1/2010 Previous Med # 213926	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 10,860 Max Annualized: 21,900 Total Patient: 10,284 Medicare: 2,591 Medicaid: 6,479	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.00078% Occupancy: 94.69613% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.34105% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768	
		Semester Index: 1.28710041	
		Cost: 1.05936136	
		Target: 1.01634256	
		DC FY Index: 1.17050000	
		DC Sem Index: 1.21100000	
		DC Inflation: 1.03460060	
		PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	288,956	545,575	336,729	203,894	0	1,375,154
1a	Audit Adjustments						
2	Cost Per Diem	44.5989	84.2067	51.9724	31.4700		212.2480
3	Cost Per Diem Inflated	47.2464	87.1203	55.0576			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.2464	87.1203	55.0576	31.4700		220.8943
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8984		55.8173			
7	Provider Target Rate	49.0167		57.1204			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	48.1210		57.4297			
10b	Base for line 10a	47.0232		56.1195			
11	Lesser of 5,7,8,10, 10a	47.2464	87.1203	55.0576	13.6500		203.0743
12/13	Medicaid Adjustment Rate		1.2742	0.8053			
14	Prospective Per Diem 11	47.2464	88.3945	55.8629	13.6500		205.1538
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 017230-00 - 2012/07
223.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Silvercrest Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,309,333.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Fixed [2]	80% Capital(1):	2,257,582	14.6578
Indexed Asset Value	2,821,978	< 60% of Base:	False	20% ROE(2):	564,396	0.9186
FRVS Base Asset:	1,779,720	Interest Rate:	11.5000 %	Insurance Cost(3):	11,395	1.1080
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	11,289	1.0977
ROE Factor	0.032080	Amortization Rate:	11.5000 %	Home Office(3):	10,574	1.0282
		Interest Only:	False	Replacement(3&4):	43,333	0.0000
		Yearly Payment:	288,906	Total FRVS PD:		18.8103

- (1) 80% Capital (\$2,257,582) amortized at 11.5000% for 20 years Principal & Interest of \$288,906 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$14.6578
- (2) 20% ROE (\$564,396) times the ROE factor (0.032080) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.9186
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,779,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.2464	47.2464	2.7902	44.4562
Patient Care				
Direct Care	88.3945	88.3945	5.2203	83.1742
Indirect Care	55.8629	55.8629	3.2991	52.5638
Property	13.6500	18.8103	1.1109	17.6994
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1230
Supplemental Rate Add-on				\$8.8324
Totals	205.1538	210.3141	12.4205	223.8490

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 017236-00 - 2012/07

221.98

Specialty Center of Pensacola

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6984 Pine Forest Road Pensacola FL 32526 County: Escambia[17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/9/1991 Acquired Date: 12/9/1991 Entered Medicaid 12/16/1991 Med # Active Date: 1/1/2010 Previous Med # 213918	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 20,532 Medicare: 6,192 Medicaid: 11,725	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.10598% Occupancy: 94.53039% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.13042% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768	Semester Index: 1.28710041
		Cost: 1.05936136	Target: 1.01634256
		DC FY Index: 1.17050000	DC Sem Index: 1.21100000
		DC Inflation: 1.03460060	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	458,316	1,104,992	606,492	348,819	0	2,518,619
1a	Audit Adjustments						
2	Cost Per Diem	39.0888	94.2424	51.7264	29.7500		214.8076
3	Cost Per Diem Inflated	41.4092	97.5032	54.7969			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4092	97.5032	54.7969	29.7500		223.4593
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9806		55.5531			
7	Provider Target Rate	42.9607		56.8501			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.2104		52.5881			
10b	Base for line 10a	42.2246		51.3884			
11	Lesser of 5,7,8,10, 10a	41.4092	96.6592	52.5881	13.6500		204.3065
12/13	Medicaid Adjustment Rate		0.7727	0.4204			
14	Prospective Per Diem 11	41.4092	97.4319	53.0085	13.6500		205.4996
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 017236-00 - 2012/07
221.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Specialty Center of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/16/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,652,500.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Fixed [2]	80% Capital(1):	4,229,550	13.7306
Indexed Asset Value	5,286,937	< 60% of Base:	False	20% ROE(2):	1,057,387	0.8605
FRVS Base Asset:	3,576,837	Interest Rate:	11.5000 %	Insurance Cost(3):	20,975	1.0216
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	18,174	0.8852
ROE Factor	0.032080	Amortization Rate:	11.5000 %	Home Office(3):	24,329	1.1849
		Interest Only:	False	Replacement(3&4):	137,372	0.0000
		Yearly Payment:	541,262	Total FRVS PD:		17.6828

(1) 80% Capital (\$4,229,550) amortized at 11.5000% for 20 years Principal & Interest of \$541,262 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.7306

(2) 20% ROE (\$1,057,387) times the ROE factor (0.032080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8605

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,530
Comparison Date:	1/1/1991	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.4092	41.4092	2.4455	38.9637
Patient Care				
Direct Care	97.4319	97.4319	5.7540	91.6779
Indirect Care	53.0085	53.0085	3.1305	49.8780
Property	13.6500	17.6828	1.0443	16.6385
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9869
Supplemental Rate Add-on				\$8.8324
Totals	205.4996	209.5324	12.3743	221.9774

***Medicaid Trend Adjustment :**



0 017242-00 - 2012/07
232.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Grand Boulevard Health & Rehab. Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
138 Sandestin Lane Destin FL 32550 County: Walton[66] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/24/1988 Acquired Date: 2/24/1988 Entered Medicaid 2/24/1988 Med # Active Date: 1/1/2010 Previous Med # 211621	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 97 Maximum: 17,557 Max Annualized: 35,405 Total Patient: 14,657 Medicare: 2,881 Medicaid: 9,471	Superior: 0 Standard: 152 Conditional: 32 Total: 184
	Medicaid Utilization 64.61759% Occupancy: 83.48237% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.09046% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	419,805	889,861	503,225	341,808	0	2,154,699
1a	Audit Adjustments						
2	Cost Per Diem	44.3253	93.9564	53.1332	36.0900		227.5049
3	Cost Per Diem Inflated	46.9565	97.2073	56.2873			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.9565	97.2073	56.2873	36.0900		236.5411
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6045		57.0641			
7	Provider Target Rate	48.7159		58.3963			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	46.5709		57.7341			
10b	Base for line 10a	45.5084		56.4170			
11	Lesser of 5,7,8,10, 10a	46.5709	94.5794	56.2873	13.6500		211.0876
12/13	Medicaid Adjustment Rate		1.2848	0.7647			
14	Prospective Per Diem 11	46.5709	95.8642	57.0520	13.6500		213.1371
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 017242-00 - 2012/07
232.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Grand Boulevard Health & Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/24/1988	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,000,000.00	Total Amount	Per Diem
RS to Start Calcs: 1988/01	Type: Variable [3]	80% Capital(1): 3,745,814	14.0837
Indexed Asset Value 4,682,267	< 60% of Base: False	20% ROE(2): 936,453	0.9428
FRVS Base Asset: 1,765,380	Interest Rate: 11.5000 %	Insurance Cost(3): 19,828	1.3528
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 11,421	0.7792
ROE Factor 0.032080	Amortization Rate: 10.5000 %	Home Office(3): 15,060	1.0275
	Interest Only: False	Replacement(3&4): 31,111	0.0000
	Yearly Payment: 448,770	Total FRVS PD:	18.1860

(1) 80% Capital (\$3,745,814) amortized at 10.5000% for 20 years Principal & Interest of \$448,770 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$14.0837

(2) 20% ROE (\$936,453) times the ROE factor (0.032080) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$0.9428

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5709	46.5709	2.7503	43.8206
Patient Care				
Direct Care	95.8642	95.8642	5.6614	90.2028
Indirect Care	57.0520	57.0520	3.3693	53.6827
Property	13.6500	18.1860	1.0740	17.1120
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3907
Supplemental Rate Add-on				\$8.8324
Totals	213.1371	217.6731	12.8550	232.0412

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 017301-00 - 2012/07
210.00

Lake Bennett Health and Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1901 Kelton Avenue Ocoee FL 34761 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/6/1997 Acquired Date: 9/8/1997 Entered Medicaid 9/8/1997 Med # Active Date: 1/1/2010 Previous Med # 318761	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,662 Medicare: 10,144 Medicaid: 22,798	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.72133% Occupancy: 95.11872% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.87808% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,057,613	1,793,051	1,233,496	703,090	0	4,787,250
1a	Audit Adjustments						
2	Cost Per Diem	46.3906	78.6495	54.1054	30.8400		209.9855
3	Cost Per Diem Inflated	48.3809	80.7499	56.4267			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.3809	80.7499	56.4267	30.8400		216.3975
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.3733		59.6258			
7	Provider Target Rate	51.5493		61.0179			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	44.1863		57.0754			
10b	Base for line 10a	43.1782		55.7733			
11	Lesser of 5,7,8,10, 10a	44.1863	80.7499	56.4267	13.6500		195.0129
12/13	Medicaid Adjustment Rate		0.4289	0.2997			
14	Prospective Per Diem 11	44.1863	81.1788	56.7264	13.6500		195.7415
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 017301-00 - 2012/07
210.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lake Bennett Health and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/8/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	Fixed [2]	80% Capital(1):	4,270,181	10.0781
Indexed Asset Value	5,337,726	< 60% of Base:	False	20% ROE(2):	1,067,545	0.6995
FRVS Base Asset:	4,407,879	Interest Rate:	7.9000 %	Insurance Cost(3):	32,724	0.7855
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	72,118	1.7310
ROE Factor	0.025830	Amortization Rate:	7.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	397,280	Total FRVS PD:		13.2941

(1) 80% Capital (\$4,270,181) amortized at 7.0000% for 20 years Principal & Interest of \$397,280 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.0781

(2) 20% ROE (\$1,067,545) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6995

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	50,254
Comparison Bed 119	Effective PBS Limitation	4,407,879

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.1863	44.1863	2.6095	41.5768
Patient Care				
Direct Care	81.1788	81.1788	4.7942	76.3846
Indirect Care	56.7264	56.7264	3.3501	53.3763
Property	13.6500	13.2941	0.7851	12.5090
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3167
Supplemental Rate Add-on				\$8.8324
Totals	195.7415	195.3856	11.5389	209.9958

*Medicaid Trend Adjustment :



0 018066-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

211.54

The Park Summit at Coral Springs

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8500 Royal Palm Blvd. Coral Springs FL 33065 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 6/1/1986 Acquired Date: 6/1/1986 Entered Medicaid 6/1/1986 Med # Active Date: 1/1/2010 Previous Med # 254134	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 35 Maximum: 12,775 Max Annualized: 12,775 Total Patient: 11,792 Medicare: 6,100 Medicaid: 4,297	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 36.43996% Occupancy: 92.30528% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.30273% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	177,124	361,391	382,027	87,100	0	1,007,642
1a	Audit Adjustments						
2	Cost Per Diem	41.2204	84.1031	88.9055	20.2700		234.4990
3	Cost Per Diem Inflated	42.9889	86.3492	92.7198			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.9889	86.3492	92.7198	20.2700		242.3279
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	117.5366		102.8067			
7	Provider Target Rate	120.2807		105.2069			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9889	86.3492	74.1906	13.6500		217.1787
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.9889	86.3492	74.1906	13.6500		217.1787
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 018066-00 - 2012/07
211.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Park Summit at Coral Springs

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	None [1]	80% Capital(1):	1,049,893	8.6061
Indexed Asset Value	1,312,366	< 60% of Base:	True	20% ROE(2):	262,473	0.5897
FRVS Base Asset:	997,500	Interest Rate:	9.5000 %	Insurance Cost(3):	7,545	0.6398
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	22,807	1.9341
ROE Factor	0.025830	Amortization Rate:	9.5000 %	Home Office(3):	1,515	0.1285
		Interest Only:	True	Replacement(3&4):	7,748,675	0.0000
		Yearly Payment:	98,949	Total FRVS PD:		11.8982

- (1) 80% Capital (\$1,049,893) amortized at 9.5000% for 20 years Interest of \$98,949 divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = \$8.6061
- (2) 20% ROE (\$262,473) times the ROE factor (0.025830) divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = \$0.5897
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 35	Effective PBS Limitation	997,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9889	42.9889	2.5388	40.4501
Patient Care				
Direct Care	86.3492	86.3492	5.0995	81.2497
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	13.6500	11.8982	0.7027	11.1955
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	217.1787	215.4269	12.7225	211.5368

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 018777-00 - 2012/07

219.16

Bay Village of Sarasota

Type of Cost Report: Interim New Facility [2] Type of Cost: Estimated[1] Type of Rate: Interim[2]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: New Provider[2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8400 Vamo Road Sarasota FL 34231-7899 County: Sarasota[58] Region: South[2] Area: 8 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 12/5/1975 Acquired Date: 12/5/1975 Entered Medicaid 2/22/2010 Med # Active Date: 2/22/2010 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? True	Number of Beds: 95 Maximum: 34,675 Max Annualized: 34,675 Total Patient: 26,590 Medicare: 1,132 Medicaid: 3,828	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 14.39639% Occupancy: 76.68349% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 97.45036% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	175,552	404,146	235,408	62,396	0	877,502
1a	Audit Adjustments						
2	Cost Per Diem	45.8600	105.5763	61.4963	16.2999		229.2325
3	Cost Per Diem Inflated	45.8600	105.5763	61.4963			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.8600	105.5763	61.4963	16.2999		229.2325
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	57.5438		69.0022			
10b	Base for line 10a	56.2310		67.4280			
11	Lesser of 5,7,8,10, 10a	45.8600	105.5763	61.4963	13.6500		226.5826
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.8600	105.5763	61.4963	13.6500		226.5826
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 018777-00 - 2012/07
219.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bay Village of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/22/2010	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 12,300,000.00	Total Amount	Per Diem
RS to Start Calcs: 1975/07	Type: Fixed [2]	80% Capital(1): 3,643,668	8.6498
Indexed Asset Value 4,554,585	< 60% of Base: False	20% ROE(2): 910,917	0.9305
FRVS Base Asset: 0	Interest Rate: 4.2150 %	Insurance Cost(3): 5,000	0.1880
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %	Taxes Cost(3): 22,063	0.8297
ROE Factor 0.031880	Amortization Rate: 4.2150 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 269,939	Total FRVS PD:	10.5980

(1) 80% Capital (\$3,643,668) amortized at 4.2150% for 20 years Principal & Interest of \$269,939 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$8.6498

(2) 20% ROE (\$910,917) times the ROE factor (0.031880) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$0.9305

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	47,943
Comparison Date: 7/1/2009	Current RS PBS:	50,254
Comparison Bed 95	Effective PBS Limitation	4,554,585

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.8600	45.8600	2.7083	43.1517
Patient Care				
Direct Care	105.5763	105.5763	6.2350	99.3413
Indirect Care	61.4963	61.4963	3.6318	57.8645
Property	13.6500	10.5980	0.6259	9.9721
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	226.5826	223.5306	13.2010	219.1620

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 019085-00 - 2012/07 199.31

Golfview Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3636 10th Avenue North St. Petersburg FL 33713 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 3/1/1980 Acquired Date: 12/15/1986 Entered Medicaid 12/15/1986 Med # Active Date: 4/1/2010 Previous Med # 262722	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 56 Maximum: 20,440 Max Annualized: 20,440 Total Patient: 17,137 Medicare: 2,409 Medicaid: 11,595	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.66062% Occupancy: 83.84051% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.54558% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	534,807	821,705	516,423	176,824	0	2,049,759
1a	Audit Adjustments						
2	Cost Per Diem	46.1239	70.8672	44.5384	15.2500		176.7795
3	Cost Per Diem Inflated	47.6731	72.4221	46.0344			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.6731	72.4221	46.0344	15.2500		181.3796
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.9571		68.4766			
7	Provider Target Rate	65.4503		70.0753			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation	53.5735		57.9357			
10b	Base for line 10a	52.3513		56.6140			
11	Lesser of 5,7,8,10, 10a	47.6731	72.4221	46.0344	13.6500		179.7796
12/13	Medicaid Adjustment Rate		1.4389	0.9146			
14	Prospective Per Diem 11	47.6731	73.8610	46.9490	13.6500		182.1331
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 019085-00 - 2012/07
199.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Golfview Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/15/1986 Year of Phase-In/ Full: RS to Start Calcs: 1986/07 Indexed Asset Value 1,743,646 FRVS Base Asset: 1,114,559 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,394,917	9.8079
	< 60% of Base:	True	20% ROE(2):	348,729	0.4819
	Interest Rate:	0.0000 %	Insurance Cost(3):	11,677	0.6814
	Chase Rate:	0.0000 %	Taxes Cost(3):	21,568	1.2586
	Amortization Rate:	13.0000 %	Home Office(3):	13,883	0.8101
	Interest Only:	True	Replacement(3&4):	4,787	0.0000
Yearly Payment:	180,427	Total FRVS PD:	13.0399		

(1) 80% Capital (\$1,394,917) amortized at 13.0000% for 20 years Interest of \$180,427 divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = \$9.8079

(2) 20% ROE (\$348,729) times the ROE factor (0.025420) divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = \$0.4819

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	20,572
Comparison Date: 7/1/1979	Current RS PBS:	50,254
Comparison Bed 56	Effective PBS Limitation	1,152,032

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.6731	47.6731	2.8154	44.8577
Patient Care				
Direct Care	73.8610	73.8610	4.3620	69.4990
Indirect Care	46.9490	46.9490	2.7727	44.1763
Property	13.6500	13.0399	0.7701	12.2698
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6723
Supplemental Rate Add-on				\$8.8324
Totals	182.1331	181.5230	10.7202	199.3075

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 019282-00 - 2012/07

181.94

Southern Pines Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6140 Congress Street New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1980 Acquired Date: 3/1/1980 Entered Medicaid 3/1/1980 Med # Active Date: 4/1/2010 Previous Med # 262706	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 30,824 Medicare: 2,575 Medicaid: 19,493	Superior: 0 Standard: 181 Conditional: 3 Total: 184
	Medicaid Utilization 63.23968% Occupancy: 70.37443% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 89.43272% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	722,226	1,392,202	711,130	384,597	0	3,210,155
1a	Audit Adjustments						
2	Cost Per Diem	37.0505	71.4206	36.4813	19.7300		164.6824
3	Cost Per Diem Inflated	38.2950	72.9876	37.7067			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.2950	72.9876	37.7067	19.7300		168.7193
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5346		49.2006			
7	Provider Target Rate	48.6444		50.3493			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	45.2514		48.8287			
10b	Base for line 10a	44.2190		47.7147			
11	Lesser of 5,7,8,10, 10a	38.2950	72.9876	37.7067	13.6500		162.6393
12/13	Medicaid Adjustment Rate		1.0694	0.5525			
14	Prospective Per Diem 11	38.2950	74.0570	38.2592	13.6500		164.2612
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 019282-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

181.94

Southern Pines Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1980/01 Indexed Asset Value 3,146,765 FRVS Base Asset: 1,765,696 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,517,412	8.2602
	< 60% of Base:	True	20% ROE(2):	629,353	0.4058
	Interest Rate:	0.0000 %	Insurance Cost(3):	23,140	0.7507
	Chase Rate:	0.0000 %	Taxes Cost(3):	27,633	0.8965
	Amortization Rate:	13.0000 %	Home Office(3):	23,110	0.7497
	Interest Only:	True	Replacement(3&4):	6,985	0.0000
Yearly Payment:	325,617	Total FRVS PD:	11.0629		

(1) 80% Capital (\$2,517,412) amortized at 13.0000% for 20 years Interest of \$325,617 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.2602

(2) 20% ROE (\$629,353) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4058

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.2950	38.2950	2.2616	36.0334
Patient Care				
Direct Care	74.0570	74.0570	4.3736	69.6834
Indirect Care	38.2592	38.2592	2.2595	35.9997
Property	13.6500	11.0629	0.6533	10.4096
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.9778
Supplemental Rate Add-on				\$8.8324
Totals	164.2612	161.6741	9.5480	181.9363

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 019284-00 - 2012/07
191.22

Signature HealthCARE of Jacksonville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2061 Hyde Park Rd Jacksonville FL 32210 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1972 Acquired Date: 7/1/1972 Entered Medicaid 7/1/1972 Med # Active Date: 4/1/2010 Previous Med # 262714	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 55,094 Medicare: 3,869 Medicaid: 45,903	Superior: 0 Standard: 153 Conditional: 31 Total: 184
	Medicaid Utilization 83.31760% Occupancy: 83.85693% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.56645% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,616,455	3,660,512	1,654,839	688,545	0	7,620,351
1a	Audit Adjustments						
2	Cost Per Diem	35.2146	79.7445	36.0508	15.0000		166.0099
3	Cost Per Diem Inflated	36.3974	81.4942	37.2617			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.3974	81.4942	37.2617	15.0000		170.1533
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0641		45.2876			
7	Provider Target Rate	43.0461		46.3449			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	40.8758		46.7969			
10b	Base for line 10a	39.9433		45.7293			
11	Lesser of 5,7,8,10, 10a	36.3974	81.4942	37.2617	13.6500		168.8033
12/13	Medicaid Adjustment Rate		2.5400	1.1613			
14	Prospective Per Diem 11	36.3974	84.0342	38.4230	13.6500		172.5046
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 019284-00 - 2012/07
191.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Signature HealthCARE of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1972/07	Type: Fixed [2]		80% Capital(1): 4,200,528		9.1886
Indexed Asset Value 5,250,660	< 60% of Base: True		20% ROE(2): 1,050,132		0.4515
FRVS Base Asset: 2,853,841	Interest Rate: 0.0000 %		Insurance Cost(3): 42,117		0.7645
Occup Adj Factor: 0.9000	Chase Rate: 0.0000 %		Taxes Cost(3): 66,840		1.2132
ROE Factor 0.025420	Amortization Rate: 13.0000 %		Home Office(3): 40,852		0.7415
	Interest Only: True		Replacement(3&4): 18,195		0.0000
	Yearly Payment: 543,320		Total FRVS PD:		12.3593

- (1) 80% Capital (\$4,200,528) amortized at 13.0000% for 20 years Interest of \$543,320 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.1886
- (2) 20% ROE (\$1,050,132) times the ROE factor (0.025420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4515
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 180	Effective PBS Limitation 5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.3974	36.3974	2.1495	34.2479
Patient Care				
Direct Care	84.0342	84.0342	4.9628	79.0714
Indirect Care	38.4230	38.4230	2.2691	36.1539
Property	13.6500	12.3593	0.7299	11.6294
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2825
Supplemental Rate Add-on				\$8.8324
Totals	172.5046	171.2139	10.1113	191.2175

***Medicaid Trend Adjustment :**



0 019287-00 - 2012/07
192.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Golfcrest Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
600 North 17th Avenue Hollywood FL 33020 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/1/1980 Acquired Date: 3/1/1980 Entered Medicaid 3/1/1980 Med # Active Date: 4/1/2010 Previous Med # 262064	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 67 Maximum: 24,455 Max Annualized: 24,455 Total Patient: 21,749 Medicare: 2,372 Medicaid: 12,945	Superior: 0 Standard: 153 Conditional: 31 Total: 184
	Medicaid Utilization 59.51998% Occupancy: 88.93478% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.01945% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	562,693	894,077	526,361	237,411	0	2,220,542
1a	Audit Adjustments						
2	Cost Per Diem	43.4680	69.0674	40.6613	18.3400		171.5367
3	Cost Per Diem Inflated	44.9280	70.5828	42.0271			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9280	70.5828	42.0271	18.3400		175.8779
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9727		61.3003			
7	Provider Target Rate	53.1861		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	53.6955		62.7314			
10b	Base for line 10a	52.4705		61.3003			
11	Lesser of 5,7,8,10, 10a	44.9280	70.5828	42.0271	13.6500		171.1879
12/13	Medicaid Adjustment Rate		0.6286	0.3743			
14	Prospective Per Diem 11	44.9280	71.2114	42.4014	13.6500		172.1908
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 019287-00 - 2012/07
192.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Golfcrest Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/2003	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1980/01	Type: Fixed [2]		80% Capital(1): 1,600,304	9.4047	
Indexed Asset Value: 2,000,380	< 60% of Base: True		20% ROE(2): 400,076	0.4621	
FRVS Base Asset: 1,178,716	Interest Rate: 0.0000 %		Insurance Cost(3): 16,821	0.7734	
Occup Adj Factor: 0.9000	Chase Rate: 0.0000 %		Taxes Cost(3): 78,205	3.5958	
ROE Factor: 0.025420	Amortization Rate: 13.0000 %		Home Office(3): 17,434	0.8016	
	Interest Only: True		Replacement(3&4): 1,475	0.0000	
	Yearly Payment: 206,993		Total FRVS PD:	15.0376	

(1) 80% Capital (\$1,600,304) amortized at 13.0000% for 20 years Interest of \$206,993 divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = \$9.4047

(2) 20% ROE (\$400,076) times the ROE factor (0.025420) divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = \$0.4621

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed: 67	Effective PBS Limitation: 1,909,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9280	44.9280	2.6533	42.2747
Patient Care				
Direct Care	71.2114	71.2114	4.2055	67.0059
Indirect Care	42.4014	42.4014	2.5041	39.8973
Property	13.6500	15.0376	0.8881	14.1495
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.3936
Supplemental Rate Add-on				\$8.8324
Totals	172.1908	173.5784	10.2510	192.5534

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 021261-00 - 2012/07 221.60

Coastal Health and Rehabilitation Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
820 N Clyde Morris Blvd Daytona Beach FL 32117 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/5/1987 Acquired Date: 2/5/1987 Entered Medicaid 2/6/1987 Med # Active Date: 1/10/2010 Previous Med # 283134	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 85.16493% Occupancy: 82.49079% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.83035% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 17,917 Medicare: 1,502 Medicaid: 15,259	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.21497768 Semester Index: 1.28710041 Cost: 1.05936136 Target: 1.01634256 DC FY Index: 1.17050000 DC Sem Index: 1.21100000 DC Inflation: 1.03460060 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	624,720	1,377,848	881,539	348,210	0	3,232,317
1a	Audit Adjustments						
2	Cost Per Diem	40.9411	90.2974	57.7717	22.8200		211.8302
3	Cost Per Diem Inflated	43.3714	93.4217	61.2011			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.3714	93.4217	61.2011	22.8200		220.8142
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.9699		62.0458			
7	Provider Target Rate	44.9964		63.4944			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	41.8275		52.7981			
10b	Base for line 10a	40.8733		51.5936			
11	Lesser of 5,7,8,10, 10a	41.8275	93.4217	52.7981	13.6500		201.6973
12/13	Medicaid Adjustment Rate		3.6958	2.0887			
14	Prospective Per Diem 11	41.8275	97.1175	54.8868	13.6500		207.4818
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 021261-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

221.60

Coastal Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/19/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	None [1]	80% Capital(1):	4,347,741	5.7140
Indexed Asset Value	5,434,676	< 60% of Base:	True	20% ROE(2):	1,086,935	0.8845
FRVS Base Asset:	2,020,491	Interest Rate:	5.2500 %	Insurance Cost(3):	17,876	0.9977
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	24,853	1.3871
ROE Factor	0.032080	Amortization Rate:	5.2500 %	Home Office(3):	18,235	1.0177
		Interest Only:	True	Replacement(3&4):	26,042	0.0000
		Yearly Payment:	225,246	Total FRVS PD:		10.0010

(1) 80% Capital (\$4,347,741) amortized at 5.2500% for 20 years Interest of \$225,246 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.7140

(2) 20% ROE (\$1,086,935) times the ROE factor (0.032080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8845

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	50,254
Comparison Bed 84	Effective PBS Limitation	2,409,288

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.8275	41.8275	2.4702	39.3573
Patient Care				
Direct Care	97.1175	97.1175	5.7354	91.3821
Indirect Care	54.8868	54.8868	3.2414	51.6454
Property	13.6500	10.0010	0.5906	9.4104
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.9711
Supplemental Rate Add-on				\$8.8324
Totals	207.4818	203.8328	12.0376	221.5987

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 022138-00 - 2012/07

238.14

Carlton Shores Health and Rehab Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1350 South Nova Road Daytona Beach FL 32114 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/1/1983 Acquired Date: 2/1/1983 Entered Medicaid 7/1/1987 Med # Active Date: 5/1/2010 Previous Med # 223905	05/01/2010-12/31/2010 Days In CR 245 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 84 Maximum: 20,580 Max Annualized: 30,660 Total Patient: 17,553 Medicare: 3,301 Medicaid: 9,501	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.12750% Occupancy: 85.29155% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.38958% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22417738	Semester Index: 1.28710041
		Cost: 1.05140026	Target: 1.01634256
		DC FY Index: 1.17566608	DC Sem Index: 1.21100000
		DC Inflation: 1.03005438	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	676,407	872,263	679,616	192,015	12,552	2,432,853
1a	Audit Adjustments						
2	Cost Per Diem	71.1932	91.8075	71.5310	20.2100	1.3211	256.0628
3	Cost Per Diem Inflated	74.8525	94.5667	75.2077			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	74.8525	94.5667	75.2077	20.2100	1.3211	266.1580
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.5745		75.9331			
7	Provider Target Rate	77.3389		77.7059			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	52.2787		61.9376			
10b	Base for line 10a	51.0860		60.5246			
11	Lesser of 5,7,8,10, 10a	50.8132	94.5667	61.7620	13.6500	1.3211	222.1130
12/13	Medicaid Adjustment Rate		0.4391	0.2868			
14	Prospective Per Diem 11	50.8132	95.0058	62.0488	13.6500	1.3211	222.8389
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 022138-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

238.14

Carlton Shores Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	2,743,642	8.7211
Indexed Asset Value	3,429,552	< 60% of Base:	False	20% ROE(2):	685,910	0.6214
FRVS Base Asset:	813,756	Interest Rate:	6.2500 %	Insurance Cost(3):	63,850	3.6376
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	35,045	1.9965
ROE Factor	0.025000	Amortization Rate:	6.2500 %	Home Office(3):	19,276	1.0982
		Interest Only:	False	Replacement(3&4):	25,825	0.0000
		Yearly Payment:	240,649	Total FRVS PD:		16.0748

(1) 80% Capital (\$2,743,642) amortized at 6.2500% for 20 years Principal & Interest of \$240,649 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$8.7211

(2) 20% ROE (\$685,910) times the ROE factor (0.025000) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$0.6214

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	25,365
Comparison Date: 7/1/1982	Current RS PBS:	50,254
Comparison Bed 55	Effective PBS Limitation	1,395,075

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	95.0058	95.0058	5.6107	89.3951
Indirect Care	62.0488	62.0488	3.6644	58.3844
Property	13.6500	16.0748	0.9493	15.1255
ROE	1.3211	1.3211	0.0780	1.2431
ROE Adjustment	-1.3211	-1.3211	-0.0780	-1.2431
Quality Assess-Medicaid Share				\$18.5853
Supplemental Rate Add-on				\$8.8324
Totals	221.5178	223.9426	13.2253	238.1350

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 022293-00 - 2012/07
213.46

San Marco Terrace Rehabilitation and Care

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
189 San Marco Avenue St. Augustine FL 32084 County: St Johns[55] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 6/1/2010 Previous Med # 316601	06/01/2010-05/31/2011 Days In CR 365 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 68 Maximum: 24,820 Max Annualized: 24,820 Total Patient: 21,383 Medicare: 4,617 Medicaid: 11,247	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 52.59786% Occupancy: 86.15230% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.48343% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	524,449	1,071,051	520,336	244,510	0	2,360,346
1a	Audit Adjustments						
2	Cost Per Diem	46.6301	95.2299	46.2644	21.7400		209.8644
3	Cost Per Diem Inflated	46.6301	95.2299	46.2644			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.6301	95.2299	46.2644	21.7400		209.8644
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	46.6899		52.1843			
10b	Base for line 10a	45.6247		50.9938			
11	Lesser of 5,7,8,10, 10a	46.6301	94.5794	46.2644	13.6500		201.1239
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.6301	94.5794	46.2644	13.6500		201.1239
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 022293-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

213.46

San Marco Terrace Rehabilitation and Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 1,241,837 FRVS Base Asset: 722,452 Occup Adj Factor: 0.9000 ROE Factor 0.031880	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	800,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	993,470	3.5962
	< 60% of Base:	False	20% ROE(2):	248,367	0.3545
	Interest Rate:	6.5000 %	Insurance Cost(3):	75,700	3.5402
	Chase Rate:	3.2500 %	Taxes Cost(3):	43,400	2.0296
	Amortization Rate:	5.2500 %	Home Office(3):	30,000	1.4030
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	80,333	Total FRVS PD:	10.9235		

(1) 80% Capital (\$993,470) amortized at 5.2500% for 20 years Principal & Interest of \$80,333 divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$3.5962

(2) 20% ROE (\$248,367) times the ROE factor (0.031880) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$0.3545

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 68	Effective PBS Limitation	1,938,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.6301	46.6301	2.7538	43.8763
Patient Care				
Direct Care	94.5794	94.5794	5.5855	88.9939
Indirect Care	46.2644	46.2644	2.7322	43.5322
Property	13.6500	10.9235	0.6451	10.2784
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9476
Supplemental Rate Add-on				\$8.8324
Totals	201.1239	198.3974	11.7166	213.4608

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 022987-00 - 2012/07
210.73

Blountstown Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16690 S. W. Chipola Road Blountstown FL 32424 County: Calhoun [7] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/1/1996 Acquired Date: 8/1/1996 Entered Medicaid 8/1/1996 Med # Active Date: 4/1/2011 Previous Med # 264067	04/01/2011-09/30/2011 Days In CR 183 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 96 Maximum: 17,568 Max Annualized: 35,040 Total Patient: 16,623 Medicare: 1,342 Medicaid: 12,384	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 74.49919% Occupancy: 94.62090% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.24544% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	539,402	1,009,255	597,546	275,172	0	2,421,375
1a	Audit Adjustments						
2	Cost Per Diem	43.5564	81.4967	48.2515	22.2200		195.5246
3	Cost Per Diem Inflated	44.7196	82.9697	49.5401			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7196	82.9697	49.5401	22.2200		199.4494
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3471		49.8406			
7	Provider Target Rate	44.3591		51.0042			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	45.5799		53.8040			
10b	Base for line 10a	44.5400		52.5765			
11	Lesser of 5,7,8,10, 10a	44.3591	82.9697	49.5401	13.6500		190.5189
12/13	Medicaid Adjustment Rate		2.2868	1.3654			
14	Prospective Per Diem 11	44.3591	85.2565	50.9055	13.6500		194.1711
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 022987-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

210.73

Blountstown Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,991,000.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable [3]	80% Capital(1):	2,908,194	7.4569
Indexed Asset Value	3,635,243	< 60% of Base:	False	20% ROE(2):	727,049	0.5812
FRVS Base Asset:	2,919,807	Interest Rate:	6.9500 %	Insurance Cost(3):	20,117	1.2102
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	36,709	2.2083
ROE Factor	0.025210	Amortization Rate:	5.2500 %	Home Office(3):	3,739	0.2249
		Interest Only:	False	Replacement(3&4):	16,050	0.0000
		Yearly Payment:	235,160	Total FRVS PD:		11.6815

(1) 80% Capital (\$2,908,194) amortized at 5.2500% for 20 years Principal & Interest of \$235,160 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$7.4569

(2) 20% ROE (\$727,049) times the ROE factor (0.025210) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$0.5812

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	50,254
Comparison Bed 81	Effective PBS Limitation	2,919,807

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.3591	44.3591	2.6197	41.7394
Patient Care				
Direct Care	85.2565	85.2565	5.0350	80.2215
Indirect Care	50.9055	50.9055	3.0063	47.8992
Property	13.6500	11.6815	0.6899	10.9916
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.0421
Supplemental Rate Add-on				\$8.8324
Totals	194.1711	192.2026	11.3509	210.7262

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 022994-00 - 2012/07

207.92

The Home Association, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1203 East 22nd Avenue Tampa FL 33605 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 3/1/2009 Previous Med # 201154	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 96 Maximum: 35,040 Max Annualized: 35,040 Total Patient: 32,796 Medicare: 3,342 Medicaid: 24,167	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.68886% Occupancy: 93.59589% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.94286% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,202,918	2,023,476	923,218	344,621	0	4,494,233
1a	Audit Adjustments						
2	Cost Per Diem	49.7752	83.7289	38.2016	14.2600		185.9657
3	Cost Per Diem Inflated	51.9107	85.9650	39.8406			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.9107	85.9650	39.8406	14.2600		191.9763
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.5247		56.1471			
7	Provider Target Rate	59.8910		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation	58.2049		62.0866			
10b	Base for line 10a	56.8770		60.6702			
11	Lesser of 5,7,8,10, 10a	51.9107	85.9650	39.8406	13.6500		191.3663
12/13	Medicaid Adjustment Rate		2.2910	1.0618			
14	Prospective Per Diem 11	51.9107	88.2560	40.9024	13.6500		194.7191
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 022994-00 - 2012/07
207.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Home Association, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: None [1]		80% Capital(1): 1,804,382	7.1136
Indexed Asset Value 2,255,478	< 60% of Base: True		20% ROE(2): 451,096	0.3695
FRVS Base Asset: 1,040,889	Interest Rate: 12.5000 %		Insurance Cost(3): 2,609	0.0796
Occup Adj Factor: 0.9000	Chase Rate: 12.5000 %		Taxes Cost(3): 2,730	0.0832
ROE Factor 0.025830	Amortization Rate: 12.5000 %		Home Office(3): 33,444	1.0198
	Interest Only: True		Replacement(3&4): 5,518	0.0000
	Yearly Payment: 224,334		Total FRVS PD:	8.6657

(1) 80% Capital (\$1,804,382) amortized at 12.5000% for 20 years Interest of \$224,334 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$7.1136

(2) 20% ROE (\$451,096) times the ROE factor (0.025830) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$0.3695

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 96	Effective PBS Limitation 2,736,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.9107	51.9107	3.0657	48.8450
Patient Care				
Direct Care	88.2560	88.2560	5.2121	83.0439
Indirect Care	40.9024	40.9024	2.4156	38.4868
Property	13.6500	8.6657	0.5118	8.1539
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.5574
Supplemental Rate Add-on				\$8.8324
Totals	194.7191	189.7348	11.2052	207.9194

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 023067-00 - 2012/07

231.94

Okeechobee Healthcare Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1646 Highway 441 North Okeechobee FL 34972 County: Okeechobee [47] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1984 Acquired Date: 12/1/1984 Entered Medicaid 12/1/1984 Med # Active Date: 4/1/2009 Previous Med # 009495	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,195 Medicare: 16,776 Medicaid: 40,830	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.72114% Occupancy: 93.14308% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.36741% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,146,008	3,761,403	2,466,251	645,522	0	9,019,184
1a	Audit Adjustments						
2	Cost Per Diem	52.5596	92.1235	60.4029	15.8100		220.8960
3	Cost Per Diem Inflated	54.3250	94.1448	62.4318			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.3250	94.1448	62.4318	15.8100		226.7116
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.5507		50.1876			
7	Provider Target Rate	59.9177		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	94.1448	51.3593	13.6500		211.3689
12/13	Medicaid Adjustment Rate		1.7710	0.9661			
14	Prospective Per Diem 11	52.2148	95.9158	52.3254	13.6500		214.1060
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 023067-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

231.94

Okeechobee Healthcare Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	5,986,417	12.9560
Indexed Asset Value	7,483,021	< 60% of Base:	False	20% ROE(2):	1,496,604	0.6434
FRVS Base Asset:	2,565,000	Interest Rate:	11.5000 %	Insurance Cost(3):	77,258	1.2625
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	113,074	1.8478
ROE Factor	0.025420	Amortization Rate:	11.5000 %	Home Office(3):	140,175	2.2906
		Interest Only:	False	Replacement(3&4):	274,654	0.0000
		Yearly Payment:	766,091	Total FRVS PD:		19.0003

(1) 80% Capital (\$5,986,417) amortized at 11.5000% for 20 years Principal & Interest of \$766,091 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.9560

(2) 20% ROE (\$1,496,604) times the ROE factor (0.025420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6434

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 90	Effective PBS Limitation	2,565,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	95.9158	95.9158	5.6645	90.2513
Indirect Care	52.3254	52.3254	3.0902	49.2352
Property	13.6500	19.0003	1.1221	17.8782
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.6149
Supplemental Rate Add-on				\$8.8324
Totals	214.1060	219.4563	12.9604	231.9432

***Medicaid Trend Adjustment :**



0 023255-00 - 2012/07
229.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Vienna Square

Type of Cost Report: Cost Settled Interim New Facility[6] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider[2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 Overlook Drive Winter Haven FL 33844 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/4/2010 Acquired Date: 11/4/2010 Entered Medicaid 11/4/2010 Med # Active Date: 11/4/2010 Previous Med #	06/03/2010-06/30/2011 Days In CR 393 First Used: 2010/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 47,160 Max Annualized: 43,800 Total Patient: 8,924 Medicare: 5,916 Medicaid: 2,429	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 27.21874% Occupancy: 18.92282% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 24.04736% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	240,557	294,172	252,882	314,483	0	1,102,094
1a	Audit Adjustments						
2	Cost Per Diem	99.0354	121.1083	104.1095	129.4702		453.7234
3	Cost Per Diem Inflated	103.2843	124.3426	108.5761			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	103.2843	124.3426	108.5761	129.4702		465.6732
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	103.3827		108.6794			
7	Provider Target Rate	105.7963		111.2167			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	46.3633		53.8908			
10b	Base for line 10a	45.3056		52.6613			
11	Lesser of 5,7,8,10, 10a	46.3633	98.2868	53.8908	13.6500		212.1909
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.3633	98.2868	53.8908	13.6500		212.1909
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 023255-00 - 2012/07
229.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Vienna Square

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/4/2010 Year of Phase-In/ Full: RS to Start Calcs: 2010/07 Indexed Asset Value 5,844,022 FRVS Base Asset: 5,802,840 Occup Adj Factor: 0.9000 ROE Factor 0.026060	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	14,250,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,675,218	9.2204
	< 60% of Base:	False	20% ROE(2):	1,168,804	0.7727
	Interest Rate:	4.7800 %	Insurance Cost(3):	54,975	6.1604
	Chase Rate:	3.2500 %	Taxes Cost(3):	104,620	11.7234
	Amortization Rate:	4.7800 %	Home Office(3):	3,674	0.4117
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	363,468	Total FRVS PD:		28.2886	

(1) 80% Capital (\$4,675,218) amortized at 4.7800% for 20 years Principal & Interest of \$363,468 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2204

(2) 20% ROE (\$1,168,804) times the ROE factor (0.026060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7727

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	48,357
Comparison Date: 1/1/2010	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	5,802,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.3633	46.3633	2.7381	43.6252
Patient Care				
Direct Care	98.2868	98.2868	5.8045	92.4823
Indirect Care	53.8908	53.8908	3.1826	50.7082
Property	13.6500	28.2886	1.6706	26.6180
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$7.7155
Supplemental Rate Add-on				\$8.8324
Totals	212.1909	226.8295	13.3958	229.9816

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 024167-00 - 2012/07
260.26

Key West Health & Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5860 W. Junior College Road Key West FL 33040 County: Monroe [44] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1984 Acquired Date: 3/1/1984 Entered Medicaid 3/1/1984 Med # Active Date: 8/12/2010 Previous Med # 207756	08/12/2010-06/30/2011 Days In CR 323 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 38,760 Max Annualized: 43,800 Total Patient: 3,362 Medicare: 421 Medicaid: 1,551	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 46.13325% Occupancy: 8.67389% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 11.02289% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	220,891	182,824	182,696	419,514	0	1,005,925
1a	Audit Adjustments						
2	Cost Per Diem	142.4184	117.8749	117.7924	270.4797		648.5654
3	Cost Per Diem Inflated	148.0851	120.8354	122.4792			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	148.0851	120.8354	122.4792	270.4797		661.8794
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.2400		38.9354			
7	Provider Target Rate	68.8098		49.6117			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	50.5013		58.0188			
10b	Base for line 10a	49.3492		56.6952			
11	Lesser of 5,7,8,10, 10a	50.5013	99.9145	49.6117	13.6500		213.6775
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.5013	99.9145	49.6117	13.6500		213.6775
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 024167-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

260.26

Key West Health & Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/12/2010	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,591,437.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	4,402,000	8.8436
Indexed Asset Value	5,502,500	< 60% of Base:	False	20% ROE(2):	1,100,500	0.7203
FRVS Base Asset:	2,696,041	Interest Rate:	5.0000 %	Insurance Cost(3):	56,662	16.8537
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	54,744	16.2832
ROE Factor	0.025800	Amortization Rate:	5.0000 %	Home Office(3):	10,752	3.1981
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	348,615	Total FRVS PD:		45.8989

(1) 80% Capital (\$4,402,000) amortized at 5.0000% for 20 years Principal & Interest of \$348,615 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8436

(2) 20% ROE (\$1,100,500) times the ROE factor (0.025800) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7203

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.5013	50.5013	2.9824	47.5189
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	49.6117	49.6117	2.9299	46.6818
Property	13.6500	45.8989	2.7106	43.1883
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.0236
Supplemental Rate Add-on				\$8.8324
Totals	213.6775	245.9264	14.5235	260.2589

***Medicaid Trend Adjustment :**



0 026536-00 - 2012/07
232.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

West Broward Rehabilitation and Healthcare

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7751 West Broward Blvd. Plantation FL 33324	06/01/2010-12/31/2010	Number of Beds: 120	Superior: 0
County: Broward[6]	Days In CR 214	Maximum: 25,680	Standard: 184
Region: South[2] Area: 10	First Used: 2012/07	Max Annualized: 43,800	Conditional: 0
Control Private For profit [1]	Last Used: 2012/07	Total Patient: 21,526	Total: 184
Current Class South Large [4]	Unaudited [3]	Medicare: 3,716	Inflation
Class at 1/94: South Large [4]	Initial CR? False	Medicaid: 15,686	FY Index: 1.22587622
Operating Ex > 18 months [1]	Medicaid Utilization 72.87002%		Semester Index: 1.28710041
Open Date: 11/1/1971	Occupancy: 83.82398%		Cost: 1.04994321
Acquired Date: 11/1/1971	Statewide Low Occupancy Threshold: 78.68980%		Target: 1.01634256
Entered Medicaid 11/1/1971	Medicaid Low Occupancy Threshold: 41.03510%		DC FY Index: 1.17650000
Med # Active Date: 6/1/2010	Low Occupancy Adjustment Factor: 106.52459%		DC Sem Index: 1.21100000
Previous Med # 002419	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02932427
			PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	907,138	1,431,222	916,970	56,626	0	3,311,956
1a	Audit Adjustments						
2	Cost Per Diem	57.8311	91.2420	58.4579	3.6100		211.1410
3	Cost Per Diem Inflated	60.7194	93.9176	61.3775			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	60.7194	93.9176	61.3775	3.6100		219.6245
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3198		53.7926			
7	Provider Target Rate	48.4246		55.0485			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	52.3114		58.5307			
10b	Base for line 10a	51.1180		57.1954			
11	Lesser of 5,7,8,10, 10a	48.4246	93.9176	55.0485	3.6100		201.0007
12/13	Medicaid Adjustment Rate		2.4164	1.4163			
14	Prospective Per Diem 11	48.4246	96.3340	56.4648	3.6100		204.8334
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 026536-00 - 2012/07
232.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

West Broward Rehabilitation and Healthcare

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 4,682,212 FRVS Base Asset: 2,206,339 Occup Adj Factor: 0.9000 ROE Factor 0.023930	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,000,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,745,770	12.1601
	< 60% of Base:	False	20% ROE(2):	936,442	0.5685
	Interest Rate:	13.0000 %	Insurance Cost(3):	25,800	1.1986
	Chase Rate:	8.5000 %	Taxes Cost(3):	51,830	2.4078
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	47,594	0.0000
Yearly Payment:	479,352	Total FRVS PD:	16.3350		

- (1) 80% Capital (\$3,745,770) amortized at 11.5000% for 20 years Principal & Interest of \$479,352 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.1601
- (2) 20% ROE (\$936,442) times the ROE factor (0.023930) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5685
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.4246	48.4246	2.8598	45.5648
Patient Care				
Direct Care	96.3340	96.3340	5.6892	90.6448
Indirect Care	56.4648	56.4648	3.3346	53.1302
Property	3.6100	16.3350	0.9647	15.3703
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9385
Supplemental Rate Add-on				\$8.8324
Totals	204.8334	217.5584	12.8483	232.4810

***Medicaid Trend Adjustment :**



0 028133-00 - 2012/07
250.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Cross Pointe Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
440 Phippen-Waiters Road Dania Beach FL 33004 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 2/1/1984 Acquired Date: 2/1/1984 Entered Medicaid 2/1/1984 Med # Active Date: 6/30/2010 Previous Med # 001281	06/30/2010-01/31/2011 Days In CR 216 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 88 Maximum: 19,008 Max Annualized: 32,120 Total Patient: 16,918 Medicare: 3,165 Medicaid: 13,465	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 79.58979% Occupancy: 89.00463% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.10822% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22862856 Semester Index: 1.28710041 Cost: 1.04759115 Target: 1.01634256 DC FY Index: 1.17749915 DC Sem Index: 1.21100000 DC Inflation: 1.02845085 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	736,132	1,378,296	809,039	47,666	0	2,971,133
1a	Audit Adjustments						
2	Cost Per Diem	54.6700	102.3614	60.0846	3.5400		220.6560
3	Cost Per Diem Inflated	57.2718	105.2737	62.9441			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.2718	105.2737	62.9441	3.5400		229.0296
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.3764		65.0244			
7	Provider Target Rate	56.6692		66.5425			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	57.6920		65.7137			
10b	Base for line 10a	56.3758		64.2145			
11	Lesser of 5,7,8,10, 10a	56.6692	105.2737	62.9441	3.5400		228.4270
12/13	Medicaid Adjustment Rate		3.5044	2.0953			
14	Prospective Per Diem 11	56.6692	108.7781	65.0394	3.5400		234.0267
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 028133-00 - 2012/07
250.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Cross Pointe Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	None [1]	80% Capital(1):	1,902,198	3.0820
Indexed Asset Value	2,377,748	< 60% of Base:	True	20% ROE(2):	475,550	0.3937
FRVS Base Asset:	1,418,704	Interest Rate:	4.7500 %	Insurance Cost(3):	31,719	1.8749
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	22,571	1.3341
ROE Factor	0.023930	Amortization Rate:	4.7500 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	89,094	Total FRVS PD:		6.6847

- (1) 80% Capital (\$1,902,198) amortized at 4.7500% for 20 years Interest of \$89,094 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$3.0820
- (2) 20% ROE (\$475,550) times the ROE factor (0.023930) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$0.3937
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 88	Effective PBS Limitation	2,508,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	56.6692	56.6692	3.3467	53.3225
Patient Care				
Direct Care	108.7781	108.7781	6.4241	102.3540
Indirect Care	65.0394	65.0394	3.8410	61.1984
Property	3.5400	6.6847	0.3948	6.2899
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6078
Supplemental Rate Add-on				\$8.8324
Totals	234.0267	237.1714	14.0066	250.6050

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 028148-00 - 2012/07
219.70

Cross Terrace Rehabilitation Center

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1351 San Christopher Drive Dunedin FL 34698 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1979 Acquired Date: 5/1/1979 Entered Medicaid 5/1/1979 Med # Active Date: 6/30/2010 Previous Med # 001300	07/01/2010-06/30/2011 Days In CR 365 First Used: 2010/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 29,797 Medicare: 6,658 Medicaid: 21,090	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 70.77894% Occupancy: 78.49578% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 99.75344% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	985,821	2,086,351	1,102,932	649,572	0	4,824,676
1a	Audit Adjustments						
2	Cost Per Diem	46.7435	98.9261	52.2964	30.8000		228.7660
3	Cost Per Diem Inflated	46.7435	98.9261	52.2964			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.7435	98.9261	52.2964	30.8000		228.7660
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	48.6416		51.6594			
10b	Base for line 10a	47.5319		50.4808			
11	Lesser of 5,7,8,10, 10a	46.7435	98.2868	51.6594	13.6500		210.3397
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7435	98.2868	51.6594	13.6500		210.3397
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 028148-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

219.70

Cross Terrace Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1979/01 Indexed Asset Value 2,235,657 FRVS Base Asset: 1,371,112 Occup Adj Factor: 0.9000 ROE Factor 0.024690	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,469,167.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,788,526	4.2578
	< 60% of Base:	False	20% ROE(2):	447,131	0.3231
	Interest Rate:	5.3200 %	Insurance Cost(3):	79,300	2.6613
	Chase Rate:	4.2500 %	Taxes Cost(3):	38,000	1.2753
	Amortization Rate:	5.3200 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	145,463	Total FRVS PD:		8.5175	

(1) 80% Capital (\$1,788,526) amortized at 5.3200% for 20 years Principal & Interest of \$145,463 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$4.2578

(2) 20% ROE (\$447,131) times the ROE factor (0.024690) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.3231

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7435	46.7435	2.7605	43.9830
Patient Care				
Direct Care	98.2868	98.2868	5.8045	92.4823
Indirect Care	51.6594	51.6594	3.0508	48.6086
Property	13.6500	8.5175	0.5030	8.0145
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7753
Supplemental Rate Add-on				\$8.8324
Totals	210.3397	205.2072	12.1188	219.6961

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 028602-00 - 2012/07

211.20

Wuesthoff Progressive Care Center

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated [1]
 Type of Rate: Interim [2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8050 Spyglass Rd Viera FL 32940 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/30/1995 Acquired Date: 5/30/1995 Entered Medicaid 5/30/1995 Med # Active Date: 10/1/2010 Previous Med # 253472	10/01/2010-09/30/2011 Days In CR 365 First Used: 2010/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 114 Maximum: 41,610 Max Annualized: 41,610 Total Patient: 38,400 Medicare: 19,201 Medicaid: 8,852 Medicaid Utilization 23.05208% Occupancy: 92.28551% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.27760% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	485,818	966,044	419,839	93,212	0	1,964,913
1a	Audit Adjustments						
2	Cost Per Diem	54.8823	109.1329	47.4287	10.5300		221.9739
3	Cost Per Diem Inflated	54.8823	109.1329	47.4287			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.8823	109.1329	47.4287	10.5300		221.9739
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	51.5622		57.2033			
10b	Base for line 10a	50.3859		55.8983			
11	Lesser of 5,7,8,10, 10a	49.9425	98.2868	47.4287	10.5300		206.1880
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9425	98.2868	47.4287	10.5300		206.1880
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 028602-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

211.20

Wuesthoff Progressive Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/30/1995 Year of Phase-In/ Full: RS to Start Calcs: 1995/01 Indexed Asset Value 4,637,250 FRVS Base Asset: 3,917,154 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,709,800	3.1666
	< 60% of Base:	True	20% ROE(2):	927,450	0.6835
	Interest Rate:	0.0000 %	Insurance Cost(3):	0	0.0000
	Chase Rate:	3.2500 %	Taxes Cost(3):	40,281	1.0490
	Amortization Rate:	3.2500 %	Home Office(3):	90,032	2.3446
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	118,585	Total FRVS PD:		7.2437	

- (1) 80% Capital (\$3,709,800) amortized at 3.2500% for 20 years Interest of \$118,585 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$3.1666
- (2) 20% ROE (\$927,450) times the ROE factor (0.027600) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$0.6835
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	50,254
Comparison Bed 114	Effective PBS Limitation	3,917,154

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	98.2868	98.2868	5.8045	92.4823
Indirect Care	47.4287	47.4287	2.8010	44.6277
Property	10.5300	7.2437	0.4278	6.8159
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.4444
Supplemental Rate Add-on				\$8.8324
Totals	206.1880	202.9017	11.9827	211.1958

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 030479-00 - 2012/07 222.33

The Health Center Of Windermere

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4875 Cason Cove Drive Orlando FL 32811 County: Orange[48] Region: Central[3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/4/1997 Acquired Date: 4/4/1997 Entered Medicaid 5/20/1997 Med # Active Date: 1/1/2011 Previous Med # 228877	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 40.20280% Occupancy: 96.71271% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.90374% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 21,006 Medicare: 9,736 Medicaid: 8,445	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	462,904	838,270	460,943	256,306	0	2,018,423
1a	Audit Adjustments						
2	Cost Per Diem	54.8140	99.2623	54.5818	30.3500		239.0081
3	Cost Per Diem Inflated	56.6551	101.4402	56.4151			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.6551	101.4402	56.4151	30.3500		244.8604
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.7149		56.4746			
7	Provider Target Rate	58.0390		57.7931			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	48.0619		54.2214			
10b	Base for line 10a	46.9654		52.9844			
11	Lesser of 5,7,8,10, 10a	48.0619	98.2868	54.2214	13.6500		214.2201
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.0619	98.2868	54.2214	13.6500		214.2201
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 030479-00 - 2012/07
222.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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The Health Center Of Windermere

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/20/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1997/01	Type: None [1]		80% Capital(1): 4,226,137	9.0308	
Indexed Asset Value 5,282,671	< 60% of Base: True		20% ROE(2): 1,056,534	0.7649	
FRVS Base Asset: 4,383,120	Interest Rate: 8.5000 %		Insurance Cost(3): 27,136	1.2918	
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %		Taxes Cost(3): 46,034	2.1915	
ROE Factor 0.028540	Amortization Rate: 8.5000 %		Home Office(3): 0	0.0000	
	Interest Only: True		Replacement(3&4): 0	0.0000	
	Yearly Payment: 355,995		Total FRVS PD:	13.2790	

- (1) 80% Capital (\$4,226,137) amortized at 8.5000% for 20 years Interest of \$355,995 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.0308
- (2) 20% ROE (\$1,056,534) times the ROE factor (0.028540) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7649
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 36,526
Comparison Date: 7/1/1996	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 4,383,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.0619	48.0619	2.8384	45.2235
Patient Care				
Direct Care	98.2868	98.2868	5.8045	92.4823
Indirect Care	54.2214	54.2214	3.2021	51.0193
Property	13.6500	13.2790	0.7842	12.4948
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.2808
Supplemental Rate Add-on				\$8.8324
Totals	214.2201	213.8491	12.6292	222.3331

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 030484-00 - 2012/07

233.39

The Health Center of Plant City

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 North Wilder Road Plant City FL 33566 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 9/27/1985 Med # Active Date: 1/1/2011 Previous Med # 226343	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 32,580 Max Annualized: 65,700 Total Patient: 31,804 Medicare: 4,838 Medicaid: 20,792	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.37542% Occupancy: 97.61817% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.05441% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,043,431	2,018,462	1,164,161	521,048	0	4,747,102
1a	Audit Adjustments						
2	Cost Per Diem	50.1843	97.0788	55.9908	25.0600		228.3139
3	Cost Per Diem Inflated	51.8699	99.2088	57.8715			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.8699	99.2088	57.8715	25.0600		234.0102
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9246		57.9324			
7	Provider Target Rate	53.1369		59.2849			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	49.9002		54.2214			
10b	Base for line 10a	48.7618		52.9844			
11	Lesser of 5,7,8,10, 10a	49.9002	98.2868	54.2214	13.6500		216.0584
12/13	Medicaid Adjustment Rate		1.7001	0.9379			
14	Prospective Per Diem 11	49.9002	99.9869	55.1593	13.6500		218.6964
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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233.39

The Health Center of Plant City

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/2000 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 8,397,537 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.028540	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,050,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	6,718,030	9.0732
	< 60% of Base:	False	20% ROE(2):	1,679,507	0.8106
	Interest Rate:	5.1000 %	Insurance Cost(3):	29,018	0.9124
	Chase Rate:	6.0000 %	Taxes Cost(3):	69,431	2.1831
	Amortization Rate:	5.1000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	536,496	Total FRVS PD:	12.9793		

(1) 80% Capital (\$6,718,030) amortized at 5.1000% for 20 years Principal & Interest of \$536,496 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.0732

(2) 20% ROE (\$1,679,507) times the ROE factor (0.028540) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8106

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9002	49.9002	2.9469	46.9533
Patient Care				
Direct Care	99.9869	99.9869	5.9049	94.0820
Indirect Care	55.1593	55.1593	3.2575	51.9018
Property	13.6500	12.9793	0.7665	12.2128
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.4080
Supplemental Rate Add-on				\$8.8324
Totals	218.6964	218.0257	12.8758	233.3903

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 030487-00 - 2012/07 224.78

The Health Center of Pensacola, Inc.

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8475 University Pkwy Pensacola FL 32514 County: Escambia[17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/28/1987 Acquired Date: 5/28/1987 Entered Medicaid 5/28/1987 Med # Active Date: 1/1/2011 Previous Med # 229571	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 55.83975% Occupancy: 96.84162% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.06757% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 180 Maximum: 32,580 Max Annualized: 65,700 Total Patient: 31,551 Medicare: 4,955 Medicaid: 17,618	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	763,745	1,715,884	851,512	449,611	0	3,780,752
1a	Audit Adjustments						
2	Cost Per Diem	43.3503	97.3938	48.3319	25.5200		214.5960
3	Cost Per Diem Inflated	44.8064	99.5307	49.9553			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.8064	99.5307	49.9553	25.5200		219.8124
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8536		50.0080			
7	Provider Target Rate	45.9008		51.1755			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.5925		51.8477			
10b	Base for line 10a	42.5980		50.6649			
11	Lesser of 5,7,8,10, 10a	43.5925	96.6592	49.9553	13.6500		203.8570
12/13	Medicaid Adjustment Rate		0.6350	0.3282			
14	Prospective Per Diem 11	43.5925	97.2942	50.2835	13.6500		204.8202
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 030487-00 - 2012/07
224.78

Florida Agency For Health Care Administration
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The Health Center of Pensacola, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/28/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,086,035.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Fixed [2]	80% Capital(1):	7,129,918	14.6900
Indexed Asset Value	8,912,397	< 60% of Base:	False	20% ROE(2):	1,782,479	0.8603
FRVS Base Asset:	3,441,840	Interest Rate:	10.7500 %	Insurance Cost(3):	37,207	1.1793
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	34,453	1.0920
ROE Factor	0.028540	Amortization Rate:	10.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	868,620	Total FRVS PD:		17.8216

- (1) 80% Capital (\$7,129,918) amortized at 10.7500% for 20 years Principal & Interest of \$868,620 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$14.6900
- (2) 20% ROE (\$1,782,479) times the ROE factor (0.028540) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8603
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,441,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.5925	43.5925	2.5744	41.0181
Patient Care				
Direct Care	97.2942	97.2942	5.7459	91.5483
Indirect Care	50.2835	50.2835	2.9696	47.3139
Property	13.6500	17.8216	1.0525	16.7691
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2952
Supplemental Rate Add-on				\$8.8324
Totals	204.8202	208.9918	12.3424	224.7770

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 030490-00 - 2012/07

230.32

Parkway Health & Rehab

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
800 SE Central Pkwy Stuart FL 34994 County: Martin[43] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/10/1989 Acquired Date: 10/10/1989 Entered Medicaid 3/22/1990 Med # Active Date: 1/1/2011 Previous Med # 228885	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 177 Maximum: 32,037 Max Annualized: 64,605 Total Patient: 29,091 Medicare: 9,312 Medicaid: 12,931	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 44.45017% Occupancy: 90.80438% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.39537% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	668,252	1,296,245	773,936	439,137	0	3,177,570
1a	Audit Adjustments						
2	Cost Per Diem	51.6783	100.2432	59.8512	33.9600		245.7327
3	Cost Per Diem Inflated	53.4141	102.4426	61.8615			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.4141	102.4426	61.8615	33.9600		251.6782
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.4704		61.9267			
7	Provider Target Rate	54.7187		63.3725			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	47.0039		59.5683			
10b	Base for line 10a	45.9316		58.2093			
11	Lesser of 5,7,8,10, 10a	47.0039	99.9145	59.5683	13.6500		220.1367
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.0039	99.9145	59.5683	13.6500		220.1367
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 030490-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

230.32

Parkway Health & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/22/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	10,937,005.00		Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Variable [3]	80% Capital(1):	5,067,431	8.2850
Indexed Asset Value	6,334,289	< 60% of Base:	False	20% ROE(2):	1,266,858	0.6218
FRVS Base Asset:	3,101,384	Interest Rate:	7.2800 %	Insurance Cost(3):	35,145	1.2081
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	65,348	2.2463
ROE Factor	0.028540	Amortization Rate:	7.2800 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	481,727	Total FRVS PD:		12.3612

(1) 80% Capital (\$5,067,431) amortized at 7.2800% for 20 years Principal & Interest of \$481,727 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$8.2850

(2) 20% ROE (\$1,266,858) times the ROE factor (0.028540) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$0.6218

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	50,254
Comparison Bed 104	Effective PBS Limitation	3,101,384

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.0039	47.0039	2.7759	44.2280
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.5683	59.5683	3.5179	56.0504
Property	13.6500	12.3612	0.7300	11.6312
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.5629
Supplemental Rate Add-on				\$8.8324
Totals	220.1367	218.8479	12.9244	230.3188

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 030491-00 - 2012/07
227.77

The Health Center of Merritt Island

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
500 Crockett Boulevard Merritt Island FL 32953 County: Brevard[5] Region: Central[3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1990 Acquired Date: 6/1/1990 Entered Medicaid 8/1/1990 Med # Active Date: 1/1/2011 Previous Med # 226700	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 32,580 Max Annualized: 65,700 Total Patient: 31,389 Medicare: 10,025 Medicaid: 13,471	Superior: 0 Standard: 142 Conditional: 42 Total: 184
	Medicaid Utilization 42.91631% Occupancy: 96.34438% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.43567% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	630,311	1,388,782	783,630	458,149	0	3,260,872
1a	Audit Adjustments						
2	Cost Per Diem	46.7902	103.0942	58.1716	34.0100		242.0660
3	Cost Per Diem Inflated	48.3618	105.3562	60.1255			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.3618	105.3562	60.1255	34.0100		247.8535
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.4128		60.1889			
7	Provider Target Rate	49.5431		61.5941			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	46.2872		58.8715			
10b	Base for line 10a	45.2312		57.5284			
11	Lesser of 5,7,8,10, 10a	46.2872	98.2868	57.8638	13.6500		216.0878
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.2872	98.2868	57.8638	13.6500		216.0878
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 030491-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

227.77

The Health Center of Merritt Island

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,886,699.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Variable [3]	80% Capital(1):	6,353,817	10.3642
Indexed Asset Value	7,942,271	< 60% of Base:	False	20% ROE(2):	1,588,454	0.7667
FRVS Base Asset:	3,602,760	Interest Rate:	7.4700 %	Insurance Cost(3):	34,372	1.0950
Occup Adj Factor:	0.9000	Chase Rate:	8.8800 %	Taxes Cost(3):	45,746	1.4574
ROE Factor	0.028540	Amortization Rate:	7.4700 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	612,833	Total FRVS PD:		13.6833

(1) 80% Capital (\$6,353,817) amortized at 7.4700% for 20 years Principal & Interest of \$612,833 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.3642

(2) 20% ROE (\$1,588,454) times the ROE factor (0.028540) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7667

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.2872	46.2872	2.7336	43.5536
Patient Care				
Direct Care	98.2868	98.2868	5.8045	92.4823
Indirect Care	57.8638	57.8638	3.4172	54.4466
Property	13.6500	13.6833	0.8081	12.8752
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.5794
Supplemental Rate Add-on				\$8.8324
Totals	216.0878	216.1211	12.7634	227.7695

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 030527-00 - 2012/07 221.35

The Health Center of Lake City

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
560 S.W. McFarlane Ave. Lake City FL 32025 County: Columbia[12] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/26/1992 Acquired Date: 5/26/1992 Entered Medicaid 5/26/1992 Med # Active Date: 1/1/2011 Previous Med # 226173	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 52.74624% Occupancy: 94.88950% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.58679% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 20,610 Medicare: 7,963 Medicaid: 10,871	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	539,628	1,074,194	591,805	404,075	0	2,609,702
1a	Audit Adjustments						
2	Cost Per Diem	49.6392	98.8128	54.4389	37.1700		240.0609
3	Cost Per Diem Inflated	51.3065	100.9808	56.2674			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.3065	100.9808	56.2674	37.1700		245.7247
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.3606		56.3267			
7	Provider Target Rate	52.5597		57.6417			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	44.6577		51.4279			
10b	Base for line 10a	43.6389		50.2546			
11	Lesser of 5,7,8,10, 10a	44.6577	96.6592	51.4279	13.6500		206.3948
12/13	Medicaid Adjustment Rate		0.2986	0.1589			
14	Prospective Per Diem 11	44.6577	96.9578	51.5868	13.6500		206.8523
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 030527-00 - 2012/07
221.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Health Center of Lake City

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,815,265.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed [2]	80% Capital(1):	4,316,109	13.3389
Indexed Asset Value	5,395,136	< 60% of Base:	False	20% ROE(2):	1,079,027	0.7812
FRVS Base Asset:	1,859,160	Interest Rate:	10.7500 %	Insurance Cost(3):	26,443	1.2830
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	47,852	2.3218
ROE Factor	0.028540	Amortization Rate:	10.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	525,821	Total FRVS PD:		17.7249

- (1) 80% Capital (\$4,316,109) amortized at 10.7500% for 20 years Principal & Interest of \$525,821 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.3389
- (2) 20% ROE (\$1,079,027) times the ROE factor (0.028540) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7812
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,859,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.6577	44.6577	2.6373	42.0204
Patient Care				
Direct Care	96.9578	96.9578	5.7260	91.2318
Indirect Care	51.5868	51.5868	3.0465	48.5403
Property	13.6500	17.7249	1.0468	16.6781
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.0461
Supplemental Rate Add-on				\$8.8324
Totals	206.8523	210.9272	12.4566	221.3491

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 030530-00 - 2012/07
232.82

Imperial Health Care Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
900 Imperial Golf Course Naples FL 34110 County: Collier[11] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1991 Acquired Date: 6/1/1991 Entered Medicaid 6/1/1991 Med # Active Date: 1/1/2011 Previous Med # 226378	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 113 Maximum: 20,453 Max Annualized: 41,245 Total Patient: 19,279 Medicare: 8,506 Medicaid: 7,975	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.36625% Occupancy: 94.26001% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.78682% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	450,195	806,491	459,486	336,944	0	2,053,116
1a	Audit Adjustments						
2	Cost Per Diem	56.4508	101.1274	57.6158	42.2500		257.4440
3	Cost Per Diem Inflated	58.3469	103.3462	59.5510			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.3469	103.3462	59.5510	42.2500		263.4941
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.4084		59.6138			
7	Provider Target Rate	59.7720		61.0056			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	52.6803		60.9360			
10b	Base for line 10a	51.4785		59.5458			
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.5510	13.6500		225.3303
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	99.9145	59.5510	13.6500		225.3303
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 030530-00 - 2012/07
232.82

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Imperial Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/1/1991	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,464,928.00	Total Amount	Per Diem
RS to Start Calcs: 1991/01	Type: Variable [3]	80% Capital(1): 3,454,509	9.4923
Indexed Asset Value 4,318,136	< 60% of Base: False	20% ROE(2): 863,627	0.6640
FRVS Base Asset: 1,821,120	Interest Rate: 8.2640 %	Insurance Cost(3): 23,889	1.2391
Occup Adj Factor: 0.9000	Chase Rate: 6.2170 %	Taxes Cost(3): 26,433	1.3711
ROE Factor 0.028540	Amortization Rate: 8.2170 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 352,358	Total FRVS PD: 12.7665	

(1) 80% Capital (\$3,454,509) amortized at 8.2170% for 20 years Principal & Interest of \$352,358 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$9.4923

(2) 20% ROE (\$863,627) times the ROE factor (0.028540) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.6640

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,821,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.5510	59.5510	3.5169	56.0341
Property	13.6500	12.7665	0.7539	12.0126
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.7908
Supplemental Rate Add-on				\$8.8324
Totals	225.3303	224.4468	13.2550	232.8150

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 030535-00 - 2012/07 224.54

The Health Center of Daytona Beach

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
550 National Healthcare Drive Daytona Beach FL 32114 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/11/1996 Acquired Date: 7/11/1996 Entered Medicaid 7/11/1996 Med # Active Date: 1/1/2011 Previous Med # 229091	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 73 Maximum: 13,213 Max Annualized: 26,645 Total Patient: 11,881 Medicare: 6,617 Medicaid: 2,984	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 25.11573% Occupancy: 89.91902% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.27023% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	191,286	274,833	215,885	108,767	0	790,771
1a	Audit Adjustments						
2	Cost Per Diem	64.1039	92.1022	72.3475	36.4501		265.0037
3	Cost Per Diem Inflated	66.2571	94.1230	74.7776			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	66.2571	94.1230	74.7776	36.4501		271.6078
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.3269		74.8563			
7	Provider Target Rate	67.8754		76.6039			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	51.8118		62.6211			
10b	Base for line 10a	50.6298		61.1925			
11	Lesser of 5,7,8,10, 10a	50.8132	94.1230	61.7620	13.6500		220.3482
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.8132	94.1230	61.7620	13.6500		220.3482
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 030535-00 - 2012/07
224.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Health Center of Daytona Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/11/1996 Year of Phase-In/ Full: RS to Start Calcs: 1996/07 Indexed Asset Value 2,488,783 FRVS Base Asset: 2,162,820 Occup Adj Factor: 0.9000 ROE Factor 0.028540	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,991,026	6.7863
	< 60% of Base:	True	20% ROE(2):	497,757	0.5924
	Interest Rate:	8.2500 %	Insurance Cost(3):	16,940	1.4258
	Chase Rate:	8.2500 %	Taxes Cost(3):	35,221	2.9645
	Amortization Rate:	8.2500 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	162,738	Total FRVS PD:	11.7690		

- (1) 80% Capital (\$1,991,026) amortized at 8.2500% for 20 years Interest of \$162,738 divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = \$6.7863
- (2) 20% ROE (\$497,757) times the ROE factor (0.028540) divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = \$0.5924
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,162,820

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	94.1230	94.1230	5.5586	88.5644
Indirect Care	61.7620	61.7620	3.6475	58.1145
Property	13.6500	11.7690	0.6950	11.0740
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$10.1417
Supplemental Rate Add-on				\$8.8324
Totals	220.3482	218.4672	12.9020	224.5393

***Medicaid Trend Adjustment :**



0 030537-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

239.42

Health Center of Coconut Creek

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4125 W. Sample Road Coconut Creek FL 33073 County: Broward[6] Region: South[2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/9/1997 Acquired Date: 12/9/1997 Entered Medicaid 12/9/1997 Med # Active Date: 1/1/2011 Previous Med # 226581	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 20,433 Medicare: 6,463 Medicaid: 8,489	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.54554% Occupancy: 94.07458% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.55118% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	499,337	862,026	526,576	399,238	0	2,287,177
1a	Audit Adjustments						
2	Cost Per Diem	58.8217	101.5462	62.0304	47.0300		269.4283
3	Cost Per Diem Inflated	60.7974	103.7742	64.1139			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	60.7974	103.7742	64.1139	47.0300		275.7155
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.8615		64.1815			
7	Provider Target Rate	62.2824		65.6799			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	52.1895		60.8268			
10b	Base for line 10a	50.9989		59.4391			
11	Lesser of 5,7,8,10, 10a	52.1895	99.9145	59.7055	13.6500		225.4595
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.1895	99.9145	59.7055	13.6500		225.4595
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 030537-00 - 2012/07
239.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Health Center of Coconut Creek

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/9/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	None [1]	80% Capital(1):	4,108,780	8.7800
Indexed Asset Value	5,135,975	< 60% of Base:	True	20% ROE(2):	1,027,195	0.7437
FRVS Base Asset:	4,444,920	Interest Rate:	8.5000 %	Insurance Cost(3):	27,594	1.3505
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	117,441	5.7476
ROE Factor	0.028540	Amortization Rate:	8.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	346,109	Total FRVS PD:		16.6218

- (1) 80% Capital (\$4,108,780) amortized at 8.5000% for 20 years Interest of \$346,109 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7800
- (2) 20% ROE (\$1,027,195) times the ROE factor (0.028540) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7437
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.1895	52.1895	3.0821	49.1074
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	16.6218	0.9816	15.6402
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6498
Supplemental Rate Add-on				\$8.8324
Totals	225.4595	228.4313	13.4903	239.4232

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 030540-00 - 2012/07 236.43

Charlotte Harbor Healthcare

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4000 Kings Highway Port Charlotte FL 33980 County: Charlotte[8] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/25/1994 Acquired Date: 4/25/1994 Entered Medicaid 6/2/1994 Med # Active Date: 1/1/2011 Previous Med # 226327	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 32,580 Max Annualized: 65,700 Total Patient: 30,512 Medicare: 8,091 Medicaid: 14,109	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 46.24082% Occupancy: 93.65255% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.01485% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	748,517	1,427,488	776,276	432,018	0	3,384,299
1a	Audit Adjustments						
2	Cost Per Diem	53.0524	101.1757	55.0199	30.6200		239.8680
3	Cost Per Diem Inflated	54.8344	103.3956	56.8680			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.8344	103.3956	56.8680	30.6200		245.7180
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8922		56.9279			
7	Provider Target Rate	56.1737		58.2570			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	53.9094		56.1476			
10b	Base for line 10a	52.6795		54.8667			
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	56.1476	13.6500		221.9269
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	99.9145	56.1476	13.6500		221.9269
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 030540-00 - 2012/07
236.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Charlotte Harbor Healthcare

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/2/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	11,057,639.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Variable [3]	80% Capital(1):	6,300,712	10.6954
Indexed Asset Value	7,875,890	< 60% of Base:	False	20% ROE(2):	1,575,178	0.7603
FRVS Base Asset:	5,985,900	Interest Rate:	8.0000 %	Insurance Cost(3):	33,861	1.1098
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	96,642	3.1673
ROE Factor	0.028540	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	632,420	Total FRVS PD:		15.7328

(1) 80% Capital (\$6,300,712) amortized at 8.0000% for 20 years Principal & Interest of \$632,420 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.6954

(2) 20% ROE (\$1,575,178) times the ROE factor (0.028540) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7603

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,255
Comparison Date: 7/1/1993	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,985,900

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	56.1476	56.1476	3.3159	52.8317
Property	13.6500	15.7328	0.9291	14.8037
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8202
Supplemental Rate Add-on				\$8.8324
Totals	221.9269	224.0097	13.2292	236.4331

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 030546-00 - 2012/07

231.56

Bavonet Point Health & Rehabilitation Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7210 Beacon Woods Drive Hudson FL 34667 County: Pasco[51] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1986 Acquired Date: 7/1/1986 Entered Medicaid 7/17/1986 Med # Active Date: 1/1/2011 Previous Med # 226076	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 32,580 Max Annualized: 65,700 Total Patient: 27,594 Medicare: 6,120 Medicaid: 15,508	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	781,649	1,521,586	854,354	538,283	0	3,695,872
1a	Audit Adjustments						
2	Cost Per Diem	50.4030	98.1162	55.0912	34.7100		238.3204
3	Cost Per Diem Inflated	52.0960	100.2690	56.9416			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.0960	100.2690	56.9416	34.7100		244.0166
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.1508		57.0017			
7	Provider Target Rate	53.3683		58.3325			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	46.0186		55.8004			
10b	Base for line 10a	44.9687		54.5274			
11	Lesser of 5,7,8,10, 10a	46.0186	98.2868	55.8004	13.6500		213.7558
12/13	Medicaid Adjustment Rate		0.6856	0.3892			
14	Prospective Per Diem 11	46.0186	98.9724	56.1896	13.6500		214.8306
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 030546-00 - 2012/07
231.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bavonet Point Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,437,087.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	Fixed [2]	80% Capital(1):	7,125,314	12.5215
Indexed Asset Value	8,906,643	< 60% of Base:	False	20% ROE(2):	1,781,329	0.8598
FRVS Base Asset:	3,242,820	Interest Rate:	8.4700 %	Insurance Cost(3):	36,298	1.3154
Occup Adj Factor:	0.9000	Chase Rate:	8.7500 %	Taxes Cost(3):	52,433	1.9002
ROE Factor	0.028540	Amortization Rate:	8.4700 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	740,399	Total FRVS PD:		16.5969

(1) 80% Capital (\$7,125,314) amortized at 8.4700% for 20 years Principal & Interest of \$740,399 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.5215

(2) 20% ROE (\$1,781,329) times the ROE factor (0.028540) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8598

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,737
Comparison Date: 1/1/1986	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,172,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.0186	46.0186	2.7177	43.3009
Patient Care				
Direct Care	98.9724	98.9724	5.8450	93.1274
Indirect Care	56.1896	56.1896	3.3184	52.8712
Property	13.6500	16.5969	0.9802	15.6167
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8133
Supplemental Rate Add-on				\$8.8324
Totals	214.8306	217.7775	12.8613	231.5619

***Medicaid Trend Adjustment :**



0 030552-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

263.08

The Aristocrat

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10949 Parnu Street Naples FL 34109 County: Collier[11] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 2/1/1993 Acquired Date: 6/9/1994 Entered Medicaid 6/9/1994 Med # Active Date: 1/1/2011 Previous Med # 225291	01/01/2011-06/30/2011 Days In CR 181 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 10,860 Max Annualized: 21,900 Total Patient: 10,350 Medicare: 3,728 Medicaid: 4,342	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.95169% Occupancy: 95.30387% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.11337% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	299,685	444,696	312,859	105,945	0	1,163,185
1a	Audit Adjustments						
2	Cost Per Diem	69.0200	102.4173	72.0541	24.4000		267.8914
3	Cost Per Diem Inflated	71.3383	104.6644	74.4743			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	71.3383	104.6644	74.4743	24.4000		274.8770
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.4135		74.5529			
7	Provider Target Rate	73.0808		76.2935			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	63.7462		75.2777			
10b	Base for line 10a	62.2919		73.5603			
11	Lesser of 5,7,8,10, 10a	62.1797	104.6644	74.1906	13.6500		254.6847
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	62.1797	104.6644	74.1906	13.6500		254.6847
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 030552-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

263.08

The Aristocrat

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/9/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,375,800.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Variable [3]	80% Capital(1):	2,147,558	9.5188
Indexed Asset Value	2,684,448	< 60% of Base:	False	20% ROE(2):	536,890	0.7774
FRVS Base Asset:	1,930,980	Interest Rate:	6.2000 %	Insurance Cost(3):	15,414	1.4893
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	18,839	1.8202
ROE Factor	0.028540	Amortization Rate:	6.2000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	187,615	Total FRVS PD:		13.6057

(1) 80% Capital (\$2,147,558) amortized at 6.2000% for 20 years Principal & Interest of \$187,615 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.5188

(2) 20% ROE (\$536,890) times the ROE factor (0.028540) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7774

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,930,980

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	104.6644	104.6644	6.1811	98.4833
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	13.6500	13.6057	0.8035	12.8022
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.6452
Supplemental Rate Add-on				\$8.8324
Totals	254.6847	254.6404	15.0382	263.0798

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 031880-00 - 2012/07
222.55

North Campus Rehabilitation and Health Center

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated[1]
 Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
700 N Palmetto Street Leesburg FL 34748 County: Lake[35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/11/1988 Acquired Date: 10/11/1988 Entered Medicaid 10/11/1988 Med # Active Date: 4/1/2011 Previous Med # 005524	04/01/2011-03/31/2012 Days In CR 366 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 39,529 Medicare: 15,571 Medicaid: 18,786	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 47.52460% Occupancy: 90.00227% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.37603% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25844015 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.19100000 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	981,373	1,876,937	1,257,718	695,646	0	4,811,674
1a	Audit Adjustments						
2	Cost Per Diem	52.2396	99.9115	66.9497	37.0300		256.1308
3	Cost Per Diem Inflated	52.2396	99.9115	66.9497			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.2396	99.9115	66.9497	37.0300		256.1308
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	48.4566		55.4456			
10b	Base for line 10a	47.3511		54.1807			
11	Lesser of 5,7,8,10, 10a	47.4780	96.6592	55.4456	13.6500		213.2328
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	96.6592	55.4456	13.6500		213.2328
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 031880-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

222.55

North Campus Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/11/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 5,498,132 FRVS Base Asset: 2,402,622 Occup Adj Factor: 0.9000 ROE Factor 0.025000	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,600,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,398,506	11.4737
	< 60% of Base:	False	20% ROE(2):	1,099,626	0.6974
	Interest Rate:	8.3270 %	Insurance Cost(3):	24,000	0.6071
	Chase Rate:	13.0000 %	Taxes Cost(3):	1,200	0.0304
	Amortization Rate:	8.3270 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	452,292	Total FRVS PD:	12.8086		

(1) 80% Capital (\$4,398,506) amortized at 8.3270% for 20 years Principal & Interest of \$452,292 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4737

(2) 20% ROE (\$1,099,626) times the ROE factor (0.025000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6974

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	50,254
Comparison Bed 81	Effective PBS Limitation	2,402,622

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	55.4456	55.4456	3.2744	52.1712
Property	13.6500	12.8086	0.7564	12.0522
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.8733
Supplemental Rate Add-on				\$8.8324
Totals	213.2328	212.3914	12.5431	222.5540

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 032049-00 - 2012/07
220.13

Clvde E. Lassen State Veterans Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4650 State Road 16 St. Augustine FL 32092 County: St Johns [55] Region: North [1] Area: 4 Control Government Non-Prof Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/13/2010 Acquired Date: 9/13/2010 Entered Medicaid 11/16/2010 Med # Active Date: 11/16/2010 Previous Med #	11/16/2010-06/30/2011 Days In CR 227 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 27,240 Max Annualized: 43,800 Total Patient: 8,652 Medicare: 446 Medicaid: 518	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 5.98706% Occupancy: 31.76211% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 40.36370% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	65,820	87,721	65,003	48,329	0	266,873
1a	Audit Adjustments						
2	Cost Per Diem	127.0656	169.3456	125.4884	93.2992		515.1988
3	Cost Per Diem Inflated	131.7269	173.3298	130.0918			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	131.7269	173.3298	130.0918	93.2992		528.4477
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.1400		71.6734			
7	Provider Target Rate	67.6841		73.3467			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	45.4681		52.6984			
10b	Base for line 10a	44.4308		51.4961			
11	Lesser of 5,7,8,10, 10a	45.4681	96.6592	52.6984	13.6500		208.4757
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.4681	96.6592	52.6984	13.6500		208.4757
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 032049-00 - 2012/07
220.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Clvde E. Lassen State Veterans Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/16/2010	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	2010/07	Type:	None [1]	80% Capital(1):	4,650,461	3.7710
Indexed Asset Value	5,813,076	< 60% of Base:	True	20% ROE(2):	1,162,615	0.8217
FRVS Base Asset:	5,802,840	Interest Rate:	0.0000 %	Insurance Cost(3):	0	0.0000
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.027860	Amortization Rate:	3.2500 %	Home Office(3):	17,872	2.0656
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	148,654	Total FRVS PD:		6.6583

- (1) 80% Capital (\$4,650,461) amortized at 3.2500% for 20 years Interest of \$148,654 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$3.7710
- (2) 20% ROE (\$1,162,615) times the ROE factor (0.027860) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8217
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	48,357
Comparison Date: 1/1/2010	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	5,802,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.4681	45.4681	2.6852	42.7829
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	52.6984	52.6984	3.1122	49.5862
Property	13.6500	6.6583	0.3932	6.2651
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.7101
Supplemental Rate Add-on				\$8.8324
Totals	208.4757	201.4840	11.8990	220.1275

***Medicaid Trend Adjustment :**



0 032482-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

212.30

Unity Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1404 NW 22nd Street Miami FL 33142 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1984 Acquired Date: 1/1/1984 Entered Medicaid 1/1/1984 Med # Active Date: 5/13/2011 Previous Med # 227544	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 294 Maximum: 107,310 Max Annualized: 107,310 Total Patient: 87,103 Medicare: 7,061 Medicaid: 76,253	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 87.54348% Occupancy: 81.16951% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 103.15125% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	4,256,241	6,966,627	4,079,139	878,435	16,228	16,196,670
1a	Audit Adjustments						
2	Cost Per Diem	55.8174	91.3620	53.4948	11.5200	0.2128	212.4070
3	Cost Per Diem Inflated	57.3080	93.0134	54.9234			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.3080	93.0134	54.9234	11.5200	0.2128	216.9776
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6965		50.1876			
7	Provider Target Rate	47.7867		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.7867	93.0134	51.3593	11.5200	0.2128	203.8922
12/13	Medicaid Adjustment Rate		3.9286	2.1692			
14	Prospective Per Diem 11	47.7867	96.9420	53.5285	11.5200	0.2128	209.9900
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 032482-00 - 2012/07
212.30

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Unity Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,562,567.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Variable [3]	80% Capital(1):	8,240,605	10.6523
Indexed Asset Value	10,300,756	< 60% of Base:	False	20% ROE(2):	2,060,151	0.5156
FRVS Base Asset:	5,044,343	Interest Rate:	11.1200 %	Insurance Cost(3):	107,580	1.2351
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	84,536	0.9705
ROE Factor	0.024170	Amortization Rate:	11.1200 %	Home Office(3):	59,970	0.6885
		Interest Only:	False	Replacement(3&4):	106,337	0.0000
		Yearly Payment:	1,028,791	Total FRVS PD:		14.0620

(1) 80% Capital (\$8,240,605) amortized at 11.1200% for 20 years Principal & Interest of \$1,028,791 divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = \$10.6523

(2) 20% ROE (\$2,060,151) times the ROE factor (0.024170) divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = \$0.5156

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	298	Effective PBS Limitation	8,493,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.7867	47.7867	2.8221	44.9646
Patient Care				
Direct Care	96.9420	96.9420	5.7251	91.2169
Indirect Care	53.5285	53.5285	3.1612	50.3673
Property	11.5200	14.0620	0.8305	13.2315
ROE	0.2128	0.0348	0.0021	0.0327
ROE Adjustment	-0.0348	-0.0348	-0.0021	-0.0327
Quality Assess-Medicaid Share				\$3.6849
Supplemental Rate Add-on				\$8.8324
Totals	209.9552	212.3192	12.5389	212.2976

***Medicaid Trend Adjustment :**



0 033175-00 - 2012/07
212.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Seven Hills Health and Rehabilitation Center

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3333 Capital Medical Blvd. Tallahassee FL 32308	12/01/2010-11/30/2011	Number of Beds: 156	Superior: 0
County: Leon[37]	Days In CR 365	Maximum: 56,940	Standard: 166
Region: North [1] Area: 2	First Used: 2010/07	Max Annualized: 56,940	Conditional: 18
Control Private For profit [1]	Last Used: 2012/07	Total Patient: 54,750	Total: 184
Current Class North Large [2]	Unaudited [3]	Medicare: 10,950	Inflation
Class at 1/94: North Large [2]	Initial CR? False	Medicaid: 33,945	FY Index: 1.25083252
Operating Ex > 18 months [1]	Medicaid Utilization 62.00000%		Semester Index: 1.28710041
Open Date: 11/1/1984	Occupancy: 96.15384%		Cost: 1.00000000
Acquired Date: 11/1/1984	Statewide Low Occupancy Threshold: 78.68980%		Target: 1.01634256
Entered Medicaid 11/1/1984	Medicaid Low Occupancy Threshold: 41.03510%		DC FY Index: 1.18799810
Med # Active Date: 12/1/2010	Low Occupancy Adjustment Factor: 122.19353%		DC Sem Index: 1.21100000
Previous Med # 252093	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.00000000
			PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,343,537	3,252,145	1,673,091	671,432	0	6,940,205
1a	Audit Adjustments						
2	Cost Per Diem	39.5798	95.8063	49.2883	19.7800		204.4544
3	Cost Per Diem Inflated	39.5798	95.8063	49.2883			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.5798	95.8063	49.2883	19.7800		204.4544
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.7721		52.5646			
10b	Base for line 10a	42.7735		51.3654			
11	Lesser of 5,7,8,10, 10a	39.5798	95.8063	49.2883	13.6500		198.3244
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	39.5798	95.8063	49.2883	13.6500		198.3244
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 033175-00 - 2012/07
212.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Seven Hills Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 5,202,036.00			Total Amount	Per Diem
RS to Start Calcs: 1984/07	Type: Fixed [2]		80% Capital(1): 4,763,630	9.1575	
Indexed Asset Value 5,954,538	< 60% of Base: False		20% ROE(2): 1,190,908	0.6414	
FRVS Base Asset: 2,265,264	Interest Rate: 10.6343 %		Insurance Cost(3): 72,636	1.3267	
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %		Taxes Cost(3): 80,040	1.4619	
ROE Factor 0.027600	Amortization Rate: 7.7500 %		Home Office(3): 0	0.0000	
	Interest Only: False		Replacement(3&4): 0	0.0000	
	Yearly Payment: 469,284		Total FRVS PD:	12.5875	

(1) 80% Capital (\$4,763,630) amortized at 7.7500% for 20 years Principal & Interest of \$469,284 divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = \$9.1575

(2) 20% ROE (\$1,190,908) times the ROE factor (0.027600) divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = \$0.6414

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 156	Effective PBS Limitation 4,446,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.5798	39.5798	2.3375	37.2423
Patient Care				
Direct Care	95.8063	95.8063	5.6580	90.1483
Indirect Care	49.2883	49.2883	2.9108	46.3775
Property	13.6500	12.5875	0.7434	11.8441
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3120
Supplemental Rate Add-on				\$8.8324
Totals	198.3244	197.2619	11.6497	212.7566

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 033717-00 - 2012/07

244.84

Benderson Family Skilled Nuring & Rehab Center

Type of Cost Report: Interim New Facility [2] Type of Cost: Estimated[1] Type of Rate: Interim[2]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: New Provider[2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1955 North Honore Ave. Sarasota FL 34235 County: Sarasota[58] Region: South[2] Area: 8 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex <=18 months [2] Open Date: 3/4/2011 Acquired Date: 3/4/2011 Entered Medicaid 3/22/2011 Med # Active Date: 3/22/2011 Previous Med #	11/01/2010-10/31/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? True	Number of Beds: 50 Maximum: 18,250 Max Annualized: 18,250 Total Patient: 10,212 Medicare: 2,498 Medicaid: 5,219	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.10654% Occupancy: 55.95617% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 71.10981% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24804976 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.18649811 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	336,991	588,397	309,897	149,890	0	1,385,175
1a	Audit Adjustments						
2	Cost Per Diem	64.5700	112.7413	59.3786	28.7201		265.4100
3	Cost Per Diem Inflated	64.5700	112.7413	59.3786			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	64.5700	112.7413	59.3786	28.7201		265.4100
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment				4.9730		
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	18.6230		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	59.1438		70.3826			
10b	Base for line 10a	57.7945		68.7769			
11	Lesser of 5,7,8,10, 10a	59.1438	107.8514	59.3786	18.6230		244.9968
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.1438	107.8514	59.3786	18.6230		244.9968
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 033717-00 - 2012/07
244.84

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Benderson Family Skilled Nuring & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/22/2011	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00			Total Amount Per Diem
RS to Start Calcs: 2011/01	Type: None [1]		80% Capital(1): 1,953,788	3.8024
Indexed Asset Value 2,442,235	< 60% of Base: True		20% ROE(2): 488,447	0.8208
FRVS Base Asset: 2,435,050	Interest Rate: 0.0000 %		Insurance Cost(3): 1,562	0.1530
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %		Taxes Cost(3): 13,208	1.2934
ROE Factor 0.027600	Amortization Rate: 3.2500 %		Home Office(3): 0	0.0000
	Interest Only: True		Replacement(3&4): 0	0.0000
	Yearly Payment: 62,454		Total FRVS PD:	6.0696

- (1) 80% Capital (\$1,953,788) amortized at 3.2500% for 20 years Interest of \$62,454 divided by annual available days (18,250) divided by Occup. Adj. (0.9000) = \$3.8024
- (2) 20% ROE (\$488,447) times the ROE factor (0.027600) divided by annual available days (18,250) divided by Occup. Adj. (0.9000) = \$0.8208
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 48,701
Comparison Date: 7/1/2010	Current RS PBS: 50,254
Comparison Bed 50	Effective PBS Limitation 2,435,050

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.1438	59.1438	3.4928	55.6510
Patient Care				
Direct Care	107.8514	107.8514	6.3693	101.4821
Indirect Care	59.3786	59.3786	3.5067	55.8719
Property	18.6230	6.0696	0.3585	5.7111
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2908
Supplemental Rate Add-on				\$8.8324
Totals	244.9968	232.4434	13.7273	244.8393

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 034504-00 - 2012/07
206.83

Grace Healthcare at Lake Wales

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated [1]
 Type of Rate: Interim [2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
730 North Scenic Highway Lake Wales FL 33853 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/1/1983 Acquired Date: 8/1/1983 Entered Medicaid 8/1/1983 Med # Active Date: 3/9/2011 Previous Med # 319341	03/01/2011-02/29/2012 Days In CR 366 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,600 Max Annualized: 36,500 Total Patient: 32,196 Medicare: 4,416 Medicaid: 21,312	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
	Medicaid Utilization 66.19456% Occupancy: 87.96721% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.78985% Weighted Low Occ Adjustment Factor: 100.00000%		FY Index: 1.25683187 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.19049979 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	980,799	1,810,420	1,016,174	401,944	0	4,209,337
1a	Audit Adjustments						
2	Cost Per Diem	46.0210	84.9484	47.6808	18.8600		197.5102
3	Cost Per Diem Inflated	46.0210	84.9484	47.6808			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.0210	84.9484	47.6808	18.8600		197.5102
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation	52.6083		62.4131			
10b	Base for line 10a	51.4081		60.9892			
11	Lesser of 5,7,8,10, 10a	46.0210	84.9484	47.6808	13.6500		192.3002
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.0210	84.9484	47.6808	13.6500		192.3002
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 034504-00 - 2012/07
206.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Grace Healthcare at Lake Wales

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/9/2011	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable [3]	80% Capital(1):	3,402,168	8.3746
Indexed Asset Value	4,252,710	< 60% of Base:	False	20% ROE(2):	850,542	0.6473
FRVS Base Asset:	1,301,586	Interest Rate:	7.0000 %	Insurance Cost(3):	12,900	0.4007
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	44,000	1.3666
ROE Factor	0.025000	Amortization Rate:	5.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	275,104	Total FRVS PD:	10.7892	

(1) 80% Capital (\$3,402,168) amortized at 5.2500% for 20 years Principal & Interest of \$275,104 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$8.3746

(2) 20% ROE (\$850,542) times the ROE factor (0.025000) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.6473

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.0210	46.0210	2.7178	43.3032
Patient Care				
Direct Care	84.9484	84.9484	5.0168	79.9316
Indirect Care	47.6808	47.6808	2.8159	44.8649
Property	13.6500	10.7892	0.6372	10.1520
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7504
Supplemental Rate Add-on				\$8.8324
Totals	192.3002	189.4394	11.1877	206.8345

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 038640-00 - 2012/07

240.59

NuVista Living at Wellington Green

Type of Cost Report: Interim New Facility [2] Type of Cost: Estimated[1] Type of Rate: Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider[2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10330 Devonshire Blvd. Wellington FL 33414 County: Palm Beach[50] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex <=18 months [2] Open Date: 10/4/2011 Acquired Date: 10/4/2011 Entered Medicaid 7/12/2011 Med # Active Date: 10/4/2011 Previous Med #	07/01/2011-06/30/2012 Days In CR 366 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? True	Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 29,785 Medicare: 13,401 Medicaid: 7,448	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 25.00588% Occupancy: 67.81648% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 86.18205% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.26442410 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.19350000 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	378,064	741,136	464,760	566,197	0	2,150,157
1a	Audit Adjustments						
2	Cost Per Diem	50.7605	99.5081	62.4006	76.0200		288.6892
3	Cost Per Diem Inflated	50.7605	99.5081	62.4006			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.7605	99.5081	62.4006	76.0200		288.6892
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment				4.9730		
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	18.6230		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	50.6148		56.2776			
10b	Base for line 10a	49.4601		54.9937			
11	Lesser of 5,7,8,10, 10a	50.6148	99.5081	56.2776	18.6230		225.0235
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.6148	99.5081	56.2776	18.6230		225.0235
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 038640-00 - 2012/07
240.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

NuVista Living at Wellington Green

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/4/2011	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	22,227,907.00		Total Amount	Per Diem
RS to Start Calcs:	2011/07	Type:	Fixed [2]	80% Capital(1):	4,721,156	11.0979
Indexed Asset Value	5,901,445	< 60% of Base:	False	20% ROE(2):	1,180,289	0.6737
FRVS Base Asset:	5,897,880	Interest Rate:	4.7000 %	Insurance Cost(3):	75,581	2.5376
Occup Adj Factor:	0.7500	Chase Rate:	3.2500 %	Taxes Cost(3):	363,592	12.2072
ROE Factor	0.018750	Amortization Rate:	4.7000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	364,566	Total FRVS PD:		26.5164

(1) 80% Capital (\$4,721,156) amortized at 4.7000% for 20 years Principal & Interest of \$364,566 divided by annual available days (43,800) divided by Occup. Adj. (0.7500) = \$11.0979

(2) 20% ROE (\$1,180,289) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.7500) = \$0.6737

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	49,149
Comparison Date: 1/1/2011	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	5,897,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.6148	50.6148	2.9891	47.6257
Patient Care				
Direct Care	99.5081	99.5081	5.8766	93.6315
Indirect Care	56.2776	56.2776	3.3236	52.9540
Property	18.6230	26.5164	1.5660	24.9504
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.5912
Supplemental Rate Add-on				\$8.8324
Totals	225.0235	232.9169	13.7553	240.5852

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 041685-00 - 2012/07

205.90

University Center West

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
545 West Euclid Avenue Deland FL 32720 County: Volusia [64] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1972 Acquired Date: 7/1/1972 Entered Medicaid 7/1/1972 Med # Active Date: 4/1/2009 Previous Med # 212831	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,221 Medicare: 1,020 Medicaid: 16,822	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 92.32205% Occupancy: 83.20091% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 105.73277% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,655,698	1,271,528	810,781	279,750	0	4,017,757
1a	Audit Adjustments						
2	Cost Per Diem	98.4246	75.5872	48.1977	16.6300		238.8395
3	Cost Per Diem Inflated	102.0352	77.3655	49.9658			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	102.0352	77.3655	49.9658	16.6300		245.9965
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.2765		50.9938			
7	Provider Target Rate	44.2869		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.2869	77.3655	49.9658	13.6500		185.2682
12/13	Medicaid Adjustment Rate		3.4814	2.2485			
14	Prospective Per Diem 11	44.2869	80.8469	52.2143	13.6500		190.9981
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 041685-00 - 2012/07
205.90

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

University Center West

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1972/07 Indexed Asset Value 1,273,552 FRVS Base Asset: 688,794 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	958,334.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,018,842	6.6151
	< 60% of Base:	False	20% ROE(2):	254,710	0.3312
	Interest Rate:	11.5000 %	Insurance Cost(3):	27,458	1.5069
	Chase Rate:	9.5000 %	Taxes Cost(3):	12,128	0.6656
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	11,759	0.0000
Yearly Payment:	130,383	Total FRVS PD:		9.1188	

(1) 80% Capital (\$1,018,842) amortized at 11.5000% for 20 years Principal & Interest of \$130,383 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$6.6151

(2) 20% ROE (\$254,710) times the ROE factor (0.025630) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3312

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.2869	44.2869	2.6154	41.6715
Patient Care				
Direct Care	80.8469	80.8469	4.7746	76.0723
Indirect Care	52.2143	52.2143	3.0836	49.1307
Property	13.6500	9.1188	0.5385	8.5803
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.6086
Supplemental Rate Add-on				\$8.8324
Totals	190.9981	186.4669	11.0121	205.8958

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 041686-00 - 2012/07

203.48

University Center East

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
991 East New York Ave Deland FL 32724 County: Volusia [64] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/1/1972 Acquired Date: 8/1/1972 Entered Medicaid 8/1/1972 Med # Active Date: 4/1/2009 Previous Med # 212873	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 17,661 Medicare: 1,313 Medicaid: 14,746	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 83.49471% Occupancy: 80.64383% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 102.48321% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	642,092	1,083,964	849,274	253,779	0	2,829,109
1a	Audit Adjustments						
2	Cost Per Diem	43.5435	73.5090	57.5935	17.2100		191.8560
3	Cost Per Diem Inflated	45.2760	75.3552	59.8851			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.2760	75.3552	59.8851	17.2100		197.7263
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		50.9938			
7	Provider Target Rate	43.9259		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9259	75.3552	52.1843	13.6500		185.1154
12/13	Medicaid Adjustment Rate		2.8395	1.9664			
14	Prospective Per Diem 11	43.9259	78.1947	54.1507	13.6500		189.9213
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 041686-00 - 2012/07
203.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

University Center East

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 1,500,000.00		Total Amount	Per Diem
RS to Start Calcs: 1972/07	Type: Variable [3]		80% Capital(1): 836,209	5.4293
Indexed Asset Value 1,045,261	< 60% of Base: False		20% ROE(2): 209,052	0.2740
FRVS Base Asset: 605,676	Interest Rate: 11.5000 %		Insurance Cost(3): 27,594	1.5624
Occup Adj Factor: 0.9000	Chase Rate: 9.5000 %		Taxes Cost(3): 14,364	0.8133
ROE Factor 0.025830	Amortization Rate: 11.5000 %		Home Office(3): 0	0.0000
	Interest Only: False		Replacement(3&4): 3,799	0.0000
	Yearly Payment: 107,011		Total FRVS PD:	8.0790

(1) 80% Capital (\$836,209) amortized at 11.5000% for 20 years Principal & Interest of \$107,011 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$5.4293

(2) 20% ROE (\$209,052) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.2740

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 60	Effective PBS Limitation 1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9259	43.9259	2.5941	41.3318
Patient Care				
Direct Care	78.1947	78.1947	4.6179	73.5768
Indirect Care	54.1507	54.1507	3.1980	50.9527
Property	13.6500	8.0790	0.4771	7.6019
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.1883
Supplemental Rate Add-on				\$8.8324
Totals	189.9213	184.3503	10.8871	203.4839

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 042138-00 - 2012/07
228.79

Cross Landings Health & Rehab Center

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated [1]
 Type of Rate: Interim [2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1780 N. Jefferson St. Monticello FL 32344 County: Jefferson [33] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 5/1/1980 Acquired Date: 5/1/1980 Entered Medicaid 5/1/1980 Med # Active Date: 6/28/2011 Previous Med # 007014	07/01/2011-06/30/2012 Days In CR 366 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,960 Max Annualized: 21,900 Total Patient: 20,141 Medicare: 2,820 Medicaid: 13,487	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.96291% Occupancy: 91.71676% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.55483% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.26442410 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.19350000 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	654,074	1,259,573	785,286	347,425	0	3,046,358
1a	Audit Adjustments						
2	Cost Per Diem	48.4966	93.3916	58.2254	25.7600		225.8736
3	Cost Per Diem Inflated	48.4966	93.3916	58.2254			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4966	93.3916	58.2254	25.7600		225.8736
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	50.0895		60.1558			
10b	Base for line 10a	48.9468		58.7834			
11	Lesser of 5,7,8,10, 10a	48.4966	93.3916	58.2254	13.6500		213.7636
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.4966	93.3916	58.2254	13.6500		213.7636
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 042138-00 - 2012/07

228.79

Cross Landings Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Fixed [2]	80% Capital(1):	2,266,007	10.0840
Indexed Asset Value	2,832,509	< 60% of Base:	False	20% ROE(2):	566,502	0.7096
FRVS Base Asset:	752,956	Interest Rate:	6.5000 %	Insurance Cost(3):	21,700	1.0774
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	17,200	0.8540
ROE Factor	0.024690	Amortization Rate:	6.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	198,755	Total FRVS PD:		12.7250

(1) 80% Capital (\$2,266,007) amortized at 6.2500% for 20 years Principal & Interest of \$198,755 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.0840

(2) 20% ROE (\$566,502) times the ROE factor (0.024690) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7096

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.4966	48.4966	2.8640	45.6326
Patient Care				
Direct Care	93.3916	93.3916	5.5154	87.8762
Indirect Care	58.2254	58.2254	3.4386	54.7868
Property	13.6500	12.7250	0.7515	11.9735
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6851
Supplemental Rate Add-on				\$8.8324
Totals	213.7636	212.8386	12.5695	228.7866

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 042140-00 - 2012/07

226.01

Crosswinds Health & Rehab Center

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated [1]
 Type of Rate: Interim [2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13455 W US 90 Greenville FL 33231 County: Madison [40] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1983 Acquired Date: 6/1/1983 Entered Medicaid 6/1/1983 Med # Active Date: 6/28/2011 Previous Med # 007012	07/01/2011-06/30/2012 Days In CR 366 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 58 Maximum: 21,228 Max Annualized: 21,170 Total Patient: 18,308 Medicare: 2,196 Medicaid: 15,738	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 85.96242% Occupancy: 86.24458% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.60071% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.26442410 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.19350000 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	763,136	1,470,044	924,009	343,875	0	3,501,064
1a	Audit Adjustments						
2	Cost Per Diem	48.4900	93.4073	58.7120	21.8500		222.4593
3	Cost Per Diem Inflated	48.4900	93.4073	58.7120			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4900	93.4073	58.7120	21.8500		222.4593
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	50.0895		60.6231			
10b	Base for line 10a	48.9468		59.2401			
11	Lesser of 5,7,8,10, 10a	48.4900	93.4073	58.7120	13.6500		214.2593
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.4900	93.4073	58.7120	13.6500		214.2593
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 042140-00 - 2012/07
226.01

Florida Agency For Health Care Administration
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Crosswinds Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	1,339,893	6.1683
Indexed Asset Value	1,674,866	< 60% of Base:	False	20% ROE(2):	334,973	0.4341
FRVS Base Asset:	721,404	Interest Rate:	6.5000 %	Insurance Cost(3):	21,500	1.1744
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	18,500	1.0105
ROE Factor	0.024690	Amortization Rate:	6.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	117,524	Total FRVS PD:		8.7873

(1) 80% Capital (\$1,339,893) amortized at 6.2500% for 20 years Principal & Interest of \$117,524 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$6.1683

(2) 20% ROE (\$334,973) times the ROE factor (0.024690) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$0.4341

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 58	Effective PBS Limitation	1,653,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.4900	48.4900	2.8637	45.6263
Patient Care				
Direct Care	93.4073	93.4073	5.5163	87.8910
Indirect Care	58.7120	58.7120	3.4673	55.2447
Property	13.6500	8.7873	0.5189	8.2684
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1444
Supplemental Rate Add-on				\$8.8324
Totals	214.2593	209.3966	12.3662	226.0072

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 044886-00 - 2012/07

214.74

Crestview Rehabilitation Center

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated[1]
 Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1849 First Avenue, East Crestview FL 32539 County: Okaloosa[46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1970 Acquired Date: 10/1/1970 Entered Medicaid 5/1/1979 Med # Active Date: 2/1/2012 Previous Med # 251101	02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 64.99910% Occupancy: 59.04523% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 75.03543% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 38,899 Medicare: 7,779 Medicaid: 25,284	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.28219003 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.20632883 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,097,122	2,453,066	1,231,188	653,844	0	5,435,220
1a	Audit Adjustments						
2	Cost Per Diem	43.3919	97.0205	48.6944	25.8600		214.9668
3	Cost Per Diem Inflated	43.3919	97.0205	48.6944			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.3919	97.0205	48.6944	25.8600		214.9668
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.2669		48.4925			
10b	Base for line 10a	42.2798		47.3862			
11	Lesser of 5,7,8,10, 10a	43.2669	96.6592	48.4925	13.6500		202.0686
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.2669	96.6592	48.4925	13.6500		202.0686
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 044886-00 - 2012/07
214.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Crestview Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/30/1987	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,761,778.00		Total Amount Per Diem	
RS to Start Calcs: 1971/07	Type: Variable [3]		80% Capital(1): 4,083,674	7.9976
Indexed Asset Value 5,104,592	< 60% of Base: False		20% ROE(2): 1,020,918	0.4263
FRVS Base Asset: 2,097,280	Interest Rate: 11.5000 %		Insurance Cost(3): 57,500	1.4782
Occup Adj Factor: 0.9000	Chase Rate: 8.0000 %		Taxes Cost(3): 27,500	0.7070
ROE Factor 0.024690	Amortization Rate: 10.0000 %		Home Office(3): 13,300	0.3419
	Interest Only: False		Replacement(3&4): 0	0.0000
	Yearly Payment: 472,900		Total FRVS PD:	10.9510

(1) 80% Capital (\$4,083,674) amortized at 10.0000% for 20 years Principal & Interest of \$472,900 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$7.9976

(2) 20% ROE (\$1,020,918) times the ROE factor (0.024690) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4263

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.2669	43.2669	2.5552	40.7117
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	48.4925	48.4925	2.8638	45.6287
Property	13.6500	10.9510	0.6467	10.3043
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3125
Supplemental Rate Add-on				\$8.8324
Totals	202.0686	199.3696	11.7741	214.7404

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 044888-00 - 2012/07

219.81

Fort Walton Rehabilitation Center

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated [1]
 Type of Rate: Interim [2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1 LBJ Sr. Drive Ft. Walton Beach FL 32548 County: Okaloosa [46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1960 Acquired Date: 8/1/1960 Entered Medicaid 3/1/1982 Med # Active Date: 2/1/2012 Previous Med # 229237	02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 36,240 Medicare: 7,247 Medicaid: 23,556	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.00000% Occupancy: 82.51366% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.85941% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.28219003 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.20632883 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,024,103	2,284,946	1,166,384	448,977	0	4,924,410
1a	Audit Adjustments						
2	Cost Per Diem	43.4753	97.0006	49.5154	19.0600		209.0513
3	Cost Per Diem Inflated	43.4753	97.0006	49.5154			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4753	97.0006	49.5154	19.0600		209.0513
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.8610		50.6682			
10b	Base for line 10a	42.8604		49.5123			
11	Lesser of 5,7,8,10, 10a	43.4753	96.6592	49.5154	13.6500		203.2999
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.4753	96.6592	49.5154	13.6500		203.2999
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 044888-00 - 2012/07
219.81

Florida Agency For Health Care Administration
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Fort Walton Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/8/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,880,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable [3]	80% Capital(1):	3,986,352	12.1153
Indexed Asset Value	4,982,940	< 60% of Base:	False	20% ROE(2):	996,588	0.6242
FRVS Base Asset:	2,711,737	Interest Rate:	11.5000 %	Insurance Cost(3):	47,700	1.3162
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	25,600	0.7064
ROE Factor	0.024690	Amortization Rate:	10.5000 %	Home Office(3):	12,400	0.3422
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	477,587	Total FRVS PD:		15.1043

- (1) 80% Capital (\$3,986,352) amortized at 10.5000% for 20 years Principal & Interest of \$477,587 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.1153
- (2) 20% ROE (\$996,588) times the ROE factor (0.024690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6242
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4753	43.4753	2.5675	40.9078
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	49.5154	49.5154	2.9242	46.5912
Property	13.6500	15.1043	0.8920	14.2123
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3126
Supplemental Rate Add-on				\$8.8324
Totals	203.2999	204.7542	12.0921	219.8071

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 044889-00 - 2012/07

216.91

River Valley Rehabilitation Center

Type of Cost Report: Interim Change of Ownership [1] - Budget
Type of Cost: Estimated [1]
Type of Rate: Interim [2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
17884 N.E. Crozier Street Blountstown FL 32424 County: Calhoun [7] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1974 Acquired Date: 5/1/1974 Entered Medicaid 12/1/1980 Med # Active Date: 2/1/2012 Previous Med # 251097	02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,900 Max Annualized: 54,750 Total Patient: 43,921 Medicare: 4,392 Medicaid: 35,005 Medicaid Utilization 79.69992% Occupancy: 80.00182% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 101.66733% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.28219003 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.20632883 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,498,166	3,395,058	1,657,349	584,233	0	7,134,806
1a	Audit Adjustments						
2	Cost Per Diem	42.7986	96.9878	47.3461	16.6900		203.8225
3	Cost Per Diem Inflated	42.7986	96.9878	47.3461			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.7986	96.9878	47.3461	16.6900		203.8225
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.0702		47.8206			
10b	Base for line 10a	42.0876		46.7296			
11	Lesser of 5,7,8,10, 10a	42.7986	96.6592	47.3461	13.6500		200.4539
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.7986	96.6592	47.3461	13.6500		200.4539
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 044889-00 - 2012/07
216.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

River Valley Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1974/01	Type:	None [1]	80% Capital(1):	3,787,043	9.5552
Indexed Asset Value	4,733,804	< 60% of Base:	True	20% ROE(2):	946,761	0.4744
FRVS Base Asset:	2,082,681	Interest Rate:	12.5000 %	Insurance Cost(3):	59,200	1.3479
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	31,800	0.7240
ROE Factor	0.024690	Amortization Rate:	12.5000 %	Home Office(3):	15,000	0.3415
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	470,833	Total FRVS PD:		12.4430

(1) 80% Capital (\$3,787,043) amortized at 12.5000% for 20 years Interest of \$470,833 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$9.5552

(2) 20% ROE (\$946,761) times the ROE factor (0.024690) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.4744

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.7986	42.7986	2.5275	40.2711
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	47.3461	47.3461	2.7961	44.5500
Property	13.6500	12.4430	0.7348	11.7082
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6011
Supplemental Rate Add-on				\$8.8324
Totals	200.4539	199.2469	11.7668	216.9136

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 044975-00 - 2012/07 243.25

Plantation Key Nursing Center

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
48 High Point Road Tavernier FL 33070 County: Monroe [44] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 12/19/2011 Previous Med # 208906	08/01/2011-07/31/2012 Days In CR 366 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 10,033 Medicare: 2,364 Medicaid: 7,092	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 70.68673% Occupancy: 22.84381% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 29.03020% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.26702708 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.19499812 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	521,471	854,906	433,771	270,205	0	2,080,353
1a	Audit Adjustments						
2	Cost Per Diem	73.5295	120.5451	61.1634	38.1000		293.3380
3	Cost Per Diem Inflated	73.5295	120.5451	61.1634			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	73.5295	120.5451	61.1634	38.1000		293.3380
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	50.2202		57.6825			
10b	Base for line 10a	49.0745		56.3665			
11	Lesser of 5,7,8,10, 10a	50.2202	99.9145	57.6825	13.6500		221.4672
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.2202	99.9145	57.6825	13.6500		221.4672
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 044975-00 - 2012/07
243.25

Florida Agency For Health Care Administration
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Plantation Key Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/19/2011	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00	Total Amount	Per Diem
RS to Start Calcs: 1984/07	Type: None [1]	80% Capital(1): 4,324,963	14.1912
Indexed Asset Value 5,406,204	< 60% of Base: True	20% ROE(2): 1,081,241	0.6772
FRVS Base Asset: 0	Interest Rate: 0.0000 %	Insurance Cost(3): 38,550	3.8423
Occup Adj Factor: 0.9000	Chase Rate: 0.0000 %	Taxes Cost(3): 40,230	4.0098
ROE Factor 0.024690	Amortization Rate: 13.0000 %	Home Office(3): 0	0.0000
	Interest Only: True	Replacement(3&4): 0	0.0000
	Yearly Payment: 559,416	Total FRVS PD: 22.7205	

(1) 80% Capital (\$4,324,963) amortized at 13.0000% for 20 years Interest of \$559,416 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.1912

(2) 20% ROE (\$1,081,241) times the ROE factor (0.024690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6772

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.2202	50.2202	2.9658	47.2544
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	57.6825	57.6825	3.4065	54.2760
Property	13.6500	22.7205	1.3418	21.3787
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4966
Supplemental Rate Add-on				\$8.8324
Totals	221.4672	230.5377	13.6147	243.2520

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 046017-00 - 2012/07
248.01

Homestead Manor A Palace Community

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1330 NW First Avenue Homestead FL 33030 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 11/1/2011 Previous Med # 212121	10/01/2011-09/30/2012 Days In CR 366 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 64 Maximum: 23,424 Max Annualized: 23,360 Total Patient: 22,327 Medicare: 4,782 Medicaid: 15,408	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 69.01061% Occupancy: 95.31677% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.12976% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.27224912 Semester Index: 1.28710041 Cost: 1.00000000 Target: 1.01634256 DC FY Index: 1.19800000 DC Sem Index: 1.21100000 DC Inflation: 1.00000000 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	801,524	1,618,023	962,077	342,058	0	3,723,682
1a	Audit Adjustments						
2	Cost Per Diem	52.0200	105.0119	62.4401	22.2000		241.6720
3	Cost Per Diem Inflated	52.0200	105.0119	62.4401			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.0200	105.0119	62.4401	22.2000		241.6720
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	52.5964		63.0036			
10b	Base for line 10a	51.3965		61.5662			
11	Lesser of 5,7,8,10, 10a	52.0200	105.0119	62.4401	13.6500		233.1220
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.0200	105.0119	62.4401	13.6500		233.1220
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 046017-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

248.01

Homestead Manor A Palace Community

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/2011 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 2,833,494 FRVS Base Asset: 1,361,312 Occup Adj Factor: 0.9000 ROE Factor 0.024690	Mortgage Information		Calculation of FRVS Per Diem		
	Amount: 4,000,000.00			Total Amount	Per Diem
	Type: Fixed [2]		80% Capital(1): 2,266,795	9.0101	
	< 60% of Base: False		20% ROE(2): 566,699	0.6655	
	Interest Rate: 5.6500 %		Insurance Cost(3): 36,200	1.6214	
	Chase Rate: 3.2500 %		Taxes Cost(3): 96,200	4.3087	
	Amortization Rate: 5.6500 %		Home Office(3): 0	0.0000	
	Interest Only: False		Replacement(3&4): 0	0.0000	
Yearly Payment: 189,428		Total FRVS PD:	15.6057		

(1) 80% Capital (\$2,266,795) amortized at 5.6500% for 20 years Principal & Interest of \$189,428 divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = \$9.0101

(2) 20% ROE (\$566,699) times the ROE factor (0.024690) divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = \$0.6655

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 54	Effective PBS Limitation 1,539,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.0200	52.0200	3.0721	48.9479
Patient Care				
Direct Care	105.0119	105.0119	6.2017	98.8102
Indirect Care	62.4401	62.4401	3.6875	58.7526
Property	13.6500	15.6057	0.9216	14.6841
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9874
Supplemental Rate Add-on				\$8.8324
Totals	233.1220	235.0777	13.8829	248.0146

***Medicaid Trend Adjustment :**



0 200107-00 - 2012/07
222.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bon Secours Maria Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10300 4th Street North St. Petersburg FL 33716 County: Pinellas[52] Region: Central[3] Area: 5 Control Church Non-Profit [2] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1975 Acquired Date: 1/1/1975 Entered Medicaid 1/1/1975 Med # Active Date: 12/15/1988 Previous Med # 204501	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 274 Maximum: 100,010 Max Annualized: 100,010 Total Patient: 85,767 Medicare: 11,605 Medicaid: 61,389	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 71.57648% Occupancy: 85.75842% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.98290% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,901,983	5,980,541	3,415,166	939,252	0	14,236,942
1a	Audit Adjustments						
2	Cost Per Diem	63.5616	97.4204	55.6316	15.3000		231.9136
3	Cost Per Diem Inflated	65.8933	99.7124	57.6724			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	65.8933	99.7124	57.6724	15.3000		238.5781
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6337		53.3811			
7	Provider Target Rate	53.8625		54.6274			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9425	98.2868	54.6274	13.6500		216.5067
12/13	Medicaid Adjustment Rate		2.3858	1.3260			
14	Prospective Per Diem 11	49.9425	100.6726	55.9534	13.6500		220.2185
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200107-00 - 2012/07
222.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Bon Secours Maria Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1975/01 Indexed Asset Value 12,311,688 FRVS Base Asset: 4,922,814 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,646,500.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	9,849,350	13.6047
	< 60% of Base:	True	20% ROE(2):	2,462,338	0.7011
	Interest Rate:	7.5000 %	Insurance Cost(3):	45,451	0.5299
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	183,202	2.1360
	Interest Only:	True	Replacement(3&4):	94,750	0.0000
Yearly Payment:	1,224,544	Total FRVS PD:		16.9717	

- (1) 80% Capital (\$9,849,350) amortized at 12.5000% for 20 years Interest of \$1,224,544 divided by annual available days (100,010) divided by Occup. Adj. (0.9000) = \$13.6047
- (2) 20% ROE (\$2,462,338) times the ROE factor (0.025630) divided by annual available days (100,010) divided by Occup. Adj. (0.9000) = \$0.7011
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	274	Effective PBS Limitation	7,809,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	100.6726	100.6726	5.9454	94.7272
Indirect Care	55.9534	55.9534	3.3044	52.6490
Property	13.6500	16.9717	1.0023	15.9694
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.4674
Supplemental Rate Add-on				\$8.8324
Totals	220.2185	223.5402	13.2015	222.6385

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 200409-00 - 2012/07
192.86

Westminster Oaks

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4449 Meandering Way Tallahassee FL 32308 County: Leon [37] Region: North [1] Area: 2 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1983 Acquired Date: 4/1/1983 Entered Medicaid 10/21/1988 Med # Active Date: 10/21/1988 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,426 Medicare: 3,798 Medicaid: 13,918	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 32.80536% Occupancy: 96.86301% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.09475% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22587622 Semester Index: 1.28710041 Cost: 1.04994321 Target: 1.01634256 DC FY Index: 1.17650000 DC Sem Index: 1.21100000 DC Inflation: 1.02932427 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	642,125	1,055,465	980,808	490,192	0	3,168,590
1a	Audit Adjustments						
2	Cost Per Diem	46.1363	75.8345	70.4705	35.2200		227.6613
3	Cost Per Diem Inflated	48.4405	78.0583	73.9900			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4405	78.0583	73.9900	35.2200		235.7088
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2536		70.4493			
7	Provider Target Rate	50.4035		72.0940			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	78.0583	56.1342	13.6500		195.3205
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	78.0583	56.1342	13.6500		195.3205
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200409-00 - 2012/07
192.86

Florida Agency For Health Care Administration
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 Rate Semester 07/01/2012 through 12/31/2012

Westminster Oaks

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/21/1988 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 4,828,284 FRVS Base Asset: 1,521,900 Occup Adj Factor: 0.9000 ROE Factor 0.026770	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,558,322.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,862,627	10.5793
	< 60% of Base:	False	20% ROE(2):	965,657	0.6558
	Interest Rate:	9.0000 %	Insurance Cost(3):	95,383	2.2482
	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	9.0000 %	Home Office(3):	18,180	0.4285
	Interest Only:	False	Replacement(3&4):	411,270	0.0000
Yearly Payment:	417,037	Total FRVS PD:		13.9118	

(1) 80% Capital (\$3,862,627) amortized at 9.0000% for 20 years Principal & Interest of \$417,037 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5793

(2) 20% ROE (\$965,657) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6558

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	25,365
Comparison Date: 7/1/1982	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,521,900

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	78.0583	78.0583	4.6099	73.4484
Indirect Care	56.1342	56.1342	3.3151	52.8191
Property	13.6500	13.9118	0.8216	13.0902
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	195.3205	195.5823	11.5505	192.8642

***Medicaid Trend Adjustment :**



0 200425-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

233.73

Floridean Nursing & Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
47 NW 32nd Place Miami FL 33125 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2011-12/31/2011 Days In CR 184 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 16,560 Max Annualized: 32,850 Total Patient: 15,787 Medicare: 7,963 Medicaid: 4,804	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 30.43010% Occupancy: 95.33213% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.14928% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25844015 Semester Index: 1.28710041 Cost: 1.02277443 Target: 1.01634256 DC FY Index: 1.19100000 DC Sem Index: 1.21100000 DC Inflation: 1.01679261 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	319,151	425,898	351,563	124,568	0	1,221,180
1a	Audit Adjustments						
2	Cost Per Diem	66.4344	88.6549	73.1813	25.9301		254.2007
3	Cost Per Diem Inflated	67.9474	90.1436	74.8480			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	67.9474	90.1436	74.8480	25.9301		258.8691
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.9397		63.7234			
7	Provider Target Rate	55.1990		65.2111			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	55.1990	90.1436	65.2111	13.6500		224.2037
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	55.1990	90.1436	65.2111	13.6500		224.2037
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200425-00 - 2012/07
233.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Floridean Nursing & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1997	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,200,000.00	Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: Variable [3]	80% Capital(1): 2,996,452	8.8135
Indexed Asset Value 3,745,565	< 60% of Base: False	20% ROE(2): 749,113	0.5014
FRVS Base Asset: 88,069	Interest Rate: 6.1423 %	Insurance Cost(3): 59,391	3.7620
Occup Adj Factor: 0.9000	Chase Rate: 5.1538 %	Taxes Cost(3): 52,532	3.3275
ROE Factor 0.019790	Amortization Rate: 6.1423 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 260,571	Total FRVS PD: 16.4044	

(1) 80% Capital (\$2,996,452) amortized at 6.1423% for 20 years Principal & Interest of \$260,571 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$8.8135

(2) 20% ROE (\$749,113) times the ROE factor (0.019790) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.5014

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 47	Effective PBS Limitation 1,339,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	55.1990	55.1990	3.2599	51.9391
Patient Care				
Direct Care	90.1436	90.1436	5.3236	84.8200
Indirect Care	65.2111	65.2111	3.8512	61.3599
Property	13.6500	16.4044	0.9688	15.4356
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.3442
Supplemental Rate Add-on				\$8.8324
Totals	224.2037	226.9581	13.4035	233.7312

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 200506-00 - 2012/07

226.20

Miami Jewish Health Systems

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5200 N.E. 2nd Avenue Miami FL 33137 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 462 Maximum: 168,630 Max Annualized: 168,630 Total Patient: 156,251 Medicare: 23,054 Medicaid: 90,491	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.91387% Occupancy: 92.65907% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.75233% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	4,961,338	8,795,472	6,106,017	1,465,954	65,479	21,394,260
1a	Audit Adjustments						
2	Cost Per Diem	54.8269	97.1972	67.4765	16.2000	0.7236	236.4242
3	Cost Per Diem Inflated	57.1791	99.7930	70.3714			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.1791	99.7930	70.3714	16.2000	0.7236	244.2671
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	95.5380		70.8249			
7	Provider Target Rate	97.7685		72.4784			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.7930	59.7055	13.6500	0.7236	226.0869
12/13	Medicaid Adjustment Rate		0.8885	0.5316			
14	Prospective Per Diem 11	52.2148	100.6815	60.2371	13.6500	0.7236	227.5070
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 200506-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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226.20

Miami Jewish Health Systems

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 9,999,999.00		
RS to Start Calcs:	1971/07	Type: Fixed [2]	80% Capital(1): 21,080,918	12.3697
Indexed Asset Value	26,351,148	< 60% of Base: False	20% ROE(2): 5,270,230	0.8970
FRVS Base Asset:	9,462,000	Interest Rate: 6.4410 %	Insurance Cost(3): 114,673	0.7339
Occup Adj Factor:	0.9000	Chase Rate: 13.0000 %	Taxes Cost(3): 7,492	0.0479
ROE Factor	0.025830	Amortization Rate: 6.4410 %	Home Office(3): 0	0.0000
		Interest Only: False	Replacement(3&4): 358,598	0.0000
		Yearly Payment: 1,877,307	Total FRVS PD:	14.0485

(1) 80% Capital (\$21,080,918) amortized at 6.4410% for 20 years Principal & Interest of \$1,877,307 divided by annual available days (168,630) divided by Occup. Adj. (0.9000) = \$12.3697

(2) 20% ROE (\$5,270,230) times the ROE factor (0.025830) divided by annual available days (168,630) divided by Occup. Adj. (0.9000) = \$0.8970

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 332	Effective PBS Limitation	9,462,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	100.6815	100.6815	5.9459	94.7356
Indirect Care	60.2371	60.2371	3.5574	56.6797
Property	13.6500	14.0485	0.8061	12.8439
ROE	0.7236	0.1245	0.0427	0.6809
ROE Adjustment	-0.1245	-0.1245	-0.0074	-0.1171
Quality Assess-Medicaid Share				\$3.4183
Supplemental Rate Add-on				\$8.8324
Totals	227.3825	227.1819	13.4283	226.2049

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 200620-00 - 2012/07
247.99

Pines Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
301 NE 141st Street North North Miami Beach FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1978 Acquired Date: 1/1/1978 Entered Medicaid 1/1/1978 Med # Active Date: 1/1/1978 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 46 Maximum: 16,790 Max Annualized: 16,790 Total Patient: 14,336 Medicare: 1,350 Medicaid: 11,631	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 81.13142% Occupancy: 85.38415% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.50728% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	821,032	932,023	956,807	178,768	0	2,888,630
1a	Audit Adjustments						
2	Cost Per Diem	70.5900	80.1327	82.2635	15.3700		248.3562
3	Cost Per Diem Inflated	72.4752	81.5811	84.4604			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	72.4752	81.5811	84.4604	15.3700		253.8867
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.2748		86.1078			
7	Provider Target Rate	64.7520		88.1181			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	81.5811	74.1906	13.6500		231.6014
12/13	Medicaid Adjustment Rate		2.8572	2.5984			
14	Prospective Per Diem 11	62.1797	84.4383	76.7890	13.6500		237.0570
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200620-00 - 2012/07
247.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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Pines Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1978/01 Indexed Asset Value 933,238 FRVS Base Asset: 533,635 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	315,414.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	746,590	6.1427
	< 60% of Base:	True	20% ROE(2):	186,648	0.2985
	Interest Rate:	8.0000 %	Insurance Cost(3):	21,229	1.4808
	Chase Rate:	12.5000 %	Taxes Cost(3):	11,552	0.8058
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	92,822	Total FRVS PD:		8.7278	

- (1) 80% Capital (\$746,590) amortized at 12.5000% for 20 years Interest of \$92,822 divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = \$6.1427
- (2) 20% ROE (\$186,648) times the ROE factor (0.024170) divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = \$0.2985
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	46	Effective PBS Limitation	1,311,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	84.4383	84.4383	4.9866	79.4517
Indirect Care	76.7890	76.7890	4.5349	72.2541
Property	13.6500	8.7278	0.5154	8.2124
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.7345
Supplemental Rate Add-on				\$8.8324
Totals	237.0570	232.1348	13.7090	247.9927

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 200735-00 - 2012/07 215.41

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

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5888 Blanding Boulevard Jacksonville FL 32244 County: Duval [16] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,472 Medicare: 2,702 Medicaid: 26,376	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.10209% Occupancy: 96.96804% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.22822% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	981,906	2,613,329	1,208,388	219,976	0	5,023,599
1a	Audit Adjustments						
2	Cost Per Diem	37.2273	99.0798	45.8139	8.3400		190.4610
3	Cost Per Diem Inflated	38.2215	100.8706	47.0374			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.2215	100.8706	47.0374	8.3400		194.4695
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.2215	96.6592	47.0374	8.3400		190.2581
12/13	Medicaid Adjustment Rate		1.3160	0.6404			
14	Prospective Per Diem 11	38.2215	97.9752	47.6778	8.3400		192.2145
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 200735-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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215.41

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

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 5,720,141 FRVS Base Asset: 1,411,227 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,750,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,576,113	11.6519
	< 60% of Base:	False	20% ROE(2):	1,144,028	0.7015
	Interest Rate:	8.0000 %	Insurance Cost(3):	22,939	0.5401
	Chase Rate:	6.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	82,544	0.0000
Yearly Payment:	459,317	Total FRVS PD:		12.8935	

(1) 80% Capital (\$4,576,113) amortized at 8.0000% for 20 years Principal & Interest of \$459,317 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6519

(2) 20% ROE (\$1,144,028) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7015

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.2215	38.2215	2.2572	35.9643
Patient Care				
Direct Care	97.9752	97.9752	5.7861	92.1891
Indirect Care	47.6778	47.6778	2.8157	44.8621
Property	8.3400	12.8935	0.7614	12.1321
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.4338
Supplemental Rate Add-on				\$8.8324
Totals	192.2145	196.7680	11.6204	215.4138

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 200859-00 - 2012/07

231.98

River Garden Hebrew Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11401 Old St. Augustine Rd. Jacksonville FL 32258 County: Duval [16] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,667 Medicare: 12,477 Medicaid: 32,667	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 52.12791% Occupancy: 95.38356% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.21464% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,717,833	3,275,745	2,019,800	492,945	0	7,506,323
1a	Audit Adjustments						
2	Cost Per Diem	52.5862	100.2769	61.8300	15.0900		229.7831
3	Cost Per Diem Inflated	55.4427	103.4372	65.1886			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.4427	103.4372	65.1886	15.0900		239.1585
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.2551		63.2358			
7	Provider Target Rate	65.7552		64.7121			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	96.6592	56.1342	13.6500		213.9214
12/13	Medicaid Adjustment Rate		0.2314	0.1344			
14	Prospective Per Diem 11	47.4780	96.8906	56.2686	13.6500		214.2872
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 200859-00 - 2012/07
231.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

River Garden Hebrew Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 8,641,659 FRVS Base Asset: 5,372,016 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	6,913,327	14.5360
	< 60% of Base:	True	20% ROE(2):	1,728,332	0.8067
	Interest Rate:	12.5000 %	Insurance Cost(3):	102,347	1.6332
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	3,592	0.0573
	Interest Only:	True	Replacement(3&4):	96,158	0.0000
Yearly Payment:	859,516	Total FRVS PD:	17.0332		

(1) 80% Capital (\$6,913,327) amortized at 12.5000% for 20 years Interest of \$859,516 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$14.5360

(2) 20% ROE (\$1,728,332) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8067

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 192	Effective PBS Limitation	5,472,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	96.8906	96.8906	5.7220	91.1686
Indirect Care	56.2686	56.2686	3.3230	52.9456
Property	13.6500	17.0332	1.0059	16.0273
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3326
Supplemental Rate Add-on				\$8.8324
Totals	214.2872	217.6704	12.8548	231.9806

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 200913-00 - 2012/07 215.81

Avante at Jacksonville Beach, Inc.

Type of Cost Report: Prospective with Interim Component[8] Type of Cost: Actual with Interim Component[3] Type of Rate: Prospective[1] Interim Component effective date : 07/01/2010
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1504 Seabreeze Avenue Jacksonville Beach FL 32250- County: Duval[16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1974 Acquired Date: 7/1/1974 Entered Medicaid 10/1/1980 Med # Active Date: 7/1/1989 Previous Med # 205982	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 165 Maximum: 60,225 Max Annualized: 60,225 Total Patient: 51,098 Medicare: 10,233 Medicaid: 32,857	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.30193% Occupancy: 84.84516% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 107.82231% Weighted Low Occ Adjustment Factor: 100.00000% Interim Component Effective date: 7/1/2010		Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,356,136	2,971,863	1,540,026	252,013	0	6,120,038
1a	Audit Adjustments						
2	Cost Per Diem	41.2739	90.4484	46.8706	7.6700		186.2629
3	Cost Per Diem Inflated	43.1413	92.9428	48.9912			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.1413	92.9428	48.9912	7.6700		192.7453
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7027		55.2119			
7	Provider Target Rate	46.7697		56.5009			
7a	Interim Adjustment			6.5411			
7b	Interim Adjusted Provider Target Rate			63.0420			
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.1413	92.9428	48.9912	7.6700		192.7453
12/13	Medicaid Adjustment Rate		1.4954	0.7883			
14	Prospective Per Diem 11	43.1413	94.4382	49.7795	7.6700		195.0290
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200913-00 - 2012/07
215.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Avante at Jacksonville Beach, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	806,723.00		Total Amount	Per Diem
RS to Start Calcs:	1974/07	Type:	Fixed [2]	80% Capital(1):	4,054,020	9.2989
Indexed Asset Value	5,067,525	< 60% of Base:	True	20% ROE(2):	1,013,505	0.4890
FRVS Base Asset:	1,747,238	Interest Rate:	13.5000 %	Insurance Cost(3):	79,741	1.5606
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	54,739	1.0713
ROE Factor	0.026150	Amortization Rate:	12.5000 %	Home Office(3):	37,367	0.7313
		Interest Only:	True	Replacement(3&4):	40,041	0.0000
		Yearly Payment:	504,026	Total FRVS PD:		13.1511

(1) 80% Capital (\$4,054,020) amortized at 12.5000% for 20 years Interest of \$504,026 divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = \$9.2989

(2) 20% ROE (\$1,013,505) times the ROE factor (0.026150) divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = \$0.4890

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.1413	43.1413	2.5478	40.5935
Patient Care				
Direct Care	94.4382	94.4382	5.5772	88.8610
Indirect Care	49.7795	49.7795	2.9398	46.8397
Property	7.6700	13.1511	0.7767	12.3744
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3060
Supplemental Rate Add-on				\$8.8324
Totals	195.0290	200.5101	11.8415	215.8070

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 200956-00 - 2012/07
236.67

COMPREHENSIVE HEALTHCARE OF CLEA

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2055 PALMETTO STREET Clearwater FL 34625 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1983 Acquired Date: 4/1/1983 Entered Medicaid 12/1/1983 Med # Active Date: 12/1/1988 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 48,276 Medicare: 3,263 Medicaid: 33,479	Superior: 184 Standard: 0 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651
Medicaid Utilization 69.34916% Occupancy: 88.17534% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.05435% Weighted Low Occ Adjustment Factor: 100.00000%			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,445,713	3,062,716	1,984,722	490,133	0	6,983,284
1a	Audit Adjustments						
2	Cost Per Diem	43.1827	91.4817	59.2826	14.6400		208.5870
3	Cost Per Diem Inflated	44.7668	93.6340	61.4573			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7668	93.6340	61.4573	14.6400		214.4981
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3234		56.1625			
7	Provider Target Rate	44.3349		57.4737			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.3349	93.6340	57.4737	13.6500		209.0926
12/13	Medicaid Adjustment Rate		2.0382	1.2511			
14	Prospective Per Diem 11	44.3349	95.6722	58.7248	13.6500		212.3819
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200956-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

236.67

COMPREHENSIVE HEALTHCARE OF CLEA

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	5,956,654	17.3582
Indexed Asset Value	7,445,817	< 60% of Base:	False	20% ROE(2):	1,489,163	0.7746
FRVS Base Asset:	3,420,000	Interest Rate:	13.3500 %	Insurance Cost(3):	39,403	0.8162
Occup Adj Factor:	0.9000	Chase Rate:	11.5000 %	Taxes Cost(3):	64,309	1.3321
ROE Factor	0.025630	Amortization Rate:	13.3500 %	Home Office(3):	21,588	0.4472
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	855,326	Total FRVS PD:		20.7283

(1) 80% Capital (\$5,956,654) amortized at 13.3500% for 20 years Principal & Interest of \$855,326 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$17.3582

(2) 20% ROE (\$1,489,163) times the ROE factor (0.025630) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.7746

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.3349	44.3349	2.6183	41.7166
Patient Care				
Direct Care	95.6722	95.6722	5.6501	90.0221
Indirect Care	58.7248	58.7248	3.4681	55.2567
Property	13.6500	20.7283	1.2241	19.5042
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.3429
Supplemental Rate Add-on				\$8.8324
Totals	212.3819	219.4602	12.9606	236.6749

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 201006-00 - 2012/07

220.20

Memorial Manor Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
777 South Douglas Road Pembroke Pines FL 33025 County: Broward [6] Region: South [2] Area: 10 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/14/1989 Acquired Date: 7/14/1989 Entered Medicaid 7/14/1989 Med # Active Date: 7/14/1989 Previous Med #	05/01/2010-04/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,248 Medicare: 8,371 Medicaid: 19,013	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 45.00331% Occupancy: 96.45662% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.57830% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22862856 Semester Index: 1.28710041 Cost: 1.04759115 Target: 1.01634256 DC FY Index: 1.17749915 DC Sem Index: 1.21100000 DC Inflation: 1.02845085 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,389,231	2,333,144	1,365,687	203,819	0	5,291,881
1a	Audit Adjustments						
2	Cost Per Diem	73.0674	122.7131	71.8291	10.7200		278.3296
3	Cost Per Diem Inflated	76.5448	126.2044	75.2475			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	76.5448	126.2044	75.2475	10.7200		288.7167
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.2540		69.8216			
7	Provider Target Rate	77.0109		71.4517			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.7055	10.7200		222.5548
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	99.9145	59.7055	10.7200		222.5548
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 201006-00 - 2012/07
220.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Memorial Manor Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/14/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 5,501,298 FRVS Base Asset: 2,534,785 Occup Adj Factor: 0.9000 ROE Factor 0.026460	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,401,038	11.6408
	< 60% of Base:	True	20% ROE(2):	1,100,260	0.7385
	Interest Rate:	10.5000 %	Insurance Cost(3):	17,905	0.4238
	Chase Rate:	10.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	10.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	101,764	0.0000
Yearly Payment:	458,880	Total FRVS PD:		12.8031	

(1) 80% Capital (\$4,401,038) amortized at 10.5000% for 20 years Interest of \$458,880 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6408

(2) 20% ROE (\$1,100,260) times the ROE factor (0.026460) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7385

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	50,254
Comparison Bed 85	Effective PBS Limitation	2,534,785

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	10.7200	12.8031	0.7561	12.0470
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	222.5548	224.6379	13.2663	220.2040

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 201120-00 - 2012/07

215.98

Gulf Coast Village Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1333 Santa Barbara Blvd. Cape Coral FL 33991 County: Lee [36] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/28/1989 Acquired Date: 8/28/1989 Entered Medicaid 8/28/1989 Med # Active Date: 8/28/1989 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 85 Maximum: 31,025 Max Annualized: 31,025 Total Patient: 28,632 Medicare: 14,810 Medicaid: 7,498	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 26.18748% Occupancy: 92.28687% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.27933% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	282,450	735,100	490,691	114,569	0	1,622,810
1a	Audit Adjustments						
2	Cost Per Diem	37.6700	98.0395	65.4429	15.2799		216.4323
3	Cost Per Diem Inflated	38.6760	99.8115	67.1906			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.6760	99.8115	67.1906	15.2799		220.9580
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		79.7752			
7	Provider Target Rate	53.5724		81.6377			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.6760	99.8115	67.1906	13.6500		219.3281
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.6760	99.8115	67.1906	13.6500		219.3281
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 201120-00 - 2012/07
215.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Gulf Coast Village Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/28/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 3,982,975 FRVS Base Asset: 1,789,260 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,269,266.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,186,380	10.6916
	< 60% of Base:	False	20% ROE(2):	796,595	0.6895
	Interest Rate:	7.0909 %	Insurance Cost(3):	53,690	1.8752
	Chase Rate:	9.1909 %	Taxes Cost(3):	34,900	1.2189
	Amortization Rate:	7.0909 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	95,486	0.0000
Yearly Payment:	298,537	Total FRVS PD:	14.4752		

(1) 80% Capital (\$3,186,380) amortized at 7.0909% for 20 years Principal & Interest of \$298,537 divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = \$10.6916

(2) 20% ROE (\$796,595) times the ROE factor (0.024170) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = \$0.6895

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,789,260

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.6760	38.6760	2.2841	36.3919
Patient Care				
Direct Care	99.8115	99.8115	5.8945	93.9170
Indirect Care	67.1906	67.1906	3.9681	63.2225
Property	13.6500	14.4752	0.8549	13.6203
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	219.3281	220.1533	13.0016	215.9841

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 201545-00 - 2012/07

211.63

Hobe Sound Geriatric Village, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9555 SE Federal Highway Hobe Sound FL 33455 County: Martin [43] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,497 Medicare: 3,780 Medicaid: 28,410	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 68.46278% Occupancy: 94.74201% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.39936% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,024,749	2,570,040	1,186,882	191,768	48,563	5,022,002
1a	Audit Adjustments						
2	Cost Per Diem	36.0700	90.4625	41.7769	6.7500	1.7094	176.7688
3	Cost Per Diem Inflated	38.0293	93.3135	44.0462			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.0293	93.3135	44.0462	6.7500	1.7094	183.8484
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0967		50.1876			
7	Provider Target Rate	44.1029		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.0293	93.3135	44.0462	6.7500	1.7094	183.8484
12/13	Medicaid Adjustment Rate		1.9382	0.9149			
14	Prospective Per Diem 11	38.0293	95.2517	44.9611	6.7500	1.7094	186.7015
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 201545-00 - 2012/07
211.63

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Hobe Sound Geriatric Village, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	3,622,590	11.1956
Indexed Asset Value	4,528,238	< 60% of Base:	False	20% ROE(2):	905,648	0.6341
FRVS Base Asset:	2,482,470	Interest Rate:	10.7500 %	Insurance Cost(3):	79,917	1.9259
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	58,757	1.4159
ROE Factor	0.027600	Amortization Rate:	10.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	39,474	0.0000
		Yearly Payment:	441,331	Total FRVS PD:		15.1715

(1) 80% Capital (\$3,622,590) amortized at 10.7500% for 20 years Principal & Interest of \$441,331 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.1956

(2) 20% ROE (\$905,648) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6341

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.0293	38.0293	2.2459	35.7834
Patient Care				
Direct Care	95.2517	95.2517	5.6253	89.6264
Indirect Care	44.9611	44.9611	2.6553	42.3058
Property	6.7500	15.1715	0.8960	14.2755
ROE	1.7094	1.3313	0.0786	1.2527
ROE Adjustment	-1.3313	-1.3313	-0.0786	-1.2527
Quality Assess-Medicaid Share				\$20.8049
Supplemental Rate Add-on				\$8.8324
Totals	185.3702	193.4136	11.4225	211.6284

***Medicaid Trend Adjustment :**



0 201588-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

202.92

The Gardens at DePugh Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
559 West Morse Boulevard Winter Park FL 32789 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 40 Maximum: 14,600 Max Annualized: 14,600 Total Patient: 13,471 Medicare: 984 Medicaid: 9,509	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 70.58867% Occupancy: 92.26713% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.25423% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	588,292	755,240	509,385	228,026	0	2,080,943
1a	Audit Adjustments						
2	Cost Per Diem	61.8669	79.4237	53.5687	23.9800		218.8393
3	Cost Per Diem Inflated	63.5191	80.8593	54.9993			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	63.5191	80.8593	54.9993	23.9800		223.3577
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		56.1471			
7	Provider Target Rate	48.7494		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.7494	80.8593	54.9993	13.6500		198.2580
12/13	Medicaid Adjustment Rate		1.8729	1.2739			
14	Prospective Per Diem 11	48.7494	82.7322	56.2732	13.6500		201.4048
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 201588-00 - 2012/07
202.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Gardens at DePugh Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 1,921,387 FRVS Base Asset: 1,037,356 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	125,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,537,110	14.5438
	< 60% of Base:	True	20% ROE(2):	384,277	0.7068
	Interest Rate:	9.0000 %	Insurance Cost(3):	43,949	3.2625
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	13,092	0.0000
Yearly Payment:	191,105	Total FRVS PD:	18.5131		

(1) 80% Capital (\$1,537,110) amortized at 12.5000% for 20 years Interest of \$191,105 divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = \$14.5438

(2) 20% ROE (\$384,277) times the ROE factor (0.024170) divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = \$0.7068

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 40	Effective PBS Limitation	1,140,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.7494	48.7494	2.8790	45.8704
Patient Care				
Direct Care	82.7322	82.7322	4.8859	77.8463
Indirect Care	56.2732	56.2732	3.3233	52.9499
Property	13.6500	18.5131	1.0933	17.4198
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	201.4048	206.2679	12.1815	202.9188

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 201651-00 - 2012/07 225.37

Guardian Care Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2500 West Church Street Orlando FL 32805 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,797 Medicare: 5,490 Medicaid: 31,000	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 79.90309% Occupancy: 88.57763% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.56558% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,614,681	2,560,482	1,785,956	294,500	0	6,255,619
1a	Audit Adjustments						
2	Cost Per Diem	52.0865	82.5962	57.6115	9.5000		201.7942
3	Cost Per Diem Inflated	54.3212	84.8020	60.0832			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.3212	84.8020	60.0832	9.5000		208.7064
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.8611		52.7370			
7	Provider Target Rate	58.1886		53.9682			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9425	84.8020	53.9682	9.5000		198.2127
12/13	Medicaid Adjustment Rate		2.8528	1.8155			
14	Prospective Per Diem 11	49.9425	87.6548	55.7837	9.5000		202.8810
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 201651-00 - 2012/07
225.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Guardian Care Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 5,483,381 FRVS Base Asset: 1,168,156 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,386,705	13.8353
	< 60% of Base:	True	20% ROE(2):	1,096,676	0.7186
	Interest Rate:	12.5000 %	Insurance Cost(3):	48,457	1.2490
	Chase Rate:	12.5000 %	Taxes Cost(3):	2,488	0.0641
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	59,750	0.0000
Yearly Payment:	545,388	Total FRVS PD:	15.8670		

(1) 80% Capital (\$4,386,705) amortized at 12.5000% for 20 years Interest of \$545,388 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.8353

(2) 20% ROE (\$1,096,676) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7186

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 76	Effective PBS Limitation	2,166,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	87.6548	87.6548	5.1766	82.4782
Indirect Care	55.7837	55.7837	3.2944	52.4893
Property	9.5000	15.8670	0.9371	14.9299
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6509
Supplemental Rate Add-on				\$8.8324
Totals	202.8810	209.2480	12.3575	225.3738

***Medicaid Trend Adjustment :**



0 202011-00 - 2012/07

226.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Westchester Gardens Rehabilitation & Care Cente

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3301 McMullen Booth Road Clearwater FL 33761 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1989 Acquired Date: 7/1/1989 Entered Medicaid 9/1/1989 Med # Active Date: 1/5/1990 Previous Med # 201201	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,185 Medicare: 12,344 Medicaid: 18,736	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	844,836	1,797,957	1,042,476	247,690	0	3,932,959
1a	Audit Adjustments						
2	Cost Per Diem	45.0916	95.9627	55.6403	13.2200		209.9146
3	Cost Per Diem Inflated	47.0262	98.5255	58.0274			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.0262	98.5255	58.0274	13.2200		216.7991
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7584		48.2597			
7	Provider Target Rate	51.9434		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.0262	98.2868	49.3864	13.2200		207.9194
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.0262	98.2868	49.3864	13.2200		207.9194
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 202011-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

226.59

Westchester Gardens Rehabilitation & Care Cente

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,320,000.00		Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Fixed [2]	80% Capital(1):	4,800,656	15.5847
Indexed Asset Value	6,000,820	< 60% of Base:	False	20% ROE(2):	1,200,164	0.7864
FRVS Base Asset:	3,578,520	Interest Rate:	11.5000 %	Insurance Cost(3):	64,622	1.6923
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	56,253	1.4732
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	27,804	0.7281
		Interest Only:	False	Replacement(3&4):	869,881	0.0000
		Yearly Payment:	614,348	Total FRVS PD:		20.2647

(1) 80% Capital (\$4,800,656) amortized at 11.5000% for 20 years Principal & Interest of \$614,348 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.5847

(2) 20% ROE (\$1,200,164) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7864

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	1/1/1989	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.0262	47.0262	2.7772	44.2490
Patient Care				
Direct Care	98.2868	98.2868	5.8045	92.4823
Indirect Care	49.3864	49.3864	2.9166	46.4698
Property	13.2200	20.2647	1.1968	19.0679
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4904
Supplemental Rate Add-on				\$8.8324
Totals	207.9194	214.9641	12.6951	226.5918

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 202533-00 - 2012/07 237.99

The Rohr Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2120 Marshall Edwards Drive Bartow FL 33830 County: Polk [53] Region: Central [3] Area: 6 Control Government Non-Prof Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 10/10/1970 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,263 Medicare: 2,596 Medicaid: 14,248	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 70.31535% Occupancy: 92.52511% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.58209% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	956,753	1,342,194	806,992	51,720	0	3,157,659
1a	Audit Adjustments						
2	Cost Per Diem	67.1500	94.2023	56.6390	3.6300		221.6213
3	Cost Per Diem Inflated	69.4055	96.2692	58.5414			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	69.4055	96.2692	58.5414	3.6300		227.8461
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9929		59.3896			
7	Provider Target Rate	50.1367		60.7761			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.1367	96.2692	58.5414	3.6300		208.5773
12/13	Medicaid Adjustment Rate		2.2002	1.3380			
14	Prospective Per Diem 11	50.1367	98.4694	59.8794	3.6300		212.1155
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 202533-00 - 2012/07
237.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Rohr Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None [1]	80% Capital(1):	2,088,317	13.1728
Indexed Asset Value	2,610,396	< 60% of Base:	True	20% ROE(2):	522,079	0.6733
FRVS Base Asset:	570,711	Interest Rate:	12.5000 %	Insurance Cost(3):	0	0.0000
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025420	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	36,219	0.0000
		Yearly Payment:	259,635	Total FRVS PD:		13.8461

(1) 80% Capital (\$2,088,317) amortized at 12.5000% for 20 years Interest of \$259,635 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$13.1728

(2) 20% ROE (\$522,079) times the ROE factor (0.025420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6733

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.1367	50.1367	2.9609	47.1758
Patient Care				
Direct Care	98.4694	98.4694	5.8153	92.6541
Indirect Care	59.8794	59.8794	3.5363	56.3431
Property	3.6300	13.8461	0.8177	13.0284
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9574
Supplemental Rate Add-on				\$8.8324
Totals	212.1155	222.3316	13.1302	237.9912

***Medicaid Trend Adjustment :**



0 202606-00 - 2012/07
220.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

SAMANTHA R. WILSON AT BAYVIEW

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
161 Marine Street St. Augustine FL 32084 County: St Johns[55] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,287 Medicare: 11,664 Medicaid: 22,403	Superior: 160 Standard: 0 Conditional: 24 Total: 184
	Medicaid Utilization 54.26163% Occupancy: 94.26256% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.79005% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,162,651	2,335,345	1,081,820	408,183	0	4,987,999
1a	Audit Adjustments						
2	Cost Per Diem	51.8971	104.2425	48.2891	18.2200		222.6487
3	Cost Per Diem Inflated	53.6403	106.5297	49.9111			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.6403	106.5297	49.9111	18.2200		228.3011
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.6710		51.7347			
7	Provider Target Rate	51.8540		52.9425			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	96.6592	49.9111	13.6500		207.6983
12/13	Medicaid Adjustment Rate		0.4030	0.2081			
14	Prospective Per Diem 11	47.4780	97.0622	50.1192	13.6500		208.3094
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 202606-00 - 2012/07
220.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

SAMANTHA R. WILSON AT BAYVIEW

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 5,347,146 FRVS Base Asset: 337,836 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,079,538.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,277,717	10.1742
	< 60% of Base:	False	20% ROE(2):	1,069,429	0.6896
	Interest Rate:	7.1000 %	Insurance Cost(3):	89,577	2.1696
	Chase Rate:	8.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	7.1000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	44,403	0.0000
Yearly Payment:	401,068	Total FRVS PD:		13.0334	

(1) 80% Capital (\$4,277,717) amortized at 7.1000% for 20 years Principal & Interest of \$401,068 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1742

(2) 20% ROE (\$1,069,429) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6896

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 51	Effective PBS Limitation	1,453,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	97.0622	97.0622	5.7322	91.3300
Indirect Care	50.1192	50.1192	2.9599	47.1593
Property	13.6500	13.0334	0.7697	12.2637
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.4233
Supplemental Rate Add-on				\$8.8324
Totals	208.3094	207.6928	12.2657	220.6828

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 202681-00 - 2012/07 235.68

JH FLOYD SUNSHINE MANOR, INC.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1755 18th Street Sarasota FL 34234 County: Sarasota [58] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 101 Maximum: 36,865 Max Annualized: 36,865 Total Patient: 24,367 Medicare: 1,444 Medicaid: 20,853	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 85.57886% Occupancy: 66.09793% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 83.99809% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20667423 Semester Index: 1.28710041 Cost: 1.06665111 Target: 1.01634256 DC FY Index: 1.16650000 DC Sem Index: 1.21100000 DC Inflation: 1.03814831 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,156,048	1,922,373	1,143,705	179,753	0	4,401,879
1a	Audit Adjustments						
2	Cost Per Diem	55.4380	92.1869	54.8461	8.6200		211.0910
3	Cost Per Diem Inflated	59.1330	95.7037	58.5017			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.1330	95.7037	58.5017	8.6200		221.9584
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4895		50.1876			
7	Provider Target Rate	51.6683		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.6683	95.7037	51.3593	8.6200		207.3513
12/13	Medicaid Adjustment Rate		3.8307	2.0557			
14	Prospective Per Diem 11	51.6683	99.5344	53.4150	8.6200		213.2377
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 202681-00 - 2012/07
235.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

JH FLOYD SUNSHINE MANOR, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	100.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable [3]	80% Capital(1):	3,304,783	12.3838
Indexed Asset Value	4,130,979	< 60% of Base:	True	20% ROE(2):	826,196	0.7859
FRVS Base Asset:	1,364,843	Interest Rate:	5.3100 %	Insurance Cost(3):	8,431	0.3460
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	1,629	0.0669
ROE Factor	0.031560	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	43,830	0.0000
		Yearly Payment:	410,875	Total FRVS PD:		13.5826

(1) 80% Capital (\$3,304,783) amortized at 12.5000% for 20 years Interest of \$410,875 divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = \$12.3838

(2) 20% ROE (\$826,196) times the ROE factor (0.031560) divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = \$0.7859

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	68	Effective PBS Limitation	1,938,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.6683	51.6683	3.0514	48.6169
Patient Care				
Direct Care	99.5344	99.5344	5.8782	93.6562
Indirect Care	53.4150	53.4150	3.1545	50.2605
Property	8.6200	13.5826	0.8021	12.7805
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.5335
Supplemental Rate Add-on				\$8.8324
Totals	213.2377	218.2003	12.8862	235.6800

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 202703-00 - 2012/07

248.95

Pines of Sarasota

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1501 North Orange Avenue Sarasota FL 34236 County: Sarasota [58] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 204 Maximum: 74,460 Max Annualized: 74,460 Total Patient: 71,969 Medicare: 5,954 Medicaid: 50,279	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 69.86202% Occupancy: 96.65458% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.82988% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,675,385	5,470,612	3,306,839	1,099,099	0	12,551,935
1a	Audit Adjustments						
2	Cost Per Diem	53.2108	108.8051	65.7698	21.8600		249.6457
3	Cost Per Diem Inflated	55.3280	111.5378	68.3867			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.3280	111.5378	68.3867	21.8600		257.1125
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0603		66.9781			
7	Provider Target Rate	57.3691		68.5418			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.7055	13.6500		225.4848
12/13	Medicaid Adjustment Rate		2.2326	1.3341			
14	Prospective Per Diem 11	52.2148	102.1471	61.0396	13.6500		229.0515
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 202703-00 - 2012/07

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

248.95

Pines of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 10,096,808 FRVS Base Asset: 3,497,793 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	8,077,446	14.9856
	< 60% of Base:	True	20% ROE(2):	2,019,362	0.7783
	Interest Rate:	12.5000 %	Insurance Cost(3):	85,383	1.1864
	Chase Rate:	12.5000 %	Taxes Cost(3):	37,337	0.5188
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	240,007	0.0000
Yearly Payment:	1,004,248	Total FRVS PD:	17.4691		

(1) 80% Capital (\$8,077,446) amortized at 12.5000% for 20 years Interest of \$1,004,248 divided by annual available days (74,460) divided by Occup. Adj. (0.9000) = \$14.9856

(2) 20% ROE (\$2,019,362) times the ROE factor (0.025830) divided by annual available days (74,460) divided by Occup. Adj. (0.9000) = \$0.7783

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 204	Effective PBS Limitation	5,814,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	102.1471	102.1471	6.0325	96.1146
Indirect Care	61.0396	61.0396	3.6048	57.4348
Property	13.6500	17.4691	1.0317	16.4374
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.9963
Supplemental Rate Add-on				\$8.8324
Totals	229.0515	232.8706	13.7526	248.9467

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 202711-00 - 2012/07

260.90

SUNNYSIDE NURSING HOME

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5201 BAHIA VISTA ST Sarasota FL 34232 County: Sarasota [58] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/1/1977 Acquired Date: 8/1/1977 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,933 Medicare: 2,155 Medicaid: 10,248	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 48.95619% Occupancy: 95.58448% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.46997% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178	
		Semester Index: 1.28710041	
		Cost: 1.04290285	
		Target: 1.01634256	
		DC FY Index: 1.17950000	
		DC Sem Index: 1.21100000	
		DC Inflation: 1.02670623	
		PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	831,728	1,140,855	599,580	108,014	0	2,680,177
1a	Audit Adjustments						
2	Cost Per Diem	81.1600	111.3246	58.5070	10.5400		261.5316
3	Cost Per Diem Inflated	84.6420	114.2977	61.0171			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	84.6420	114.2977	61.0171	10.5400		270.4968
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.7474		61.6409			
7	Provider Target Rate	74.4458		63.0800			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	107.8514	61.0171	10.5400		241.5882
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	62.1797	107.8514	61.0171	10.5400		241.5882
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 202711-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

260.90

SUNNYSIDE NURSING HOME

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1977/07 Indexed Asset Value 2,804,549 FRVS Base Asset: 706,660 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,418,670.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,243,639	11.4257
	< 60% of Base:	False	20% ROE(2):	560,910	0.7351
	Interest Rate:	8.0000 %	Insurance Cost(3):	51,861	2.4775
	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	8.0000 %	Home Office(3):	7,920	0.3784
	Interest Only:	False	Replacement(3&4):	50,963	0.0000
Yearly Payment:	225,200	Total FRVS PD:	15.0167		

(1) 80% Capital (\$2,243,639) amortized at 8.0000% for 20 years Principal & Interest of \$225,200 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$11.4257

(2) 20% ROE (\$560,910) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7351

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	107.8514	107.8514	6.3693	101.4821
Indirect Care	61.0171	61.0171	3.6035	57.4136
Property	10.5400	15.0167	0.8868	14.1299
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.5335
Supplemental Rate Add-on				\$8.8324
Totals	241.5882	246.0649	14.5317	260.8991

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 202789-00 - 2012/07 177.59

Center for Health Care of The Alliance Communit

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
130 West Armstrong Avenue Deland FL 32720 County: Volusia [64] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1971 Acquired Date: 8/1/1971 Entered Medicaid 8/1/1971 Med # Active Date: 8/1/1971 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 130 Maximum: 47,450 Max Annualized: 47,450 Total Patient: 41,307 Medicare: 4,135 Medicaid: 24,484	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 59.27325% Occupancy: 87.05374% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.62900% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	888,358	1,994,824	1,070,852	294,787	0	4,248,821
1a	Audit Adjustments						
2	Cost Per Diem	36.2832	81.4746	43.7368	12.0400		173.5346
3	Cost Per Diem Inflated	37.8399	83.6505	45.6132			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.8399	83.6505	45.6132	12.0400		179.1436
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1764		48.5858			
7	Provider Target Rate	42.1377		49.7201			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8399	83.6505	45.6132	12.0400		179.1436
12/13	Medicaid Adjustment Rate		0.8727	0.4759			
14	Prospective Per Diem 11	37.8399	84.5232	46.0891	12.0400		180.4922
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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177.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Center for Health Care of The Alliance Communit

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	11,015,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	4,386,740	8.4307
Indexed Asset Value	5,483,425	< 60% of Base:	False	20% ROE(2):	1,096,685	0.6633
FRVS Base Asset:	458,153	Interest Rate:	5.4300 %	Insurance Cost(3):	64,319	1.5571
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	10,187	0.2466
ROE Factor	0.025830	Amortization Rate:	5.4300 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	35,752	0.0000
		Yearly Payment:	360,032	Total FRVS PD:		10.8977

(1) 80% Capital (\$4,386,740) amortized at 5.4300% for 20 years Principal & Interest of \$360,032 divided by annual available days (47,450) divided by Occup. Adj. (0.9000) = \$8.4307

(2) 20% ROE (\$1,096,685) times the ROE factor (0.025830) divided by annual available days (47,450) divided by Occup. Adj. (0.9000) = \$0.6633

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8399	37.8399	2.2347	35.6052
Patient Care				
Direct Care	84.5232	84.5232	4.9917	79.5315
Indirect Care	46.0891	46.0891	2.7219	43.3672
Property	12.0400	10.8977	0.6436	10.2541
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	180.4922	179.3499	10.5919	177.5904

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 202941-00 - 2012/07

195.70

MIRACLE HILL AND NURSING AND REHABI

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1329 ABRAHAM STREET Tallahassee FL 32304 County: Leon [37] Region: North [1] Area: 2 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,946 Medicare: 3,927 Medicaid: 35,228	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 82.02859% Occupancy: 98.05023% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.60349% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,416,919	2,743,754	1,169,012	546,739	0	5,876,424
1a	Audit Adjustments						
2	Cost Per Diem	40.2214	77.8856	33.1842	15.5200		166.8112
3	Cost Per Diem Inflated	41.9470	79.9656	34.6079			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9470	79.9656	34.6079	15.5200		172.0405
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3979		46.3317			
7	Provider Target Rate	42.3644		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9470	79.9656	34.6079	13.6500		170.1705
12/13	Medicaid Adjustment Rate		2.8813	1.2470			
14	Prospective Per Diem 11	41.9470	82.8469	35.8549	13.6500		174.2988
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 202941-00 - 2012/07
195.70

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

MIRACLE HILL AND NURSING AND REHABI

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,759,900.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	4,483,615	13.4073
Indexed Asset Value	5,604,519	< 60% of Base:	False	20% ROE(2):	1,120,904	0.7345
FRVS Base Asset:	835,478	Interest Rate:	10.2600 %	Insurance Cost(3):	73,167	1.7037
Occup Adj Factor:	0.9000	Chase Rate:	8.7400 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	10.2600 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	128,716	0.0000
		Yearly Payment:	528,516	Total FRVS PD:		15.8455

- (1) 80% Capital (\$4,483,615) amortized at 10.2600% for 20 years Principal & Interest of \$528,516 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.4073
- (2) 20% ROE (\$1,120,904) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7345
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9470	41.9470	2.4773	39.4697
Patient Care				
Direct Care	82.8469	82.8469	4.8927	77.9542
Indirect Care	35.8549	35.8549	2.1175	33.7374
Property	13.6500	15.8455	0.9358	14.9097
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.7969
Supplemental Rate Add-on				\$8.8324
Totals	174.2988	176.4943	10.4233	195.7003

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203122-00 - 2012/07

230.68

Avante at Leesburg, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 Edgewood Avenue Leesburg FL 34748 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1965 Acquired Date: 9/1/1965 Entered Medicaid 4/1/1980 Med # Active Date: 1/1/1991 Previous Med # 206016	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 32,802 Medicare: 6,654 Medicaid: 20,704	Superior: 0 Standard: 153 Conditional: 31 Total: 184
	Medicaid Utilization 63.11810% Occupancy: 77.47284% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 98.45347% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,152,380	1,949,692	1,219,218	140,580	0	4,461,870
1a	Audit Adjustments						
2	Cost Per Diem	55.6598	94.1698	58.8880	6.7900		215.5076
3	Cost Per Diem Inflated	58.1781	96.7668	61.5524			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.1781	96.7668	61.5524	6.7900		223.2873
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2841		63.0782			
7	Provider Target Rate	48.3880		64.5509			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	96.6592	56.1342	6.7900		207.0614
12/13	Medicaid Adjustment Rate		1.1862	0.6888			
14	Prospective Per Diem 11	47.4780	97.8454	56.8230	6.7900		208.9364
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203122-00 - 2012/07
230.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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Avante at Leesburg, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	3,170,435	10.3441
Indexed Asset Value	3,963,044	< 60% of Base:	True	20% ROE(2):	792,609	0.5439
FRVS Base Asset:	1,850,667	Interest Rate:	6.5000 %	Insurance Cost(3):	52,907	1.6129
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	30,957	0.9438
ROE Factor	0.026150	Amortization Rate:	12.5000 %	Home Office(3):	25,901	0.7896
		Interest Only:	True	Replacement(3&4):	39,618	0.0000
		Yearly Payment:	394,172	Total FRVS PD:		14.2343

(1) 80% Capital (\$3,170,435) amortized at 12.5000% for 20 years Interest of \$394,172 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$10.3441

(2) 20% ROE (\$792,609) times the ROE factor (0.026150) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.5439

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 116	Effective PBS Limitation	3,306,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	97.8454	97.8454	5.7784	92.0670
Indirect Care	56.8230	56.8230	3.3558	53.4672
Property	6.7900	14.2343	0.8406	13.3937
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2467
Supplemental Rate Add-on				\$8.8324
Totals	208.9364	216.3807	12.7787	230.6811

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203165-00 - 2012/07

243.95

Villa Maria Nursing & Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1050 NE 125th Street North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Church Non-Profit [2] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1970 Acquired Date: 12/1/1970 Entered Medicaid 12/1/1970 Med # Active Date: 1/1/1970 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 212 Maximum: 77,380 Max Annualized: 77,380 Total Patient: 73,452 Medicare: 8,259 Medicaid: 48,716	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.32359% Occupancy: 94.92375% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.63031% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,312,741	4,962,197	2,908,195	1,066,880	3,753	11,253,766
1a	Audit Adjustments						
2	Cost Per Diem	47.4740	101.8597	59.6969	21.9000	0.0770	231.0076
3	Cost Per Diem Inflated	49.0686	104.0946	61.7020			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.0686	104.0946	61.7020	21.9000	0.0770	236.8422
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8169		73.8284			
7	Provider Target Rate	56.0967		75.5520			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.0686	99.9145	59.7055	13.6500	0.0770	222.4156
12/13	Medicaid Adjustment Rate		1.8348	1.0964			
14	Prospective Per Diem 11	49.0686	101.7493	60.8019	13.6500	0.0770	225.3468
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 203165-00 - 2012/07
243.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Villa Maria Nursing & Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/2010	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,375,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	7,663,150	12.3255
Indexed Asset Value	9,578,937	< 60% of Base:	False	20% ROE(2):	1,915,787	0.6993
FRVS Base Asset:	5,676,585	Interest Rate:	9.5200 %	Insurance Cost(3):	210,308	2.8632
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025420	Amortization Rate:	9.5200 %	Home Office(3):	56,919	0.7749
		Interest Only:	False	Replacement(3&4):	223,397	0.0000
		Yearly Payment:	858,369	Total FRVS PD:		16.6629

(1) 80% Capital (\$7,663,150) amortized at 9.5200% for 20 years Principal & Interest of \$858,369 divided by annual available days (77,380) divided by Occup. Adj. (0.9000) = \$12.3255

(2) 20% ROE (\$1,915,787) times the ROE factor (0.025420) divided by annual available days (77,380) divided by Occup. Adj. (0.9000) = \$0.6993

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 212	Effective PBS Limitation	6,042,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.0686	49.0686	2.8978	46.1708
Patient Care				
Direct Care	101.7493	101.7493	6.0090	95.7403
Indirect Care	60.8019	60.8019	3.5908	57.2111
Property	13.6500	16.6629	0.9841	15.6788
ROE	0.0770	0.3217	0.0190	0.3027
ROE Adjustment	-0.0770	-0.3217	-0.0190	-0.3027
Quality Assess-Medicaid Share				\$20.3162
Supplemental Rate Add-on				\$8.8324
Totals	225.2698	228.2827	13.4817	243.9496

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203203-00 - 2012/07

226.53

Glades Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
230 S. Barfield Highway Pahokee FL 33476 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 10/15/1990 Previous Med # 200158	03/01/2011-02/28/2012 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 33,852 Medicare: 3,262 Medicaid: 28,285	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 83.55489% Occupancy: 77.28767% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 98.21816% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25683187 Semester Index: 1.28710041 Cost: 1.02408321 Target: 1.01634256 DC FY Index: 1.19049979 DC Sem Index: 1.21100000 DC Inflation: 1.01721984 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,526,907	2,504,778	1,436,531	453,974	306	5,922,496
1a	Audit Adjustments						
2	Cost Per Diem	53.9829	88.5550	50.7877	16.0500	0.0108	209.3864
3	Cost Per Diem Inflated	55.2830	90.0799	52.0108			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.2830	90.0799	52.0108	16.0500	0.0108	213.4345
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1674		54.0407			
7	Provider Target Rate	48.2686		55.3024			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.2686	90.0799	52.0108	13.6500	0.0108	204.0201
12/13	Medicaid Adjustment Rate		3.4004	1.9634			
14	Prospective Per Diem 11	48.2686	93.4803	53.9742	13.6500	0.0108	209.3839
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203203-00 - 2012/07
226.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Glades Health Care Center

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1984/07	Amount: 475,000.00	80% Capital(1): 2,612,377	6.5777
Indexed Asset Value 3,265,471	Type: Fixed [2]	20% ROE(2): 653,094	0.3625
FRVS Base Asset: 1,991,976	< 60% of Base: True	Insurance Cost(3): 68,450	2.0220
Occup Adj Factor: 0.9000	Interest Rate: 10.4400 %	Taxes Cost(3): 12,587	0.3718
ROE Factor 0.021880	Chase Rate: 10.0000 %	Home Office(3): 639	0.0189
	Amortization Rate: 10.0000 %	Replacement(3&4): 17,117	0.0000
	Interest Only: True	Total FRVS PD:	9.3529
	Yearly Payment: 259,292		

(1) 80% Capital (\$2,612,377) amortized at 10.0000% for 20 years Interest of \$259,292 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.5777

(2) 20% ROE (\$653,094) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3625

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.2686	48.2686	2.8506	45.4180
Patient Care				
Direct Care	93.4803	93.4803	5.5206	87.9597
Indirect Care	53.9742	53.9742	3.1875	50.7867
Property	13.6500	9.3529	0.8061	12.8439
ROE	0.0108	0.1371	0.0006	0.0102
ROE Adjustment	-0.0108	-0.1371	-0.0006	-0.0102
Quality Assess-Medicaid Share				\$20.6843
Supplemental Rate Add-on				\$8.8324
Totals	209.3731	205.0760	12.3648	226.5250

***Medicaid Trend Adjustment :**



0 203220-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

211.16

Avante at Inverness, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
304 South Citrus Avenue Inverness FL 34452-4753 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1968 Acquired Date: 3/1/1968 Entered Medicaid 1/1/1981 Med # Active Date: 1/1/1991 Previous Med # 205991	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 34,837 Medicare: 4,023 Medicaid: 22,395	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.28510% Occupancy: 91.77292% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.62619% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,055,805	1,687,768	1,138,714	124,964	0	4,007,251
1a	Audit Adjustments						
2	Cost Per Diem	47.1447	75.3636	50.8468	5.5800		178.9351
3	Cost Per Diem Inflated	49.2777	77.4420	53.1473			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.2777	77.4420	53.1473	5.5800		185.4470
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.2934		57.0501			
7	Provider Target Rate	55.5610		58.3820			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	77.4420	53.1473	5.5800		183.6473
12/13	Medicaid Adjustment Rate		1.2446	0.8541			
14	Prospective Per Diem 11	47.4780	78.6866	54.0014	5.5800		185.7460
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203220-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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211.16

Avante at Inverness, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/1/1991 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,251,456 FRVS Base Asset: 1,729,808 Occup Adj Factor: 0.9000 ROE Factor 0.026150	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	785,000.00			
	Type:	Fixed [2]	80% Capital(1):	2,601,165	9.4660
	< 60% of Base:	True	20% ROE(2):	650,291	0.4977
	Interest Rate:	9.7500 %	Insurance Cost(3):	49,988	1.4349
	Chase Rate:	12.5000 %	Taxes Cost(3):	44,420	1.2751
	Amortization Rate:	12.5000 %	Home Office(3):	23,412	0.6720
	Interest Only:	True	Replacement(3&4):	36,961	0.0000
Yearly Payment:	323,396	Total FRVS PD:	13.3457		

(1) 80% Capital (\$2,601,165) amortized at 12.5000% for 20 years Interest of \$323,396 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$9.4660

(2) 20% ROE (\$650,291) times the ROE factor (0.026150) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.4977

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	78.6866	78.6866	4.6470	74.0396
Indirect Care	54.0014	54.0014	3.1891	50.8123
Property	5.5800	13.3457	0.7882	12.5575
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.2466
Supplemental Rate Add-on				\$8.8324
Totals	185.7460	193.5117	11.4282	211.1625

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203238-00 - 2012/07

236.03

Avante At Lake Worth, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2501 North A Street Lake Worth FL 33460 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1969 Acquired Date: 6/1/1969 Entered Medicaid 12/1/1980 Med # Active Date: 1/1/1991 Previous Med # 206008	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 138 Maximum: 50,370 Max Annualized: 50,370 Total Patient: 45,132 Medicare: 3,156 Medicaid: 35,997	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 79.75937% Occupancy: 89.60095% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.86603% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,928,298	3,300,500	1,848,461	262,418	0	7,339,677
1a	Audit Adjustments						
2	Cost Per Diem	53.5683	91.6882	51.3504	7.2900		203.8969
3	Cost Per Diem Inflated	55.9920	94.2168	53.6737			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.9920	94.2168	53.6737	7.2900		211.1725
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.6364		66.4582			
7	Provider Target Rate	74.3322		68.0098			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	94.2168	53.6737	7.2900		207.3953
12/13	Medicaid Adjustment Rate		3.1543	1.7970			
14	Prospective Per Diem 11	52.2148	97.3711	55.4707	7.2900		212.3466
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203238-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

236.03

Avante At Lake Worth, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/1/1991 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 4,128,415 FRVS Base Asset: 2,132,820 Occup Adj Factor: 0.9000 ROE Factor 0.026150	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	3,302,732	9.0579
	< 60% of Base:	True	20% ROE(2):	825,683	0.4763
	Interest Rate:	12.5000 %	Insurance Cost(3):	68,123	1.5094
	Chase Rate:	12.5000 %	Taxes Cost(3):	90,543	2.0062
	Amortization Rate:	12.5000 %	Home Office(3):	32,932	0.7297
	Interest Only:	True	Replacement(3&4):	132,684	0.0000
Yearly Payment:	410,620	Total FRVS PD:	13.7795		

(1) 80% Capital (\$3,302,732) amortized at 12.5000% for 20 years Interest of \$410,620 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$9.0579

(2) 20% ROE (\$825,683) times the ROE factor (0.026150) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.4763

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 162	Effective PBS Limitation	4,617,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	97.3711	97.3711	5.7504	91.6207
Indirect Care	55.4707	55.4707	3.2759	52.1948
Property	7.2900	13.7795	0.8138	12.9657
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2893
Supplemental Rate Add-on				\$8.8324
Totals	212.3466	218.8361	12.9237	236.0341

***Medicaid Trend Adjustment :**



0 203327-00 - 2012/07
225.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Palace at Kendall Nursing and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11215 SW 84th Street Miami FL 33173 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/18/1991 Acquired Date: 3/18/1991 Entered Medicaid 3/18/1991 Med # Active Date: 3/18/1991 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 63,237 Medicare: 17,450 Medicaid: 32,290	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.06188% Occupancy: 96.25114% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.31717% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,498,231	2,729,826	1,800,492	668,403	0	6,696,952
1a	Audit Adjustments						
2	Cost Per Diem	46.3992	84.5409	55.7600	20.7000		207.4001
3	Cost Per Diem Inflated	48.2454	86.6642	57.9786			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.2454	86.6642	57.9786	20.7000		213.5882
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.5140		59.0668			
7	Provider Target Rate	55.7867		60.4458			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.2454	86.6642	57.9786	13.6500		206.5382
12/13	Medicaid Adjustment Rate		0.1035	0.0693			
14	Prospective Per Diem 11	48.2454	86.7677	58.0479	13.6500		206.7110
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203327-00 - 2012/07
225.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Palace at Kendall Nursing and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/18/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,488,615.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	6,617,336	12.2995
Indexed Asset Value	8,271,670	< 60% of Base:	False	20% ROE(2):	1,654,334	0.7227
FRVS Base Asset:	5,463,360	Interest Rate:	9.2500 %	Insurance Cost(3):	164,071	2.5945
Occup Adj Factor:	0.9000	Chase Rate:	10.5000 %	Taxes Cost(3):	131,733	2.0832
ROE Factor	0.025830	Amortization Rate:	9.2500 %	Home Office(3):	114,497	1.8106
		Interest Only:	False	Replacement(3&4):	130,792	0.0000
		Yearly Payment:	727,272	Total FRVS PD:		19.5105

(1) 80% Capital (\$6,617,336) amortized at 9.2500% for 20 years Principal & Interest of \$727,272 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.2995

(2) 20% ROE (\$1,654,334) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7227

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,463,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.2454	48.2454	2.8492	45.3962
Patient Care				
Direct Care	86.7677	86.7677	5.1242	81.6435
Indirect Care	58.0479	58.0479	3.4281	54.6198
Property	13.6500	19.5105	1.1522	18.3583
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5736
Supplemental Rate Add-on				\$8.8324
Totals	206.7110	212.5715	12.5537	225.4238

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203335-00 - 2012/07 217.60

TimberRidge Nursing & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9848 SW 110th Street Ocala FL 34481 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1991 Acquired Date: 3/1/1991 Entered Medicaid 3/1/1991 Med # Active Date: 3/1/1991 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 57,858 Medicare: 26,383 Medicaid: 24,236	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.88876% Occupancy: 88.06393% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.91276% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,026,293	2,377,137	1,575,266	360,147	0	5,338,843
1a	Audit Adjustments						
2	Cost Per Diem	42.3458	98.0829	64.9969	14.8600		220.2856
3	Cost Per Diem Inflated	43.4767	99.8557	66.7327			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4767	99.8557	66.7327	14.8600		224.9251
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7036		58.9605			
7	Provider Target Rate	47.7940		60.3370			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.4767	96.6592	56.1342	13.6500		209.9201
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.4767	96.6592	56.1342	13.6500		209.9201
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203335-00 - 2012/07
217.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

TimberRidge Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,695,614.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Variable [3]	80% Capital(1):	6,340,110	9.3747
Indexed Asset Value	7,925,138	< 60% of Base:	False	20% ROE(2):	1,585,028	0.6479
FRVS Base Asset:	1,699,712	Interest Rate:	6.2100 %	Insurance Cost(3):	59,249	1.0240
Occup Adj Factor:	0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	76,081	1.3150
ROE Factor	0.024170	Amortization Rate:	6.2100 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	1,516,575	0.0000
		Yearly Payment:	554,328	Total FRVS PD:		12.3616

(1) 80% Capital (\$6,340,110) amortized at 6.2100% for 20 years Principal & Interest of \$554,328 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.3747

(2) 20% ROE (\$1,585,028) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6479

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 56	Effective PBS Limitation	1,699,712

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4767	43.4767	2.5676	40.9091
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	56.1342	56.1342	3.3151	52.8191
Property	13.6500	12.3616	0.7300	11.6316
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.4523
Supplemental Rate Add-on				\$8.8324
Totals	209.9201	208.6317	12.3211	217.5953

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203475-00 - 2012/07
206.53

Marianna Health & Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4295 5th Avenue Marianna FL 32446 County: Jackson [32] Region: North [1] Area: 2 Control Government Non-Prof Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1971 Acquired Date: 2/1/1971 Entered Medicaid 2/1/1971 Med # Active Date: 2/1/1971 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 60,313 Medicare: 4,219 Medicaid: 46,905	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.76930% Occupancy: 91.80061% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.66138% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,926,283	4,219,621	1,606,782	213,418	0	7,966,104
1a	Audit Adjustments						
2	Cost Per Diem	41.0678	89.9610	34.2561	4.5500		169.8349
3	Cost Per Diem Inflated	42.4472	91.9348	35.4067			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.4472	91.9348	35.4067	4.5500		174.3387
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4155		46.3317			
7	Provider Target Rate	44.4291		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.4472	91.9348	35.4067	4.5500		174.3387
12/13	Medicaid Adjustment Rate		2.8721	1.1061			
14	Prospective Per Diem 11	42.4472	94.8069	36.5128	4.5500		178.3169
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203475-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

206.53

Marianna Health & Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None [1]	80% Capital(1):	6,057,644	12.7369
Indexed Asset Value	7,572,055	< 60% of Base:	True	20% ROE(2):	1,514,411	0.6510
FRVS Base Asset:	4,379,259	Interest Rate:	12.5000 %	Insurance Cost(3):	19,473	0.3229
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025420	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	86,072	0.0000
		Yearly Payment:	753,131	Total FRVS PD:		13.7108

(1) 80% Capital (\$6,057,644) amortized at 12.5000% for 20 years Interest of \$753,131 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.7369

(2) 20% ROE (\$1,514,411) times the ROE factor (0.025420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6510

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.4472	42.4472	2.5068	39.9404
Patient Care				
Direct Care	94.8069	94.8069	5.5990	89.2079
Indirect Care	36.5128	36.5128	2.1563	34.3565
Property	4.5500	13.7108	0.8097	12.9011
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2888
Supplemental Rate Add-on				\$8.8324
Totals	178.3169	187.4777	11.0718	206.5271

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203599-00 - 2012/07

210.09

Manor at Carpenter's

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1001 Carpenter's Way Lakeland FL 33809 County: Polk [53] Region: Central [3] Area: 6 Control Church Non-Profit [2] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1989 Acquired Date: 7/1/1989 Entered Medicaid 6/1/1991 Med # Active Date: 6/1/1991 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 72 Maximum: 26,280 Max Annualized: 26,280 Total Patient: 25,413 Medicare: 3,201 Medicaid: 3,541	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 13.93381% Occupancy: 96.70091% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.88876% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	169,154	316,137	205,515	64,729	0	755,535
1a	Audit Adjustments						
2	Cost Per Diem	47.7701	89.2790	58.0387	18.2799		213.3677
3	Cost Per Diem Inflated	49.0458	90.8927	59.5887			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.0458	90.8927	59.5887	18.2799		217.8071
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.8115		59.3286			
7	Provider Target Rate	59.1612		60.7137			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.0458	90.8927	59.5887	13.6500		213.1772
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.0458	90.8927	59.5887	13.6500		213.1772
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203599-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

210.09

Manor at Carpenter's

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/1/1991 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 3,247,659 FRVS Base Asset: 1,789,260 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,566,809.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,598,127	12.2872
	< 60% of Base:	False	20% ROE(2):	649,532	0.6638
	Interest Rate:	9.5000 %	Insurance Cost(3):	35,875	1.4117
	Chase Rate:	11.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	9.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	101,303	0.0000
Yearly Payment:	290,616	Total FRVS PD:	14.3627		

(1) 80% Capital (\$2,598,127) amortized at 9.5000% for 20 years Principal & Interest of \$290,616 divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = \$12.2872

(2) 20% ROE (\$649,532) times the ROE factor (0.024170) divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = \$0.6638

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,789,260

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.0458	49.0458	2.8965	46.1493
Patient Care				
Direct Care	90.8927	90.8927	5.3678	85.5249
Indirect Care	59.5887	59.5887	3.5191	56.0696
Property	13.6500	14.3627	0.8482	13.5145
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	213.1772	213.8899	12.6316	210.0907

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203670-00 - 2012/07

225.33

Perdue Medical Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
19590 Old Cutler Road Miami FL 33157 County: Dade [13] Region: South [2] Area: 11 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1971 Acquired Date: 9/1/1971 Entered Medicaid 9/1/1971 Med # Active Date: 9/1/1971 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 163 Maximum: 59,495 Max Annualized: 59,495 Total Patient: 45,385 Medicare: 2,623 Medicaid: 31,404	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 69.19467% Occupancy: 76.28372% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 96.94233% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,241,458	4,651,623	1,921,790	269,132	0	9,084,003
1a	Audit Adjustments						
2	Cost Per Diem	71.3749	148.1220	61.1957	8.5700		289.2626
3	Cost Per Diem Inflated	73.7723	151.3719	63.2512			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	73.7723	151.3719	63.2512	8.5700		296.9654
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.8607		91.7940			
7	Provider Target Rate	73.5384		93.9371			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.7055	8.5700		220.4048
12/13	Medicaid Adjustment Rate		2.1576	1.2893			
14	Prospective Per Diem 11	52.2148	102.0721	60.9948	8.5700		223.8517
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 203670-00 - 2012/07
225.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Perdue Medical Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 7,581,542 FRVS Base Asset: 4,645,500 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	6,065,234	14.0829
	< 60% of Base:	True	20% ROE(2):	1,516,308	0.7198
	Interest Rate:	12.5000 %	Insurance Cost(3):	0	0.0000
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	754,075	Total FRVS PD:	14.8027		

(1) 80% Capital (\$6,065,234) amortized at 12.5000% for 20 years Interest of \$754,075 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$14.0829

(2) 20% ROE (\$1,516,308) times the ROE factor (0.025420) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$0.7198

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 163	Effective PBS Limitation	4,645,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	102.0721	102.0721	6.0280	96.0441
Indirect Care	60.9948	60.9948	3.6022	57.3926
Property	8.5700	14.8027	0.8742	13.9285
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	223.8517	230.0844	13.5880	225.3288

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203769-00 - 2012/07

210.33

John Knox Village Of Florida

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
651 S.W. 6TH STREET Pompano Beach FL 33060 County: Broward [6] Region: South [2] Area: 10 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1976 Acquired Date: 10/1/1976 Entered Medicaid 4/1/1972 Med # Active Date: 4/1/1972 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 177 Maximum: 64,605 Max Annualized: 64,605 Total Patient: 50,491 Medicare: 7,570 Medicaid: 7,002	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 13.86782% Occupancy: 78.15340% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 99.31833% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	374,037	607,530	490,034	122,885	0	1,594,486
1a	Audit Adjustments						
2	Cost Per Diem	53.4186	86.7652	69.9849	17.5500		227.7187
3	Cost Per Diem Inflated	54.8452	88.3335	71.8539			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.8452	88.3335	71.8539	17.5500		232.5826
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.7234		62.5077			
7	Provider Target Rate	67.2578		63.9670			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	88.3335	59.7055	13.6500		213.9038
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	88.3335	59.7055	13.6500		213.9038
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203769-00 - 2012/07
210.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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John Knox Village Of Florida

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,475,191.00		Total Amount	Per Diem
RS to Start Calcs:	1976/07	Type:	Fixed [2]	80% Capital(1):	3,584,805	6.9616
Indexed Asset Value	4,481,006	< 60% of Base:	False	20% ROE(2):	896,201	0.3725
FRVS Base Asset:	2,435,978	Interest Rate:	9.6350 %	Insurance Cost(3):	148,513	2.9414
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	182,329	3.6111
ROE Factor	0.024170	Amortization Rate:	9.6350 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	78,826	0.0000
		Yearly Payment:	404,781	Total FRVS PD:		13.8866

(1) 80% Capital (\$3,584,805) amortized at 9.6350% for 20 years Principal & Interest of \$404,781 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$6.9616

(2) 20% ROE (\$896,201) times the ROE factor (0.024170) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$0.3725

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	88.3335	88.3335	5.2167	83.1168
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	13.8866	0.8201	13.0665
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	213.9038	214.1404	12.6464	210.3264

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203815-00 - 2012/07

198.06

Westminster Asbury Towers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1533 4th Avenue West Bradenton FL 34205 County: Manatee [41] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1967 Acquired Date: 8/1/1991 Entered Medicaid 8/1/1991 Med # Active Date: 8/1/1991 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,618 Medicare: 6,893 Medicaid: 18,715	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 44.96852% Occupancy: 95.01827% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.75043% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22587622 Semester Index: 1.28710041 Cost: 1.04994321 Target: 1.01634256 DC FY Index: 1.17650000 DC Sem Index: 1.21100000 DC Inflation: 1.02932427 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	940,301	1,473,685	1,436,312	431,755	0	4,282,053
1a	Audit Adjustments						
2	Cost Per Diem	50.2432	78.7435	76.7466	23.0700		228.8033
3	Cost Per Diem Inflated	52.7525	81.0526	80.5796			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.7525	81.0526	80.5796	23.0700		237.4547
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.4412		70.3495			
7	Provider Target Rate	56.7356		71.9919			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9425	81.0526	57.8638	13.6500		202.5089
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9425	81.0526	57.8638	13.6500		202.5089
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203815-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

198.06

Westminster Asbury Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,832,462.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Fixed [2]	80% Capital(1):	4,674,300	9.2342
Indexed Asset Value	5,842,875	< 60% of Base:	False	20% ROE(2):	1,168,575	0.7936
FRVS Base Asset:	348,874	Interest Rate:	4.8000 %	Insurance Cost(3):	73,006	1.7542
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.026770	Amortization Rate:	4.8000 %	Home Office(3):	19,479	0.4680
		Interest Only:	False	Replacement(3&4):	89,339	0.0000
		Yearly Payment:	364,011	Total FRVS PD:		12.2500

(1) 80% Capital (\$4,674,300) amortized at 4.8000% for 20 years Principal & Interest of \$364,011 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2342

(2) 20% ROE (\$1,168,575) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7936

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 1/1/1971	Current RS PBS:	50,254
Comparison Bed 34	Effective PBS Limitation	348,874

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	81.0526	81.0526	4.7867	76.2659
Indirect Care	57.8638	57.8638	3.4172	54.4466
Property	13.6500	12.2500	0.7234	11.5266
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	202.5089	201.1089	11.8767	198.0646

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203823-00 - 2012/07

198.15

Oak Bluffs Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
420 Bay Avenue Clearwater FL 34616 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 3/30/1989 Acquired Date: 3/30/1989 Entered Medicaid 7/15/1991 Med # Active Date: 7/15/1991 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,461 Medicare: 3,485 Medicaid: 8,993	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 48.71350% Occupancy: 84.29680% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 107.12545% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	438,730	576,741	461,526	42,897	0	1,519,894
1a	Audit Adjustments						
2	Cost Per Diem	48.7857	64.1322	51.3206	4.7700		169.0085
3	Cost Per Diem Inflated	51.4358	66.1534	54.1084			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.4358	66.1534	54.1084	4.7700		176.4676
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.3062		56.1471			
7	Provider Target Rate	52.5040		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.4358	66.1534	54.1084	4.7700		176.4676
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.4358	66.1534	54.1084	4.7700		176.4676
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203823-00 - 2012/07
198.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Oak Bluffs Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/15/1991 Year of Phase-In/ Full: RS to Start Calcs: 1989/01 Indexed Asset Value 1,641,876 FRVS Base Asset: 1,258,595 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,420,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,313,501	8.2544
	< 60% of Base:	False	20% ROE(2):	328,375	0.4598
	Interest Rate:	11.0000 %	Insurance Cost(3):	13,617	0.7376
	Chase Rate:	11.5000 %	Taxes Cost(3):	5,753	0.3116
	Amortization Rate:	11.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	55,010	0.0000
Yearly Payment:	162,694	Total FRVS PD:		9.7634	

- (1) 80% Capital (\$1,313,501) amortized at 11.0000% for 20 years Principal & Interest of \$162,694 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.2544
- (2) 20% ROE (\$328,375) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.4598
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,778,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.4358	51.4358	3.0376	48.3982
Patient Care				
Direct Care	66.1534	66.1534	3.9068	62.2466
Indirect Care	54.1084	54.1084	3.1955	50.9129
Property	4.7700	9.7634	0.5766	9.1868
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5689
Supplemental Rate Add-on				\$8.8324
Totals	176.4676	181.4610	10.7165	198.1458

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 203980-00 - 2012/07

164.60

Lisenby on Lake Caroline

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1400 West Eleventh Street Panama City FL 32401 County: Bay [3] Region: North [1] Area: 2 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/21/1985 Acquired Date: 1/21/1985 Entered Medicaid 10/8/1991 Med # Active Date: 10/8/1991 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 22 Maximum: 8,030 Max Annualized: 8,030 Total Patient: 7,956 Medicare: 0 Medicaid: 4,925	Superior: 0 Standard: 153 Conditional: 31 Total: 184
	Medicaid Utilization 61.90297% Occupancy: 99.07846% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 125.91016% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	167,992	379,986	157,444	27,580	0	733,002
1a	Audit Adjustments						
2	Cost Per Diem	34.1101	77.1545	31.9683	5.6000		148.8329
3	Cost Per Diem Inflated	35.9630	79.5861	33.7048			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.9630	79.5861	33.7048	5.6000		154.8539
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.2128		50.9938			
7	Provider Target Rate	54.4551		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.9630	79.5861	33.7048	5.6000		154.8539
12/13	Medicaid Adjustment Rate		0.8862	0.3753			
14	Prospective Per Diem 11	35.9630	80.4723	34.0801	5.6000		156.1154
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203980-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

164.60

Lisenby on Lake Caroline

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/8/1991 Year of Phase-In/ Full: RS to Start Calcs: 1985/01 Indexed Asset Value 1,075,326 FRVS Base Asset: 290,519 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	463,295.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	860,261	13.4081
	< 60% of Base:	False	20% ROE(2):	215,065	0.8213
	Interest Rate:	9.6000 %	Insurance Cost(3):	6,299	0.7917
	Chase Rate:	10.2000 %	Taxes Cost(3):	67	0.0084
	Amortization Rate:	9.6000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	96,900	Total FRVS PD:	15.0295		

(1) 80% Capital (\$860,261) amortized at 9.6000% for 20 years Principal & Interest of \$96,900 divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = \$13.4081

(2) 20% ROE (\$215,065) times the ROE factor (0.027600) divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = \$0.8213

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,939
Comparison Date: 7/1/1984	Current RS PBS:	50,254
Comparison Bed 22	Effective PBS Limitation	614,658

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.9630	35.9630	2.1239	33.8391
Patient Care				
Direct Care	80.4723	80.4723	4.7524	75.7199
Indirect Care	34.0801	34.0801	2.0127	32.0674
Property	5.6000	15.0295	0.8876	14.1419
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	156.1154	165.5449	9.7766	164.6007

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 204072-00 - 2012/07
207.40

Mease Continuing Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
910 New York Avenue Dunedin FL 34698 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 4/29/1991 Acquired Date: 4/29/1991 Entered Medicaid 1/7/1992 Med # Active Date: 1/7/1992 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 29,572 Medicare: 7,175 Medicaid: 12,051	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 40.75139% Occupancy: 81.01918% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 102.96021% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	666,731	1,049,062	702,165	148,227	0	2,566,185
1a	Audit Adjustments						
2	Cost Per Diem	55.3258	87.0519	58.2661	12.3000		212.9438
3	Cost Per Diem Inflated	57.5272	89.2382	60.5844			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.5272	89.2382	60.5844	12.3000		219.6498
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.8898		65.5524			
7	Provider Target Rate	51.0546		67.0828			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.0546	89.2382	60.5844	12.3000		213.1772
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.0546	89.2382	60.5844	12.3000		213.1772
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 204072-00 - 2012/07
207.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Mease Continuing Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/7/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	3,058,013	8.0031
Indexed Asset Value	3,822,516	< 60% of Base:	False	20% ROE(2):	764,503	0.6011
FRVS Base Asset:	3,035,200	Interest Rate:	6.0000 %	Insurance Cost(3):	45,756	1.5473
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	6.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	90,605	0.0000
		Yearly Payment:	262,903	Total FRVS PD:		10.1515

(1) 80% Capital (\$3,058,013) amortized at 6.0000% for 20 years Principal & Interest of \$262,903 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$8.0031

(2) 20% ROE (\$764,503) times the ROE factor (0.025830) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.6011

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 100	Effective PBS Limitation	3,035,200

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.0546	51.0546	3.0151	48.0395
Patient Care				
Direct Care	89.2382	89.2382	5.2701	83.9681
Indirect Care	60.5844	60.5844	3.5779	57.0065
Property	12.3000	10.1515	0.5995	9.5520
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	213.1772	211.0287	12.4626	207.3985

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 204161-00 - 2012/07
221.50

Jackson Memorial Long Term Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2500 NW 22nd Avenue Miami FL 33142 County: Dade [13] Region: South [2] Area: 11 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/1/1973 Acquired Date: 8/1/1973 Entered Medicaid 8/1/1973 Med # Active Date: 8/1/1973 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,282 Medicare: 777 Medicaid: 35,752	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.40342% Occupancy: 94.79756% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.46995% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,823,478	5,182,571	2,717,128	158,381	0	9,881,558
1a	Audit Adjustments						
2	Cost Per Diem	51.0035	144.9589	75.9993	4.4300		276.3917
3	Cost Per Diem Inflated	52.7166	148.1394	78.5520			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.7166	148.1394	78.5520	4.4300		283.8380
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.9736		83.5096			
7	Provider Target Rate	69.5605		85.4593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.7055	4.4300		216.2648
12/13	Medicaid Adjustment Rate		0.8322	0.4973			
14	Prospective Per Diem 11	52.2148	100.7467	60.2028	4.4300		217.5943
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 204161-00 - 2012/07
221.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Jackson Memorial Long Term Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1973/07	Type:	None [1]	80% Capital(1):	5,816,637	12.2301
Indexed Asset Value	7,270,796	< 60% of Base:	True	20% ROE(2):	1,454,159	0.6251
FRVS Base Asset:	3,093,801	Interest Rate:	12.5000 %	Insurance Cost(3):	0	0.0000
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025420	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	723,167	Total FRVS PD:		12.8552

(1) 80% Capital (\$5,816,637) amortized at 12.5000% for 20 years Interest of \$723,167 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.2301

(2) 20% ROE (\$1,454,159) times the ROE factor (0.025420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6251

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	150	Effective PBS Limitation	4,275,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	100.7467	100.7467	5.9498	94.7969
Indirect Care	60.2028	60.2028	3.5554	56.6474
Property	4.4300	12.8552	0.7592	12.0960
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	217.5943	226.0195	13.3480	221.5039

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 204170-00 - 2012/07

239.74

Regents Park Of Boca Raton

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6363 Verde Trail Boca Raton FL 33433 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 10/8/1991 Previous Med # 208132	03/01/2011-02/29/2012 Days In CR 366 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 59,786 Medicare: 18,247 Medicaid: 29,053	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 48.59499% Occupancy: 90.74985% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.32606% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25683187 Semester Index: 1.28710041 Cost: 1.02408321 Target: 1.01634256 DC FY Index: 1.19049979 DC Sem Index: 1.21100000 DC Inflation: 1.01721984 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,404,279	2,951,747	1,967,675	554,041	0	6,877,742
1a	Audit Adjustments						
2	Cost Per Diem	48.3351	101.5987	67.7271	19.0700		236.7309
3	Cost Per Diem Inflated	49.4992	103.3482	69.3582			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.4992	103.3482	69.3582	19.0700		241.2756
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8859		70.2769			
7	Provider Target Rate	54.1206		71.9176			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.4992	99.9145	59.7055	13.6500		222.7692
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.4992	99.9145	59.7055	13.6500		222.7692
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
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0 204170-00 - 2012/07

239.74

Regents Park Of Boca Raton

FRVS

FRVS Status as of this Semester:

On FRV [2]

Began FRVS:	8/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	10,389,951.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	6,387,659	11.6134
Indexed Asset Value	7,984,574	< 60% of Base:	False	20% ROE(2):	1,596,915	0.5909
FRVS Base Asset:	3,420,000	Interest Rate:	8.9400 %	Insurance Cost(3):	261,135	4.3678
Occup Adj Factor:	0.9000	Chase Rate:	7.8900 %	Taxes Cost(3):	167,536	2.8023
ROE Factor	0.021880	Amortization Rate:	8.9400 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	686,702	Total FRVS PD:		19.3744

(1) 80% Capital (\$6,387,659) amortized at 8.9400% for 20 years Principal & Interest of \$686,702 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.6134

(2) 20% ROE (\$1,596,915) times the ROE factor (0.021880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5909

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.4992	49.4992	2.9233	46.5759
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	19.3744	1.1442	18.2302
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9039
Supplemental Rate Add-on				\$8.8324
Totals	222.7692	228.4936	13.4941	239.7358

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 204391-00 - 2012/07

222.81

Olds Hall Good Samaritan

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
327 Orange Avenue Daytona Beach FL 32114 County: Volusia [64] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1975 Acquired Date: 1/1/1975 Entered Medicaid 1/1/1975 Med # Active Date: 1/1/1975 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,937 Medicare: 2,630 Medicaid: 31,105	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 79.88546% Occupancy: 88.89726% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.97177% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,321,207	3,013,365	1,567,820	281,811	0	6,184,203
1a	Audit Adjustments						
2	Cost Per Diem	42.4757	96.8772	50.4041	9.0600		198.8170
3	Cost Per Diem Inflated	43.6100	98.6282	51.7502			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.6100	98.6282	51.7502	9.0600		203.0484
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8763		46.3317			
7	Provider Target Rate	40.8073		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8073	96.6592	47.4134	9.0600		193.9399
12/13	Medicaid Adjustment Rate		3.2498	1.5941			
14	Prospective Per Diem 11	40.8073	99.9090	49.0075	9.0600		198.7838
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 204391-00 - 2012/07

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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222.81

Olds Hall Good Samaritan

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1975/01 Indexed Asset Value 6,030,480 FRVS Base Asset: 2,103,013 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,340,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,824,384	12.7450
	< 60% of Base:	False	20% ROE(2):	1,206,096	0.7395
	Interest Rate:	8.5000 %	Insurance Cost(3):	34,112	0.8761
	Chase Rate:	9.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	8.5000 %	Home Office(3):	24,734	0.6352
	Interest Only:	False	Replacement(3&4):	61,742	0.0000
Yearly Payment:	502,406	Total FRVS PD:	14.9958		

(1) 80% Capital (\$4,824,384) amortized at 8.5000% for 20 years Principal & Interest of \$502,406 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.7450

(2) 20% ROE (\$1,206,096) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7395

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8073	40.8073	2.4099	38.3974
Patient Care				
Direct Care	99.9090	99.9090	5.9003	94.0087
Indirect Care	49.0075	49.0075	2.8942	46.1133
Property	9.0600	14.9958	0.8856	14.1102
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.3439
Supplemental Rate Add-on				\$8.8324
Totals	198.7838	204.7196	12.0900	222.8059

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 204536-00 - 2012/07

212.61

TAYLOR HOME FOR THE AGED, INC.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3937 Spring Park Road Jacksonville FL 32207 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1972 Acquired Date: 1/1/1972 Entered Medicaid 2/1/1976 Med # Active Date: 2/1/1976 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 24 Maximum: 8,760 Max Annualized: 8,760 Total Patient: 7,963 Medicare: 1,923 Medicaid: 4,522	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 56.78764% Occupancy: 90.90183% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.51920% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	223,568	440,947	238,487	20,801	0	923,803
1a	Audit Adjustments						
2	Cost Per Diem	49.4401	97.5115	52.7393	4.6000		204.2909
3	Cost Per Diem Inflated	51.2538	99.8056	54.6740			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.2538	99.8056	54.6740	4.6000		210.3334
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7263		57.1161			
7	Provider Target Rate	50.8872		58.4496			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.8132	94.5794	54.6740	4.6000		204.6666
12/13	Medicaid Adjustment Rate		0.7222	0.4175			
14	Prospective Per Diem 11	50.8132	95.3016	55.0915	4.6000		205.8063
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 204536-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

212.61

TAYLOR HOME FOR THE AGED, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,857,900.00		Total Amount	Per Diem
RS to Start Calcs:	1972/01	Type:	Fixed [2]	80% Capital(1):	964,877	12.7449
Indexed Asset Value	1,206,096	< 60% of Base:	False	20% ROE(2):	241,219	0.7842
FRVS Base Asset:	555,185	Interest Rate:	8.5000 %	Insurance Cost(3):	12,595	1.5817
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025630	Amortization Rate:	8.5000 %	Home Office(3):	1,958	0.2459
		Interest Only:	False	Replacement(3&4):	48,443	0.0000
		Yearly Payment:	100,481	Total FRVS PD:		15.3567

(1) 80% Capital (\$964,877) amortized at 8.5000% for 20 years Principal & Interest of \$100,481 divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = \$12.7449

(2) 20% ROE (\$241,219) times the ROE factor (0.025630) divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = \$0.7842

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 24	Effective PBS Limitation	684,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	95.3016	95.3016	5.6282	89.6734
Indirect Care	55.0915	55.0915	3.2535	51.8380
Property	4.6000	15.3567	0.9069	14.4498
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	205.8063	216.5630	12.7895	212.6059

***Medicaid Trend Adjustment :**



0 204625-00 - 2012/07
196.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Tri-County Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7280 S.W. SR 26 Trenton FL 32693 County: Gilchrist[21] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 5/18/1992 Acquired Date: 5/18/1992 Entered Medicaid 5/18/1992 Med # Active Date: 5/18/1992 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 81 Maximum: 29,565 Max Annualized: 29,565 Total Patient: 27,012 Medicare: 4,250 Medicaid: 16,820	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.26862% Occupancy: 91.36479% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.10754% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	620,337	1,349,312	629,247	494,676	0	3,093,572
1a	Audit Adjustments						
2	Cost Per Diem	36.8809	80.2207	37.4106	29.4100		183.9222
3	Cost Per Diem Inflated	38.4632	82.3631	39.0156			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.4632	82.3631	39.0156	29.4100		189.2519
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		50.9938			
7	Provider Target Rate	43.9259		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.4632	82.3631	39.0156	13.6500		173.4919
12/13	Medicaid Adjustment Rate		1.1368	0.5385			
14	Prospective Per Diem 11	38.4632	83.4999	39.5541	13.6500		175.1672
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 204625-00 - 2012/07
196.41

Florida Agency For Health Care Administration
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Tri-County Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/18/1992 Year of Phase-In/ Full: RS to Start Calcs: 1992/01 Indexed Asset Value 4,068,549 FRVS Base Asset: 1,859,160 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,984,646.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,254,839	14.1654
	< 60% of Base:	False	20% ROE(2):	813,710	0.7899
	Interest Rate:	10.0000 %	Insurance Cost(3):	63,271	2.3423
	Chase Rate:	8.5000 %	Taxes Cost(3):	847	0.0314
	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	119,710	0.0000
Yearly Payment:	376,919	Total FRVS PD:	17.3290		

- (1) 80% Capital (\$3,254,839) amortized at 10.0000% for 20 years Principal & Interest of \$376,919 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$14.1654
- (2) 20% ROE (\$813,710) times the ROE factor (0.025830) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$0.7899
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,859,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.4632	38.4632	2.2715	36.1917
Patient Care				
Direct Care	83.4999	83.4999	4.9312	78.5687
Indirect Care	39.5541	39.5541	2.3359	37.2182
Property	13.6500	17.3290	1.0234	16.3056
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2885
Supplemental Rate Add-on				\$8.8324
Totals	175.1672	178.8462	10.5620	196.4051

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 204811-00 - 2012/07

221.77

Health Central Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
411 North Dillard Street Winter Garden FL 34787 County: Orange [48] Region: Central [3] Area: 7 Control Government Non-Prof Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1977 Acquired Date: 10/1/1977 Entered Medicaid 11/1/1977 Med # Active Date: 11/1/1977 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 228 Maximum: 83,220 Max Annualized: 83,220 Total Patient: 76,091 Medicare: 10,683 Medicaid: 52,240	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 68.65464% Occupancy: 91.43355% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.19492% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,520,259	4,901,622	2,353,206	264,857	0	10,039,944
1a	Audit Adjustments						
2	Cost Per Diem	48.2439	93.8289	45.0461	5.0700		192.1889
3	Cost Per Diem Inflated	49.8644	95.8876	46.5591			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.8644	95.8876	46.5591	5.0700		197.3811
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.0130		48.7854			
7	Provider Target Rate	45.0405		49.9244			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.0405	95.8876	46.5591	5.0700		192.5572
12/13	Medicaid Adjustment Rate		2.0123	0.9771			
14	Prospective Per Diem 11	45.0405	97.8999	47.5362	5.0700		195.5466
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 204811-00 - 2012/07
221.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Health Central Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1977/07 Indexed Asset Value 10,824,616 FRVS Base Asset: 1,411,740 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,000,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	8,659,693	13.3365
	< 60% of Base:	False	20% ROE(2):	2,164,923	0.7348
	Interest Rate:	9.9428 %	Insurance Cost(3):	34,926	0.4590
	Chase Rate:	8.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	9.9428 %	Home Office(3):	29,581	0.3888
	Interest Only:	False	Replacement(3&4):	65,422	0.0000
Yearly Payment:	998,880	Total FRVS PD:	14.9191		

(1) 80% Capital (\$8,659,693) amortized at 9.9428% for 20 years Principal & Interest of \$998,880 divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = \$13.3365

(2) 20% ROE (\$2,164,923) times the ROE factor (0.025420) divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = \$0.7348

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 118	Effective PBS Limitation	3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.0405	45.0405	2.6599	42.3806
Patient Care				
Direct Care	97.8999	97.8999	5.7816	92.1183
Indirect Care	47.5362	47.5362	2.8073	44.7289
Property	5.0700	14.9191	0.8811	14.0380
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6763
Supplemental Rate Add-on				\$8.8324
Totals	195.5466	205.3957	12.1299	221.7745

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 205150-00 - 2012/07

217.69

St. Catherine Laboure Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1750 Stockton Street Jacksonville FL 32204 County: Duval [16] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1979 Acquired Date: 2/1/1979 Entered Medicaid 2/1/1979 Med # Active Date: 2/1/1979 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 82,266 Medicare: 21,648 Medicaid: 42,768	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 51.98746% Occupancy: 93.91096% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.34325% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,137,226	3,771,445	2,501,401	481,140	0	8,891,212
1a	Audit Adjustments						
2	Cost Per Diem	49.9725	88.1838	58.4877	11.2500		207.8940
3	Cost Per Diem Inflated	52.1165	90.5389	60.9970			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.1165	90.5389	60.9970	11.2500		214.9024
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4336		54.5363			
7	Provider Target Rate	51.6110		55.8095			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	90.5389	55.8095	11.2500		205.0764
12/13	Medicaid Adjustment Rate		0.2024	0.1248			
14	Prospective Per Diem 11	47.4780	90.7413	55.9343	11.2500		205.4036
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 205150-00 - 2012/07
217.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

St. Catherine Laboure Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	9,999,999.00		Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Variable [3]	80% Capital(1):	9,145,431	8.3621
Indexed Asset Value	11,431,789	< 60% of Base:	False	20% ROE(2):	2,286,358	0.7491
FRVS Base Asset:	4,097,511	Interest Rate:	3.9000 %	Insurance Cost(3):	13,456	0.1636
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	3.9000 %	Home Office(3):	50,199	0.6102
		Interest Only:	False	Replacement(3&4):	138,617	0.0000
		Yearly Payment:	659,266	Total FRVS PD:		9.8850

(1) 80% Capital (\$9,145,431) amortized at 3.9000% for 20 years Principal & Interest of \$659,266 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$8.3621

(2) 20% ROE (\$2,286,358) times the ROE factor (0.025830) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.7491

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 232	Effective PBS Limitation	6,612,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	90.7413	90.7413	5.3589	85.3824
Indirect Care	55.9343	55.9343	3.3033	52.6310
Property	11.2500	9.8850	0.5838	9.3012
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8666
Supplemental Rate Add-on				\$8.8324
Totals	205.4036	204.0386	12.0499	217.6877

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 205303-00 - 2012/07

202.33

KISSIMMEE GOOD SAMARITAN

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1550 Aldersgate Drive Kissimmee FL 34746 County: Osceola [49] Region: Central [3] Area: 7 Control Church Non-Profit [2] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1979 Acquired Date: 8/1/1979 Entered Medicaid 8/1/1979 Med # Active Date: 8/1/1979 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 170 Maximum: 62,050 Max Annualized: 62,050 Total Patient: 57,506 Medicare: 8,921 Medicaid: 36,376	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.25601% Occupancy: 92.67687% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.77495% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,450,359	2,911,721	1,712,501	385,222	0	6,459,803
1a	Audit Adjustments						
2	Cost Per Diem	39.8713	80.0451	47.0778	10.5900		177.5842
3	Cost Per Diem Inflated	41.4577	82.0555	48.9510			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4577	82.0555	48.9510	10.5900		183.0542
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4044		48.2597			
7	Provider Target Rate	41.3477		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.3477	82.0555	48.9510	10.5900		182.9442
12/13	Medicaid Adjustment Rate		1.2237	0.7300			
14	Prospective Per Diem 11	41.3477	83.2792	49.6810	10.5900		184.8979
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 205303-00 - 2012/07
202.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

KISSIMMEE GOOD SAMARITAN

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,316,177.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Variable [3]	80% Capital(1):	6,079,420	8.7227
Indexed Asset Value	7,599,275	< 60% of Base:	False	20% ROE(2):	1,519,855	0.7030
FRVS Base Asset:	3,137,716	Interest Rate:	5.1400 %	Insurance Cost(3):	32,490	0.5650
Occup Adj Factor:	0.9000	Chase Rate:	5.7500 %	Taxes Cost(3):	554	0.0096
ROE Factor	0.025830	Amortization Rate:	5.1400 %	Home Office(3):	44,802	0.7791
		Interest Only:	False	Replacement(3&4):	163,162	0.0000
		Yearly Payment:	487,118	Total FRVS PD:		10.7794

(1) 80% Capital (\$6,079,420) amortized at 5.1400% for 20 years Principal & Interest of \$487,118 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$8.7227

(2) 20% ROE (\$1,519,855) times the ROE factor (0.025830) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$0.7030

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 170	Effective PBS Limitation	4,845,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.3477	41.3477	2.4419	38.9058
Patient Care				
Direct Care	83.2792	83.2792	4.9182	78.3610
Indirect Care	49.6810	49.6810	2.9340	46.7470
Property	10.5900	10.7794	0.6366	10.1428
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3390
Supplemental Rate Add-on				\$8.8324
Totals	184.8979	185.0873	10.9307	202.3280

***Medicaid Trend Adjustment :**



0 205460-00 - 2012/07
231.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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American Finnish Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1800 South Drive Lake Worth FL 33461 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 12/1/1979 Acquired Date: 12/1/1979 Entered Medicaid 12/1/1979 Med # Active Date: 12/14/1979 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,790 Medicare: 2,731 Medicaid: 10,967	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.36615% Occupancy: 85.79909% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.03457% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	462,309	998,263	664,743	110,876	0	2,236,191
1a	Audit Adjustments						
2	Cost Per Diem	42.1546	91.0243	60.6130	10.1100		203.9019
3	Cost Per Diem Inflated	43.9632	93.4552	63.2135			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.9632	93.4552	63.2135	10.1100		210.7419
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.3872		61.3003			
7	Provider Target Rate	62.8204		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9632	93.4552	62.7314	10.1100		210.2598
12/13	Medicaid Adjustment Rate		0.8796	0.5904			
14	Prospective Per Diem 11	43.9632	94.3348	63.3218	10.1100		211.7298
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 205460-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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231.09

American Finnish Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1979/07 Indexed Asset Value 2,031,709 FRVS Base Asset: 1,081,568 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,625,367	10.2526
	< 60% of Base:	True	20% ROE(2):	406,342	0.5325
	Interest Rate:	12.5000 %	Insurance Cost(3):	56,664	3.0156
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	64,697	0.0000
Yearly Payment:	202,078	Total FRVS PD:		13.8007	

(1) 80% Capital (\$1,625,367) amortized at 12.5000% for 20 years Interest of \$202,078 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.2526

(2) 20% ROE (\$406,342) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5325

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9632	43.9632	2.5963	41.3669
Patient Care				
Direct Care	94.3348	94.3348	5.5711	88.7637
Indirect Care	63.3218	63.3218	3.7396	59.5822
Property	10.1100	13.8007	0.8150	12.9857
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5631
Supplemental Rate Add-on				\$8.8324
Totals	211.7298	215.4205	12.7220	231.0940

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 205745-00 - 2012/07
223.48

Health Center at Abbev Delrav

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 Lawson Blvd. Delray Beach FL 33445 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1978 Acquired Date: 6/1/1978 Entered Medicaid 10/1/1980 Med # Active Date: 10/1/1980 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 114 Maximum: 41,610 Max Annualized: 41,610 Total Patient: 36,038 Medicare: 4,658 Medicaid: 8,176	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 22.68716% Occupancy: 86.60899% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.06380% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	430,278	793,236	547,072	127,954	0	1,898,540
1a	Audit Adjustments						
2	Cost Per Diem	52.6270	97.0201	66.9119	15.6500		232.2090
3	Cost Per Diem Inflated	55.4857	100.0778	70.5466			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.4857	100.0778	70.5466	15.6500		241.7601
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.7354		64.8174			
7	Provider Target Rate	62.1534		66.3307			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.7055	13.6500		225.4848
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	99.9145	59.7055	13.6500		225.4848
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 205745-00 - 2012/07
223.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Health Center at Abbev Delrav

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1978/01	Type:	None [1]	80% Capital(1):	3,442,480	11.4287
Indexed Asset Value	4,303,100	< 60% of Base:	True	20% ROE(2):	860,620	0.6343
FRVS Base Asset:	1,041,660	Interest Rate:	12.5000 %	Insurance Cost(3):	119,635	3.3197
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	23,959	0.6648
ROE Factor	0.027600	Amortization Rate:	12.5000 %	Home Office(3):	8,447	0.2344
		Interest Only:	True	Replacement(3&4):	1,562,857	0.0000
		Yearly Payment:	427,995	Total FRVS PD:		16.2819

(1) 80% Capital (\$3,442,480) amortized at 12.5000% for 20 years Interest of \$427,995 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$11.4287

(2) 20% ROE (\$860,620) times the ROE factor (0.027600) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$0.6343

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	16.2819	0.9616	15.3203
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	225.4848	228.1167	13.4718	223.4773

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 205796-00 - 2012/07
197.26

The Commons at Orlando Luthern Towers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
300 East Church Street Orlando FL 32801 County: Orange [48] Region: Central [3] Area: 7 Control Church Non-Profit [2] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1980 Acquired Date: 6/1/1980 Entered Medicaid 10/1/1980 Med # Active Date: 10/1/1980 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 135 Maximum: 49,275 Max Annualized: 49,275 Total Patient: 46,990 Medicare: 13,898 Medicaid: 22,655	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 48.21239% Occupancy: 95.36276% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.18821% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	945,618	1,805,162	1,300,785	485,270	0	4,536,835
1a	Audit Adjustments						
2	Cost Per Diem	41.7399	79.6805	57.4171	21.4200		200.2575
3	Cost Per Diem Inflated	43.2711	81.5551	59.5234			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2711	81.5551	59.5234	21.4200		205.7696
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7260		56.7376			
7	Provider Target Rate	49.8636		58.0622			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.2711	81.5551	57.8638	13.6500		196.3400
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.2711	81.5551	57.8638	13.6500		196.3400
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 205796-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

197.26

The Commons at Orlando Luthern Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1980/01 Indexed Asset Value 6,758,784 FRVS Base Asset: 1,710,000 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,105,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,407,027	15.1716
	< 60% of Base:	False	20% ROE(2):	1,351,757	0.7812
	Interest Rate:	11.0700 %	Insurance Cost(3):	41,477	0.8827
	Chase Rate:	8.5000 %	Taxes Cost(3):	34,459	0.7333
	Amortization Rate:	11.0700 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	45,596	0.0000
Yearly Payment:	672,822	Total FRVS PD:	17.5688		

(1) 80% Capital (\$5,407,027) amortized at 11.0700% for 20 years Principal & Interest of \$672,822 divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = \$15.1716

(2) 20% ROE (\$1,351,757) times the ROE factor (0.025630) divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = \$0.7812

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.2711	43.2711	2.5554	40.7157
Patient Care				
Direct Care	81.5551	81.5551	4.8164	76.7387
Indirect Care	57.8638	57.8638	3.4172	54.4466
Property	13.6500	17.5688	1.0376	16.5312
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	196.3400	200.2588	11.8266	197.2646

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 205800-00 - 2012/07
242.66

St John's Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3075 NW 35th Avenue Lauderdale Lakes FL 33311 County: Broward [6] Region: South [2] Area: 10 Control Church Non-Profit [2] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1980 Acquired Date: 9/1/1980 Entered Medicaid 9/1/1980 Med # Active Date: 9/12/1980 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 181 Maximum: 66,065 Max Annualized: 66,065 Total Patient: 63,771 Medicare: 6,630 Medicaid: 47,421	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 74.36139% Occupancy: 96.52766% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.66858% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,580,194	4,492,950	3,309,952	1,130,991	15,195	11,529,282
1a	Audit Adjustments						
2	Cost Per Diem	54.4104	94.7460	69.7993	23.8500	0.3204	243.1261
3	Cost Per Diem Inflated	56.2380	96.8248	72.1438			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.2380	96.8248	72.1438	23.8500	0.3204	249.3770
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.0632		67.6651			
7	Provider Target Rate	52.2553		69.2448			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	96.8248	59.7055	13.6500	0.3204	222.7155
12/13	Medicaid Adjustment Rate		2.6536	1.6363			
14	Prospective Per Diem 11	52.2148	99.4784	61.3418	13.6500	0.3204	227.0054
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 205800-00 - 2012/07
242.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

St John's Nursing Home

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 6,150,000.00		
RS to Start Calcs:	1980/07	Type: Variable [3]	80% Capital(1): 6,615,824	9.8766
Indexed Asset Value	8,269,780	< 60% of Base: False	20% ROE(2): 1,653,956	0.7071
FRVS Base Asset:	4,560,000	Interest Rate: 6.4000 %	Insurance Cost(3): 101,318	1.5888
Occup Adj Factor:	0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 0	0.0000
ROE Factor	0.025420	Amortization Rate: 6.4000 %	Home Office(3): 52,575	0.8244
		Interest Only: False	Replacement(3&4): 151,004	0.0000
		Yearly Payment: 587,245	Total FRVS PD:	12.9969

(1) 80% Capital (\$6,615,824) amortized at 6.4000% for 20 years Principal & Interest of \$587,245 divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = \$9.8766

(2) 20% ROE (\$1,653,956) times the ROE factor (0.025420) divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = \$0.7071

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 160	Effective PBS Limitation	4,560,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	99.4784	99.4784	5.8749	93.6035
Indirect Care	61.3418	61.3418	3.6226	57.7192
Property	13.6500	12.9969	0.8061	12.8439
ROE	0.3204	0.3006	0.0189	0.3015
ROE Adjustment	-0.3006	-0.3006	-0.0178	-0.2828
Quality Assess-Medicaid Share				\$20.5102
Supplemental Rate Add-on				\$8.8324
Totals	226.7048	226.0319	13.3883	242.6591

***Medicaid Trend Adjustment :**



0 205923-00 - 2012/07
244.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lourdes-Noreen McKeen Residence

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
315 South Flagler Drive West Palm Beach FL 33401 County: Palm Beach [50] Region: South [2] Area: 9 Control Church Non-Profit [2] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1980 Acquired Date: 12/1/1980 Entered Medicaid 12/1/1980 Med # Active Date: 12/1/1980 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 132 Maximum: 48,180 Max Annualized: 48,180 Total Patient: 46,147 Medicare: 5,408 Medicaid: 29,607	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.15802% Occupancy: 95.78041% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.71897% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,659,648	3,111,787	1,599,369	723,891	0	7,094,695
1a	Audit Adjustments						
2	Cost Per Diem	56.0559	105.1031	54.0200	24.4500		239.6290
3	Cost Per Diem Inflated	57.5529	107.0028	55.4626			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.5529	107.0028	55.4626	24.4500		244.4683
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.3470		55.5535			
7	Provider Target Rate	66.8726		56.8505			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	55.4626	13.6500		221.2419
12/13	Medicaid Adjustment Rate		1.5914	0.8834			
14	Prospective Per Diem 11	52.2148	101.5059	56.3460	13.6500		223.7167
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 205923-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

244.76

Lourdes-Noreen McKeen Residence

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1993 Year of Phase-In/ Full: RS to Start Calcs: 1980/07 Indexed Asset Value 5,791,899 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,400,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,633,519	11.9525
	< 60% of Base:	False	20% ROE(2):	1,158,380	0.6457
	Interest Rate:	9.5000 %	Insurance Cost(3):	304,358	6.5954
	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	9.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	92,465	0.0000
Yearly Payment:	518,286	Total FRVS PD:		19.1936	

(1) 80% Capital (\$4,633,519) amortized at 9.5000% for 20 years Principal & Interest of \$518,286 divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = \$11.9525

(2) 20% ROE (\$1,158,380) times the ROE factor (0.024170) divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = \$0.6457

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	101.5059	101.5059	5.9946	95.5113
Indirect Care	56.3460	56.3460	3.3276	53.0184
Property	13.6500	19.1936	1.1335	18.0601
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.2075
Supplemental Rate Add-on				\$8.8324
Totals	223.7167	229.2603	13.5393	244.7609

***Medicaid Trend Adjustment :**



0 206300-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

222.10

Suwannee Valley Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
427 N W 15th Ave. Jasper FL 32052 County: Hamilton [24] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1969 Acquired Date: 7/1/1969 Entered Medicaid 7/1/1969 Med # Active Date: 7/1/1981 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 21,149 Medicare: 1,665 Medicaid: 18,208	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 86.09391% Occupancy: 96.57078% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.72338% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	916,591	1,496,843	1,041,532	73,378	9,128	3,537,472
1a	Audit Adjustments						
2	Cost Per Diem	50.3400	82.2080	57.2019	4.0300	0.5013	194.2812
3	Cost Per Diem Inflated	52.1867	84.1421	59.3003			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.1867	84.1421	59.3003	4.0300	0.5013	200.1604
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.4333		51.7675			
7	Provider Target Rate	58.7742		52.9761			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.8132	84.1421	52.9761	4.0300	0.5013	192.4627
12/13	Medicaid Adjustment Rate		3.4166	2.1511			
14	Prospective Per Diem 11	50.8132	87.5587	55.1272	4.0300	0.5013	198.0304
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 206300-00 - 2012/07
222.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Suwannee Valley Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 1,879,743 FRVS Base Asset: 463,784 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	237,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,503,794	9.4857
	< 60% of Base:	True	20% ROE(2):	375,949	0.4889
	Interest Rate:	8.5000 %	Insurance Cost(3):	16,217	0.7668
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	39,462	0.0000
Yearly Payment:	186,963	Total FRVS PD:	10.7414		

(1) 80% Capital (\$1,503,794) amortized at 12.5000% for 20 years Interest of \$186,963 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.4857

(2) 20% ROE (\$375,949) times the ROE factor (0.025630) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.4889

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	87.5587	87.5587	5.1709	82.3878
Indirect Care	55.1272	55.1272	3.2556	51.8716
Property	4.0300	10.7414	0.6344	10.1070
ROE	0.5013	0.4135	0.0244	0.3891
ROE Adjustment	-0.4135	-0.4135	-0.0244	-0.3891
Quality Assess-Medicaid Share				\$21.0879
Supplemental Rate Add-on				\$8.8324
Totals	197.6169	204.2405	12.0618	222.0990

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 206431-00 - 2012/07

220.85

Morton Plant Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
400 Corbett Street Clearwater FL 33756 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 1/1/1983 Previous Med #	01/01/2006-12/31/2006 Days In CR 365 First Used: 2008/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 126 Maximum: 45,990 Max Annualized: 45,990 Total Patient: 40,829 Medicare: 24,915 Medicaid: 4,842	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 11.85922% Occupancy: 88.77800% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.82021% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.08662000 Semester Index: 1.28710041 Cost: 1.18449910 Target: 1.01634256 DC FY Index: 1.06800000 DC Sem Index: 1.21100000 DC Inflation: 1.13389513 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	372,471	591,578	352,567	52,100	0	1,368,716
1a	Audit Adjustments						
2	Cost Per Diem	76.9250	122.1764	72.8143	10.7600		282.6757
3	Cost Per Diem Inflated	91.1176	138.5352	86.2485			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	91.1176	138.5352	86.2485	10.7600		326.6613
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	84.6381		78.4936			
7	Provider Target Rate	86.6141		80.3262			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9425	98.2868	57.8638	10.7600		216.8531
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9425	98.2868	57.8638	10.7600		216.8531
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 206431-00 - 2012/07
220.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Morton Plant Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 2,333,360 FRVS Base Asset: 1,906,865 Occup Adj Factor: 0.9000 ROE Factor 0.048230	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	570,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,866,688	5.6070
	< 60% of Base:	True	20% ROE(2):	466,672	0.5438
	Interest Rate:	9.3400 %	Insurance Cost(3):	0	0.0000
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	147,131	3.6036
	Interest Only:	True	Replacement(3&4):	46,052	0.0000
Yearly Payment:	232,081	Total FRVS PD:		9.7544	

(1) 80% Capital (\$1,866,688) amortized at 12.5000% for 20 years Interest of \$232,081 divided by annual available days (45,990) divided by Occup. Adj. (0.9000) = \$5.6070

(2) 20% ROE (\$466,672) times the ROE factor (0.048230) divided by annual available days (45,990) divided by Occup. Adj. (0.9000) = \$0.5438

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 124	Effective PBS Limitation	3,534,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	98.2868	98.2868	5.8045	92.4823
Indirect Care	57.8638	57.8638	3.4172	54.4466
Property	10.7600	9.7544	0.5761	9.1783
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$8.9219
Supplemental Rate Add-on				\$8.8324
Totals	216.8531	215.8475	12.7472	220.8546

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 206521-00 - 2012/07

224.10

Saint Andrews Estates North

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6152 North Verde Trail Boca Raton FL 33433 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1970 Acquired Date: 1/1/1982 Entered Medicaid 1/1/1982 Med # Active Date: 7/1/1986 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 119 Maximum: 43,435 Max Annualized: 43,435 Total Patient: 35,582 Medicare: 4,639 Medicaid: 9,785	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 27.49986% Occupancy: 81.92011% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.10511% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	459,988	928,078	666,112	191,297	0	2,245,475
1a	Audit Adjustments						
2	Cost Per Diem	47.0095	94.8470	68.0748	19.5500		229.4813
3	Cost Per Diem Inflated	49.5631	97.8362	71.7727			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.5631	97.8362	71.7727	19.5500		238.7220
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.4812		77.1583			
7	Provider Target Rate	57.7998		78.9597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.5631	97.8362	59.7055	13.6500		220.7548
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.5631	97.8362	59.7055	13.6500		220.7548
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 206521-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

224.10

Saint Andrews Estates North

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1982/01 Indexed Asset Value 5,183,383 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,324,046.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,146,706	12.4956
	< 60% of Base:	False	20% ROE(2):	1,036,677	0.7319
	Interest Rate:	10.2500 %	Insurance Cost(3):	36,322	1.0208
	Chase Rate:	13.0000 %	Taxes Cost(3):	69,989	1.9670
	Amortization Rate:	10.2500 %	Home Office(3):	194,232	5.4587
	Interest Only:	False	Replacement(3&4):	2,870,873	0.0000
Yearly Payment:	488,470	Total FRVS PD:	21.6740		

(1) 80% Capital (\$4,146,706) amortized at 10.2500% for 20 years Principal & Interest of \$488,470 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$12.4956

(2) 20% ROE (\$1,036,677) times the ROE factor (0.027600) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.7319

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.5631	49.5631	2.9270	46.6361
Patient Care				
Direct Care	97.8362	97.8362	5.7779	92.0583
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	21.6740	1.2800	20.3940
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	220.7548	228.7788	13.5109	224.1003

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 206610-00 - 2012/07
242.01

The Waterford

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
601 Universe Blvd. Juno Beach FL 33408 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 4/1/1982 Acquired Date: 4/1/1982 Entered Medicaid 4/1/1982 Med # Active Date: 4/1/1982 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,436 Medicare: 2,050 Medicaid: 2,878	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 14.80757% Occupancy: 88.74886% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.78318% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	212,886	270,134	270,102	74,339	0	827,461
1a	Audit Adjustments						
2	Cost Per Diem	73.9701	93.8617	93.8506	25.8301		287.5125
3	Cost Per Diem Inflated	77.9882	96.8199	98.9486			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	77.9882	96.8199	98.9486	25.8301		299.5868
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.1777		91.0871			
7	Provider Target Rate	66.6994		93.2137			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	96.8199	74.1906	13.6500		246.8402
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	62.1797	96.8199	74.1906	13.6500		246.8402
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 206610-00 - 2012/07
242.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Waterford

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,116,720.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed [2]	80% Capital(1):	1,482,796	8.7538
Indexed Asset Value	1,853,495	< 60% of Base:	False	20% ROE(2):	370,699	0.5191
FRVS Base Asset:	1,710,000	Interest Rate:	10.0700 %	Insurance Cost(3):	67,500	3.4729
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	31,096	1.5999
ROE Factor	0.027600	Amortization Rate:	10.0700 %	Home Office(3):	5,466	0.2812
		Interest Only:	False	Replacement(3&4):	12,218,665	0.0000
		Yearly Payment:	172,538	Total FRVS PD:		14.6269

- (1) 80% Capital (\$1,482,796) amortized at 10.0700% for 20 years Principal & Interest of \$172,538 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.7538
- (2) 20% ROE (\$370,699) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5191
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	96.8199	96.8199	5.7179	91.1020
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	13.6500	14.6269	0.8638	13.7631
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	246.8402	247.8171	14.6353	242.0142

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 206865-00 - 2012/07 251.26

Abbev Delrav South

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1717 Homewood Blvd. Delray Beach FL 33445 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1982 Acquired Date: 7/1/1982 Entered Medicaid 7/1/1982 Med # Active Date: 7/15/1982 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 29,208 Medicare: 4,741 Medicaid: 6,842	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 23.42509% Occupancy: 88.91324% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.99208% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	426,850	737,535	580,199	53,368	0	1,797,952
1a	Audit Adjustments						
2	Cost Per Diem	62.3867	107.7952	84.7996	7.8001		262.7816
3	Cost Per Diem Inflated	65.7756	111.1925	89.4059			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	65.7756	111.1925	89.4059	7.8001		274.1741
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.0601		78.0991			
7	Provider Target Rate	64.5323		79.9224			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	107.8514	74.1906	7.8001		252.0218
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	62.1797	107.8514	74.1906	7.8001		252.0218
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 206865-00 - 2012/07
251.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Abbev Delrav South

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1986 Year of Phase-In/ Full: RS to Start Calcs: 1982/07 Indexed Asset Value 2,889,803 FRVS Base Asset: 1,710,000 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,200,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,311,842	10.9934
	< 60% of Base:	False	20% ROE(2):	577,961	0.5395
	Interest Rate:	13.0000 %	Insurance Cost(3):	32,388	1.1089
	Chase Rate:	13.0000 %	Taxes Cost(3):	19,039	0.6518
	Amortization Rate:	13.0000 %	Home Office(3):	3,720	0.1274
	Interest Only:	False	Replacement(3&4):	1,936,139	0.0000
Yearly Payment:	325,020	Total FRVS PD:	13.4210		

(1) 80% Capital (\$2,311,842) amortized at 13.0000% for 20 years Principal & Interest of \$325,020 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$10.9934

(2) 20% ROE (\$577,961) times the ROE factor (0.027600) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.5395

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	107.8514	107.8514	6.3693	101.4821
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	7.8001	13.4210	0.7926	12.6284
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	252.0218	257.6427	15.2155	251.2596

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 207276-00 - 2012/07 229.97

Riverside Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
899 NW 4th Street Miami FL 33128 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1975 Acquired Date: 7/1/1975 Entered Medicaid 4/1/1983 Med # Active Date: 4/14/1983 Previous Med #	03/01/2011-02/29/2012 Days In CR 366 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 42,723 Medicare: 5,031 Medicaid: 31,019	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 72.60492% Occupancy: 97.27459% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.61779% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25683187 Semester Index: 1.28710041 Cost: 1.02408321 Target: 1.01634256 DC FY Index: 1.19049979 DC Sem Index: 1.21100000 DC Inflation: 1.01721984 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,382,517	2,826,647	1,843,624	642,093	0	6,694,881
1a	Audit Adjustments						
2	Cost Per Diem	44.5700	91.1263	59.4353	20.7000		215.8316
3	Cost Per Diem Inflated	45.6434	92.6955	60.8667			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.6434	92.6955	60.8667	20.7000		219.9056
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.6326		63.1285			
7	Provider Target Rate	43.6279		64.6023			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.6279	92.6955	59.7055	13.6500		209.6789
12/13	Medicaid Adjustment Rate		2.3573	1.5183			
14	Prospective Per Diem 11	43.6279	95.0528	61.2238	13.6500		213.5545
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 207276-00 - 2012/07
229.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Riverside Care Center

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1975/07	Amount: 2,500,000.00	80% Capital(1): 2,439,584	6.6818
Indexed Asset Value: 3,049,480	Type: Fixed [2]	20% ROE(2): 609,896	0.3385
FRVS Base Asset: 782,402	< 60% of Base: False	Insurance Cost(3): 9,740	0.2280
Occup Adj Factor: 0.9000	Interest Rate: 9.0000 %	Taxes Cost(3): 58,477	1.3687
ROE Factor: 0.021880	Chase Rate: 8.5000 %	Home Office(3): 25,552	0.5981
	Amortization Rate: 9.0000 %	Replacement(3&4): 22,461	0.0000
	Interest Only: False	Total FRVS PD:	9.2151
	Yearly Payment: 263,395		

(1) 80% Capital (\$2,439,584) amortized at 9.0000% for 20 years Principal & Interest of \$263,395 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.6818

(2) 20% ROE (\$609,896) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3385

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed: 80	Effective PBS Limitation: 2,280,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.6279	43.6279	2.5765	41.0514
Patient Care				
Direct Care	95.0528	95.0528	5.6135	89.4393
Indirect Care	61.2238	61.2238	3.6157	57.6081
Property	13.6500	9.2151	0.8061	12.8439
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1945
Supplemental Rate Add-on				\$8.8324
Totals	213.5545	209.1196	12.6118	229.9696

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 207381-00 - 2012/07
225.89

Joseph L. Morse Geriatric Center, Inc

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4847 FRED GLADSTONE DR West Palm Beach FL 33417 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 7/1/1983 Med # Active Date: 7/15/1983 Previous Med #	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 280 Maximum: 102,200 Max Annualized: 102,200 Total Patient: 98,083 Medicare: 24,702 Medicaid: 58,624	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 59.76979% Occupancy: 95.97163% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.96196% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,755,774	5,971,857	4,045,122	869,980	17,034	14,659,767
1a	Audit Adjustments						
2	Cost Per Diem	64.0655	101.8671	69.0011	14.8400	0.2906	250.0643
3	Cost Per Diem Inflated	66.9641	104.6764	72.1230			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	66.9641	104.6764	72.1230	14.8400	0.2906	258.8941
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.2603		66.6221			
7	Provider Target Rate	69.8539		68.1775			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.7055	13.6500	0.2906	225.7754
12/13	Medicaid Adjustment Rate		1.0982	0.6562			
14	Prospective Per Diem 11	52.2148	101.0127	60.3617	13.6500	0.2906	227.5298
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 207381-00 - 2012/07
225.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Joseph L. Morse Geriatric Center, Inc

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 3,590,000.00		
RS to Start Calcs:	1983/07	Type: Fixed [2]	80% Capital(1): 11,209,595	13.8705
Indexed Asset Value	14,011,994	< 60% of Base: False	20% ROE(2): 2,802,399	0.7967
FRVS Base Asset:	3,420,000	Interest Rate: 9.7490 %	Insurance Cost(3): 134,282	1.3691
Occup Adj Factor:	0.9000	Chase Rate: 13.0000 %	Taxes Cost(3): 0	0.0000
ROE Factor	0.026150	Amortization Rate: 9.7490 %	Home Office(3): 0	0.0000
		Interest Only: False	Replacement(3&4): 502,448	0.0000
		Yearly Payment: 1,275,810	Total FRVS PD:	16.0363

(1) 80% Capital (\$11,209,595) amortized at 9.7490% for 20 years Principal & Interest of \$1,275,810 divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = \$13.8705

(2) 20% ROE (\$2,802,399) times the ROE factor (0.026150) divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = \$0.7967

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	101.0127	101.0127	5.9655	95.0472
Indirect Care	60.3617	60.3617	3.5648	56.7969
Property	13.6500	16.0363	0.8061	12.8439
ROE	0.2906	0.0415	0.0172	0.2734
ROE Adjustment	-0.0415	-0.0415	-0.0025	-0.0390
Quality Assess-Medicaid Share				\$3.0001
Supplemental Rate Add-on				\$8.8324
Totals	227.4883	229.6255	13.4347	225.8861

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 207446-00 - 2012/07

219.83

TAYLOR CARE CENTER, INC.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6635 CHESTER AVE. Jacksonville FL 32217 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1983 Acquired Date: 9/1/1983 Entered Medicaid 9/1/1983 Med # Active Date: 9/22/1983 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,937 Medicare: 6,467 Medicaid: 20,311	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 52.16375% Occupancy: 88.89726% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.97177% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,106,201	1,819,405	1,069,286	105,211	0	4,100,103
1a	Audit Adjustments						
2	Cost Per Diem	54.4631	89.5773	52.6457	5.1800		201.8661
3	Cost Per Diem Inflated	56.4610	91.6848	54.5770			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.4610	91.6848	54.5770	5.1800		207.9028
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.8941		51.5571			
7	Provider Target Rate	50.0356		52.7608			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	91.6848	52.7608	5.1800		197.1036
12/13	Medicaid Adjustment Rate		0.2232	0.1284			
14	Prospective Per Diem 11	47.4780	91.9080	52.8892	5.1800		197.4552
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 207446-00 - 2012/07
219.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

TAYLOR CARE CENTER, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable [3]	80% Capital(1):	4,816,873	10.0106
Indexed Asset Value	6,021,091	< 60% of Base:	False	20% ROE(2):	1,204,218	0.7830
FRVS Base Asset:	2,825,639	Interest Rate:	5.4080 %	Insurance Cost(3):	24,651	0.6331
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025630	Amortization Rate:	5.4080 %	Home Office(3):	9,808	0.2519
		Interest Only:	False	Replacement(3&4):	38,277	0.0000
		Yearly Payment:	394,618	Total FRVS PD:		11.6786

(1) 80% Capital (\$4,816,873) amortized at 5.4080% for 20 years Principal & Interest of \$394,618 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.0106

(2) 20% ROE (\$1,204,218) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7830

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	91.9080	91.9080	5.4278	86.4802
Indirect Care	52.8892	52.8892	3.1235	49.7657
Property	5.1800	11.6786	0.6897	10.9889
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0882
Supplemental Rate Add-on				\$8.8324
Totals	197.4552	203.9538	12.0449	219.8295

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 207497-00 - 2012/07

231.69

Sunrise Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4800 Nob Hill Road Sunrise FL 33351 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1983 Acquired Date: 6/1/1983 Entered Medicaid 10/1/1983 Med # Active Date: 10/7/1983 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 325 Maximum: 118,625 Max Annualized: 118,625 Total Patient: 71,256 Medicare: 12,642 Medicaid: 46,363	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.06540% Occupancy: 60.06828% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 76.33553% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,470,219	3,640,808	2,479,645	1,337,573	0	9,928,245
1a	Audit Adjustments						
2	Cost Per Diem	53.2800	78.5283	53.4833	28.8500		214.1416
3	Cost Per Diem Inflated	54.7029	79.9477	54.9116			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.7029	79.9477	54.9116	28.8500		218.4122
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.5266		59.9693			
7	Provider Target Rate	52.7296		61.3694			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	79.9477	54.9116	13.6500		200.7241
12/13	Medicaid Adjustment Rate		1.3550	0.9307			
14	Prospective Per Diem 11	52.2148	81.3027	55.8423	13.6500		203.0098
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 207497-00 - 2012/07
231.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Sunrise Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 7,500,000.00			Total Amount	Per Diem
RS to Start Calcs: 1983/01	Type: Fixed [2]		80% Capital(1): 11,981,159		17.7328
Indexed Asset Value 14,976,449	< 60% of Base: False		20% ROE(2): 2,995,290		0.6781
FRVS Base Asset: 6,689,269	Interest Rate: 16.3270 %		Insurance Cost(3): 237,565		3.3340
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %		Taxes Cost(3): 401,939		5.6408
ROE Factor 0.024170	Amortization Rate: 15.0000 %		Home Office(3): 6,578		0.0923
	Interest Only: False		Replacement(3&4): 149,005		0.0000
	Yearly Payment: 1,893,200		Total FRVS PD:		27.4780

(1) 80% Capital (\$11,981,159) amortized at 15.0000% for 20 years Principal & Interest of \$1,893,200 divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = \$17.7328

(2) 20% ROE (\$2,995,290) times the ROE factor (0.024170) divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = \$0.6781

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 240	Effective PBS Limitation 6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	81.3027	81.3027	4.8015	76.5012
Indirect Care	55.8423	55.8423	3.2979	52.5444
Property	13.6500	27.4780	1.6228	25.8552
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8289
Supplemental Rate Add-on				\$8.8324
Totals	203.0098	216.8378	12.8058	231.6933

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 207527-00 - 2012/07

205.49

AUBURNDALE OAKS HEALTHCARE CENTER

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
919 Old Winter Haven Road Auburndale FL 33823 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/14/1983 Acquired Date: 10/14/1983 Entered Medicaid 10/14/1983 Med # Active Date: 10/14/1983 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,805 Medicare: 7,747 Medicaid: 23,328	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.70612% Occupancy: 86.31278% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.68739% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,565,972	1,725,428	1,256,711	604,195	0	5,152,306
1a	Audit Adjustments						
2	Cost Per Diem	67.1284	73.9638	53.8714	25.9000		220.8636
3	Cost Per Diem Inflated	69.5910	75.7039	55.8476			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	69.5910	75.7039	55.8476	25.9000		227.0425
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	75.7039	49.3864	13.6500		179.5942
12/13	Medicaid Adjustment Rate		0.9970	0.6504			
14	Prospective Per Diem 11	40.8539	76.7009	50.0368	13.6500		181.2416
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 207527-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

205.49

AUBURNDALE OAKS HEALTHCARE CENTER

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 6,005,954 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,500,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,804,763	18.8236
	< 60% of Base:	False	20% ROE(2):	1,201,191	0.7810
	Interest Rate:	14.5950 %	Insurance Cost(3):	35,183	0.9306
	Chase Rate:	13.0000 %	Taxes Cost(3):	38,827	1.0270
	Amortization Rate:	14.5950 %	Home Office(3):	19,188	0.5076
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	742,027	Total FRVS PD:	22.0698		

- (1) 80% Capital (\$4,804,763) amortized at 14.5950% for 20 years Principal & Interest of \$742,027 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$18.8236
- (2) 20% ROE (\$1,201,191) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7810
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	76.7009	76.7009	4.5297	72.1712
Indirect Care	50.0368	50.0368	2.9550	47.0818
Property	13.6500	22.0698	1.3034	20.7664
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1994
Supplemental Rate Add-on				\$8.8324
Totals	181.2416	189.6614	11.2008	205.4924

***Medicaid Trend Adjustment :**



0 207683-00 - 2012/07

219.72

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Lakeside Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2501 Australian Avenue West Palm Beach FL 33407 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1984 Acquired Date: 1/1/1984 Entered Medicaid 1/1/1984 Med # Active Date: 1/1/1984 Previous Med # 205281	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 107 Maximum: 39,055 Max Annualized: 39,055 Total Patient: 37,120 Medicare: 6,885 Medicaid: 27,077	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.94450% Occupancy: 95.04545% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.78496% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784	Semester Index: 1.28710041
		Cost: 1.03978887	Target: 1.01634256
		DC FY Index: 1.18133049	DC Sem Index: 1.21100000
		DC Inflation: 1.02511533	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,179,272	2,326,518	1,281,900	286,745	0	5,074,435
1a	Audit Adjustments						
2	Cost Per Diem	43.5525	85.9223	47.3428	10.5900		187.4076
3	Cost Per Diem Inflated	45.2854	88.0803	49.2265			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.2854	88.0803	49.2265	10.5900		193.1822
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7068		50.1876			
7	Provider Target Rate	51.8906		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.2854	88.0803	49.2265	10.5900		193.1822
12/13	Medicaid Adjustment Rate		2.2736	1.2707			
14	Prospective Per Diem 11	45.2854	90.3539	50.4972	10.5900		196.7265
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 207683-00 - 2012/07
219.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lakeside Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 5,283,418 FRVS Base Asset: 2,760,297 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,062,500.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,226,734	14.0450
	< 60% of Base:	False	20% ROE(2):	1,056,684	0.7765
	Interest Rate:	10.1250 %	Insurance Cost(3):	12,176	0.3280
	Chase Rate:	13.0000 %	Taxes Cost(3):	81,192	2.1873
	Amortization Rate:	10.1250 %	Home Office(3):	31,181	0.8400
	Interest Only:	False	Replacement(3&4):	90,392	0.0000
Yearly Payment:	493,675	Total FRVS PD:		18.1768	

- (1) 80% Capital (\$4,226,734) amortized at 10.1250% for 20 years Principal & Interest of \$493,675 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$14.0450
- (2) 20% ROE (\$1,056,684) times the ROE factor (0.025830) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.7765
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	97	Effective PBS Limitation	2,764,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.2854	45.2854	2.6744	42.6110
Patient Care				
Direct Care	90.3539	90.3539	5.3360	85.0179
Indirect Care	50.4972	50.4972	2.9822	47.5150
Property	10.5900	18.1768	1.0735	17.1033
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6444
Supplemental Rate Add-on				\$8.8324
Totals	196.7265	204.3133	12.0661	219.7240

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 207799-00 - 2012/07

232.33

The Ponce Therapy Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1999 Old Moultrie Road St. Augustine FL 32806 County: St Johns[55] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1984 Acquired Date: 5/1/1984 Entered Medicaid 5/1/1984 Med # Active Date: 5/8/1984 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,386 Medicare: 8,898 Medicaid: 21,765	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 59.81696% Occupancy: 83.07306% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 105.57030% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	961,313	2,094,757	1,276,840	347,369	0	4,680,279
1a	Audit Adjustments						
2	Cost Per Diem	44.1678	96.2443	58.6648	15.9600		215.0369
3	Cost Per Diem Inflated	45.9252	98.6615	60.9990			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.9252	98.6615	60.9990	15.9600		221.5457
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8423		51.1767			
7	Provider Target Rate	47.9359		52.3715			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.9252	96.6592	52.3715	13.6500		208.6059
12/13	Medicaid Adjustment Rate		1.0675	0.5784			
14	Prospective Per Diem 11	45.9252	97.7267	52.9499	13.6500		210.2518
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 207799-00 - 2012/07
232.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Ponce Therapy Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	4,691,581	16.3451
Indexed Asset Value	5,864,476	< 60% of Base:	False	20% ROE(2):	1,172,895	0.7685
FRVS Base Asset:	3,007,294	Interest Rate:	12.6180 %	Insurance Cost(3):	99,000	2.7208
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	34,434	0.9464
ROE Factor	0.025830	Amortization Rate:	12.6180 %	Home Office(3):	64,059	1.7605
		Interest Only:	False	Replacement(3&4):	40,381	0.0000
		Yearly Payment:	644,325	Total FRVS PD:		22.5413

- (1) 80% Capital (\$4,691,581) amortized at 12.6180% for 20 years Principal & Interest of \$644,325 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$16.3451
- (2) 20% ROE (\$1,172,895) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7685
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.9252	45.9252	2.7122	43.2130
Patient Care				
Direct Care	97.7267	97.7267	5.7714	91.9553
Indirect Care	52.9499	52.9499	3.1270	49.8229
Property	13.6500	22.5413	1.3312	21.2101
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2924
Supplemental Rate Add-on				\$8.8324
Totals	210.2518	219.1431	12.9418	232.3261

***Medicaid Trend Adjustment :**



0 207993-00 - 2012/07
234.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Florida Club Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
220 Sierra Drive Miami FL 33179 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 9/1/1984 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 50,614 Medicare: 1,192 Medicaid: 48,499	Superior: 0 Standard: 166 Conditional: 18 Total: 184
	Medicaid Utilization 95.82131% Occupancy: 77.03805% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 97.90093% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,885,851	4,485,668	2,491,477	785,684	0	9,648,680
1a	Audit Adjustments						
2	Cost Per Diem	38.8843	92.4899	51.3717	16.2000		198.9459
3	Cost Per Diem Inflated	40.4315	94.8128	53.4157			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.4315	94.8128	53.4157	16.2000		204.8600
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6155		63.9538			
7	Provider Target Rate	45.6571		65.4469			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.4315	94.8128	53.4157	13.6500		202.3100
12/13	Medicaid Adjustment Rate		3.8492	2.1686			
14	Prospective Per Diem 11	40.4315	98.6620	55.5843	13.6500		208.3278
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 207993-00 - 2012/07
234.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Florida Club Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1998 Year of Phase-In/ Full: RS to Start Calcs: 1984/07 Indexed Asset Value 8,884,127 FRVS Base Asset: 5,130,000 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,469,400.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	7,107,302	15.5313
	< 60% of Base:	False	20% ROE(2):	1,776,825	0.7762
	Interest Rate:	11.6500 %	Insurance Cost(3):	51,177	1.0111
	Chase Rate:	13.0000 %	Taxes Cost(3):	178,798	3.5326
	Amortization Rate:	11.6500 %	Home Office(3):	7,174	0.1417
	Interest Only:	False	Replacement(3&4):	40,099	0.0000
Yearly Payment:	918,363	Total FRVS PD:		20.9929	

- (1) 80% Capital (\$7,107,302) amortized at 11.6500% for 20 years Principal & Interest of \$918,363 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$15.5313
- (2) 20% ROE (\$1,776,825) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7762
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.4315	40.4315	2.3878	38.0437
Patient Care				
Direct Care	98.6620	98.6620	5.8267	92.8353
Indirect Care	55.5843	55.5843	3.2826	52.3017
Property	13.6500	20.9929	1.2398	19.7531
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$22.3509
Supplemental Rate Add-on				\$8.8324
Totals	208.3278	215.6707	12.7369	234.1171

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 208442-00 - 2012/07

235.51

BERNARD L. SAMSON NURSING CENTER

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
255 - 59 STREET NORTH	07/01/2010-06/30/2011	Number of Beds: 180	Superior: 0
St. Petersburg FL 33710	Days In CR 365	Maximum: 65,700	Standard: 184
County: Pinellas [52]	First Used: 2012/07	Max Annualized: 65,700	Conditional: 0
Region: Central [3] Area: 5	Last Used: 2012/07	Total Patient: 61,164	Total: 184
Control Private Non-Profit [3]	Unaudited [3]	Medicare: 5,570	Inflation
Current Class Central Large [6]	Initial CR? False	Medicaid: 45,794	FY Index: 1.23415178
Class at 1/94: North Large [2]	Medicaid Utilization 74.87084%		Semester Index: 1.28710041
Operating Ex > 18 months [1]	Occupancy: 93.09589%		Cost: 1.04290285
Open Date: 7/1/1985	Statewide Low Occupancy Threshold: 78.68980%		Target: 1.01634256
Acquired Date: 7/1/1985	Medicaid Low Occupancy Threshold: 41.03510%		DC FY Index: 1.17950000
Entered Medicaid 7/1/1985	Low Occupancy Adjustment Factor: 118.30745%		DC Sem Index: 1.21100000
Med # Active Date: 7/1/1985	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02670623
Previous Med #			PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,003,823	4,340,154	2,722,236	1,249,718	0	10,315,931
1a	Audit Adjustments						
2	Cost Per Diem	43.7573	94.7756	59.4453	27.2900		225.2682
3	Cost Per Diem Inflated	45.6346	97.3067	61.9957			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.6346	97.3067	61.9957	27.2900		232.2270
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.9194		69.5058			
7	Provider Target Rate	52.1082		71.1285			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.6346	97.3067	57.8638	13.6500		214.4551
12/13	Medicaid Adjustment Rate		2.7226	1.6190			
14	Prospective Per Diem 11	45.6346	100.0293	59.4828	13.6500		218.7967
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 208442-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

235.51

BERNARD L. SAMSON NURSING CENTER

FRVS

FRVS Status as of this Semester:

On Payback FRV [3]

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 10,329,070.00		
RS to Start Calcs:	1985/07	Type: Variable [3]	80% Capital(1): 7,164,134	9.5290
Indexed Asset Value	8,955,168	< 60% of Base: False	20% ROE(2): 1,791,034	0.7824
FRVS Base Asset:	3,420,000	Interest Rate: 4.9175 %	Insurance Cost(3): 86,419	1.4129
Occup Adj Factor:	0.9000	Chase Rate: 8.3468 %	Taxes Cost(3): 0	0.0000
ROE Factor	0.025830	Amortization Rate: 4.9175 %	Home Office(3): 0	0.0000
		Interest Only: False	Replacement(3&4): 437,376	0.0000
		Yearly Payment: 563,452	Total FRVS PD:	11.7243

(1) 80% Capital (\$7,164,134) amortized at 4.9175% for 20 years Principal & Interest of \$563,452 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.5290

(2) 20% ROE (\$1,791,034) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7824

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.6346	45.6346	2.6950	42.9396
Patient Care				
Direct Care	100.0293	100.0293	5.9074	94.1219
Indirect Care	59.4828	59.4828	3.5129	55.9699
Property	13.6500	11.7243	0.8061	12.8439
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.8055
Supplemental Rate Add-on				\$8.8324
Totals	218.7967	216.8710	12.9214	235.5132

***Medicaid Trend Adjustment :**



0 208485-00 - 2012/07
223.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Jupiter Medical Center Pavilion, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1230 South Old Dixie Highwa Jupiter FL 33458	10/01/2010-09/30/2011	Number of Beds: 120	Superior: 184
County: Palm Beach [50]	Days In CR 365	Maximum: 43,800	Standard: 0
Region: South [2] Area: 9	First Used: 2012/07	Max Annualized: 43,800	Conditional: 0
Control Private Non-Profit [3]	Last Used: 2012/07	Total Patient: 34,854	Total: 184
Current Class South Large [4]	Unaudited [3]	Medicare: 14,014	Inflation
Class at 1/94: South Large [4]	Initial CR? False	Medicaid: 15,108	FY Index: 1.24527319
Operating Ex > 18 months [1]	Medicaid Utilization 43.34653%		Semester Index: 1.28710041
Open Date: 1/1/1974	Occupancy: 79.57534%		Cost: 1.03358879
Acquired Date: 6/1/1976	Statewide Low Occupancy Threshold: 78.68980%		Target: 1.01634256
Entered Medicaid 1/1/1974	Medicaid Low Occupancy Threshold: 41.03510%		DC FY Index: 1.18500000
Med # Active Date: 9/5/1984	Low Occupancy Adjustment Factor: 101.12536%		DC Sem Index: 1.21100000
Previous Med # 204323	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02194093
			PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	621,307	1,792,516	1,049,934	169,814	0	3,633,571
1a	Audit Adjustments						
2	Cost Per Diem	41.1244	118.6468	69.4952	11.2400		240.5064
3	Cost Per Diem Inflated	42.5057	121.2500	71.8295			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.5057	121.2500	71.8295	11.2400		246.8252
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.4593		63.1434			
7	Provider Target Rate	61.8708		64.6176			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.5057	99.9145	59.7055	11.2400		213.3657
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.5057	99.9145	59.7055	11.2400		213.3657
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 208485-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

223.17

Jupiter Medical Center Pavilion, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,566,518.00		Total Amount	Per Diem
RS to Start Calcs:	1976/01	Type:	Fixed [2]	80% Capital(1):	4,439,462	9.4882
Indexed Asset Value	5,549,327	< 60% of Base:	False	20% ROE(2):	1,109,865	0.7157
FRVS Base Asset:	3,420,000	Interest Rate:	5.7500 %	Insurance Cost(3):	31,384	0.9004
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	594	0.0170
ROE Factor	0.025420	Amortization Rate:	5.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	30,653	0.0000
		Yearly Payment:	374,025	Total FRVS PD:		11.1213

(1) 80% Capital (\$4,439,462) amortized at 5.7500% for 20 years Principal & Interest of \$374,025 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4882

(2) 20% ROE (\$1,109,865) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7157

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5057	42.5057	2.5102	39.9955
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	11.2400	11.1213	0.6568	10.4645
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.6865
Supplemental Rate Add-on				\$8.8324
Totals	213.3657	213.2470	12.5936	223.1723

***Medicaid Trend Adjustment :**



0 208507-00 - 2012/07

202.84

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Claridge House

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13900 NE 3rd Court North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/1/1985 Acquired Date: 8/1/1985 Entered Medicaid 8/1/1985 Med # Active Date: 8/22/1985 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 80,659 Medicare: 6,020 Medicaid: 62,176	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.08501% Occupancy: 92.07649% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.01198% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,056,444	5,544,595	3,253,438	1,058,857	0	11,913,334
1a	Audit Adjustments						
2	Cost Per Diem	33.0746	89.1758	52.3263	17.0300		191.6067
3	Cost Per Diem Inflated	34.2879	91.2738	54.2458			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.2879	91.2738	54.2458	17.0300		196.8375
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		56.2502			
7	Provider Target Rate	42.9794		57.5634			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.2879	91.2738	54.2458	13.6500		193.4575
12/13	Medicaid Adjustment Rate		2.7812	1.6529			
14	Prospective Per Diem 11	34.2879	94.0550	55.8987	13.6500		197.8916
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 208507-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

202.84

Claridge House

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/1/2002 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 9,217,040 FRVS Base Asset: 5,041,736 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,735,600.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	7,373,632	12.7511
	< 60% of Base:	False	20% ROE(2):	1,843,408	0.5993
	Interest Rate:	12.5000 %	Insurance Cost(3):	201,645	2.5000
	Chase Rate:	12.5000 %	Taxes Cost(3):	172,906	2.1437
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	46,956	0.0000
Yearly Payment:	1,005,298	Total FRVS PD:	17.9941		

- (1) 80% Capital (\$7,373,632) amortized at 12.5000% for 20 years Principal & Interest of \$1,005,298 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$12.7511
- (2) 20% ROE (\$1,843,408) times the ROE factor (0.025630) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.5993
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.2879	34.2879	2.0249	32.2630
Patient Care				
Direct Care	94.0550	94.0550	5.5546	88.5004
Indirect Care	55.8987	55.8987	3.3012	52.5975
Property	13.6500	17.9941	1.0627	16.9314
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.7107
Supplemental Rate Add-on				\$8.8324
Totals	197.8916	202.2357	11.9434	202.8354

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 208540-00 - 2012/07
191.37

Westminster Towers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
70 West Lucerne Circle Orlando FL 32801 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1984 Acquired Date: 2/1/1984 Entered Medicaid 7/26/1985 Med # Active Date: 7/26/1985 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,212 Medicare: 5,372 Medicaid: 20,894	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.95961% Occupancy: 91.80822% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.67105% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22587622 Semester Index: 1.28710041 Cost: 1.04994321 Target: 1.01634256 DC FY Index: 1.17650000 DC Sem Index: 1.21100000 DC Inflation: 1.02932427 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,148,344	1,505,012	1,320,319	264,727	0	4,238,402
1a	Audit Adjustments						
2	Cost Per Diem	54.9605	72.0308	63.1913	12.6700		202.8526
3	Cost Per Diem Inflated	57.7054	74.1431	66.3473			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.7054	74.1431	66.3473	12.6700		210.8658
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7438		71.4283			
7	Provider Target Rate	46.8118		73.0959			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.8118	74.1431	57.8638	12.6700		191.4887
12/13	Medicaid Adjustment Rate		0.1635	0.1276			
14	Prospective Per Diem 11	46.8118	74.3066	57.9914	12.6700		191.7798
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 208540-00 - 2012/07
191.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Westminster Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/1999 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 4,683,317 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.026770	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,075,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,746,654	12.5583
	< 60% of Base:	False	20% ROE(2):	936,663	0.6361
	Interest Rate:	12.0000 %	Insurance Cost(3):	51,066	1.2699
	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.0000 %	Home Office(3):	16,896	0.4202
	Interest Only:	False	Replacement(3&4):	58,390	0.0000
Yearly Payment:	495,047	Total FRVS PD:	14.8845		

(1) 80% Capital (\$3,746,654) amortized at 12.0000% for 20 years Principal & Interest of \$495,047 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.5583

(2) 20% ROE (\$936,663) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6361

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.8118	46.8118	2.7646	44.0472
Patient Care				
Direct Care	74.3066	74.3066	4.3883	69.9183
Indirect Care	57.9914	57.9914	3.4248	54.5666
Property	12.6700	14.8845	0.8790	14.0055
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	191.7798	193.9943	11.4567	191.3700

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 208809-00 - 2012/07
208.43

Baptist Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10095 Hillview Road Pensacola FL 32514 County: Escambia [17] Region: North [1] Area: 1 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1985 Acquired Date: 12/1/1985 Entered Medicaid 12/1/1985 Med # Active Date: 12/21/1985 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 170 Maximum: 62,050 Max Annualized: 62,050 Total Patient: 55,600 Medicare: 11,434 Medicaid: 31,815	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.22122% Occupancy: 89.60516% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.87137% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,291,021	2,788,050	1,702,029	178,164	0	5,959,264
1a	Audit Adjustments						
2	Cost Per Diem	40.5790	87.6332	53.4977	5.6000		187.3099
3	Cost Per Diem Inflated	41.9420	89.5560	55.2946			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9420	89.5560	55.2946	5.6000		192.3926
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	89.5560	47.4134	5.6000		181.2979
12/13	Medicaid Adjustment Rate		0.7275	0.3852			
14	Prospective Per Diem 11	38.7285	90.2835	47.7986	5.6000		182.4106
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 208809-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

208.43

Baptist Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,619,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	6,802,978	14.4574
Indexed Asset Value	8,503,723	< 60% of Base:	False	20% ROE(2):	1,700,745	0.7742
FRVS Base Asset:	2,972,345	Interest Rate:	10.3600 %	Insurance Cost(3):	30,208	0.5433
Occup Adj Factor:	0.9000	Chase Rate:	9.7100 %	Taxes Cost(3):	420	0.0076
ROE Factor	0.025420	Amortization Rate:	10.3600 %	Home Office(3):	11,730	0.2110
		Interest Only:	False	Replacement(3&4):	57,250	0.0000
		Yearly Payment:	807,372	Total FRVS PD:		15.9935

(1) 80% Capital (\$6,802,978) amortized at 10.3600% for 20 years Principal & Interest of \$807,372 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$14.4574

(2) 20% ROE (\$1,700,745) times the ROE factor (0.025420) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$0.7742

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 170	Effective PBS Limitation	4,845,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	90.2835	90.2835	5.3318	84.9517
Indirect Care	47.7986	47.7986	2.8228	44.9758
Property	5.6000	15.9935	0.9445	15.0490
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1827
Supplemental Rate Add-on				\$8.8324
Totals	182.4106	192.8041	11.3863	208.4329

***Medicaid Trend Adjustment :**



0 209325-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

204.38

Courtenav Springs Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1100 S. Courtenay Parkway Merritt Island FL 32952 County: Brevard [5] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1984 Acquired Date: 6/1/1984 Entered Medicaid 6/1/1984 Med # Active Date: 11/18/1986 Previous Med # 207888	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 96 Maximum: 35,040 Max Annualized: 35,040 Total Patient: 23,390 Medicare: 4,544 Medicaid: 13,356	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.10133% Occupancy: 66.75228% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 84.82965% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	553,874	822,768	747,816	127,550	0	2,252,008
1a	Audit Adjustments						
2	Cost Per Diem	41.4701	61.6029	55.9910	9.5500		168.6140
3	Cost Per Diem Inflated	42.8630	62.9545	57.8717			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.8630	62.9545	57.8717	9.5500		173.2392
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.3630		56.1471			
7	Provider Target Rate	55.6322		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.8630	62.9545	57.4579	9.5500		172.8254
12/13	Medicaid Adjustment Rate		0.5029	0.4590			
14	Prospective Per Diem 11	42.8630	63.4574	57.9169	9.5500		173.7873
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 209325-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

204.38

Courtenav Springs Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/1994 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 4,649,630 FRVS Base Asset: 1,710,000 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,625,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,719,704	17.9598
	< 60% of Base:	False	20% ROE(2):	929,926	0.7496
	Interest Rate:	14.3480 %	Insurance Cost(3):	54,527	2.3312
	Chase Rate:	13.0000 %	Taxes Cost(3):	48,838	2.0880
	Amortization Rate:	14.3480 %	Home Office(3):	20,091	0.8590
	Interest Only:	False	Replacement(3&4):	13,429	0.0000
Yearly Payment:	566,381	Total FRVS PD:	23.9876		

(1) 80% Capital (\$3,719,704) amortized at 14.3480% for 20 years Principal & Interest of \$566,381 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$17.9598

(2) 20% ROE (\$929,926) times the ROE factor (0.025420) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$0.7496

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.8630	42.8630	2.5313	40.3317
Patient Care				
Direct Care	63.4574	63.4574	3.7476	59.7098
Indirect Care	57.9169	57.9169	3.4204	54.4965
Property	9.5500	23.9876	1.4166	22.5710
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4431
Supplemental Rate Add-on				\$8.8324
Totals	173.7873	188.2249	11.1159	204.3845

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 209422-00 - 2012/07

206.51

Westminster Asbury Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1700 21st Avenue West Bradenton FL 34205 County: Manatee [41] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 3/11/1987 Med # Active Date: 3/11/1987 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 59 Maximum: 21,535 Max Annualized: 21,535 Total Patient: 19,872 Medicare: 3,190 Medicaid: 8,339	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.96357% Occupancy: 92.27769% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.26766% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22587622 Semester Index: 1.28710041 Cost: 1.04994321 Target: 1.01634256 DC FY Index: 1.17650000 DC Sem Index: 1.21100000 DC Inflation: 1.02932427 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	443,792	708,961	550,966	110,492	0	1,814,211
1a	Audit Adjustments						
2	Cost Per Diem	53.2189	85.0175	66.0710	13.2500		217.5574
3	Cost Per Diem Inflated	55.8768	87.5106	69.3708			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.8768	87.5106	69.3708	13.2500		226.0082
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		62.6916			
7	Provider Target Rate	48.7494		64.1552			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.7494	87.5106	64.1552	13.2500		213.6652
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.7494	87.5106	64.1552	13.2500		213.6652
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 209422-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

206.51

Westminster Asbury Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/11/1987 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 1,835,583 FRVS Base Asset: 1,412,120 Occup Adj Factor: 0.9000 ROE Factor 0.026770	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,160,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,468,466	6.7306
	< 60% of Base:	False	20% ROE(2):	367,117	0.5071
	Interest Rate:	6.4100 %	Insurance Cost(3):	38,858	1.9554
	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	6.4100 %	Home Office(3):	9,362	0.4711
	Interest Only:	False	Replacement(3&4):	707,290	0.0000
Yearly Payment:	130,450	Total FRVS PD:		9.6642	

(1) 80% Capital (\$1,468,466) amortized at 6.4100% for 20 years Principal & Interest of \$130,450 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$6.7306

(2) 20% ROE (\$367,117) times the ROE factor (0.026770) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.5071

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,669
Comparison Date: 1/1/1972	Current RS PBS:	50,254
Comparison Bed 17	Effective PBS Limitation	181,373

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.7494	48.7494	2.8790	45.8704
Patient Care				
Direct Care	87.5106	87.5106	5.1681	82.3425
Indirect Care	64.1552	64.1552	3.7888	60.3664
Property	13.2500	9.6642	0.5707	9.0935
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	213.6652	210.0794	12.4066	206.5052

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 209473-00 - 2012/07

229.43

St Anne's Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11855 Quail Roost Drive Miami FL 33177 County: Dade [13] Region: South [2] Area: 11 Control Church Non-Profit [2] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/22/1987 Acquired Date: 5/22/1987 Entered Medicaid 5/22/1987 Med # Active Date: 5/22/1987 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 220 Maximum: 80,300 Max Annualized: 80,300 Total Patient: 77,260 Medicare: 12,148 Medicaid: 47,326	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.25550% Occupancy: 96.21420% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.27023% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,398,078	4,204,617	2,683,160	760,056	0	10,045,911
1a	Audit Adjustments						
2	Cost Per Diem	50.6715	88.8437	56.6953	16.0600		212.2705
3	Cost Per Diem Inflated	52.3735	90.7930	58.5996			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.3735	90.7930	58.5996	16.0600		217.8261
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.9284		55.2512			
7	Provider Target Rate	51.0941		56.5411			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.0941	90.7930	56.5411	13.6500		212.0782
12/13	Medicaid Adjustment Rate		1.1497	0.7159			
14	Prospective Per Diem 11	51.0941	91.9427	57.2570	13.6500		213.9438
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 209473-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

229.43

St Anne's Nursing Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
				Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 9,972,200.00			
RS to Start Calcs:	1987/01	Type: Variable [3]	80% Capital(1):	8,844,704	11.6104
Indexed Asset Value	11,055,880	< 60% of Base: False	20% ROE(2):	2,211,176	0.7778
FRVS Base Asset:	5,162,760	Interest Rate: 7.2532 %	Insurance Cost(3):	147,938	1.9148
Occup Adj Factor:	0.9000	Chase Rate: 8.7763 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025420	Amortization Rate: 7.2532 %	Home Office(3):	47,799	0.6187
		Interest Only: False	Replacement(3&4):	146,453	0.0000
		Yearly Payment: 839,081	Total FRVS PD:		14.9217

(1) 80% Capital (\$8,844,704) amortized at 7.2532% for 20 years Principal & Interest of \$839,081 divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = \$11.6104

(2) 20% ROE (\$2,211,176) times the ROE factor (0.025420) divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = \$0.7778

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,162,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.0941	51.0941	3.0174	48.0767
Patient Care				
Direct Care	91.9427	91.9427	5.4298	86.5129
Indirect Care	57.2570	57.2570	3.3814	53.8756
Property	13.6500	14.9217	0.8061	12.8439
ROE	0.0000	0.1783		
ROE Adjustment	0.0000	-0.1783		
Quality Assess-Medicaid Share				\$19.2909
Supplemental Rate Add-on				\$8.8324
Totals	213.9438	215.2155	12.6347	229.4324

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 209511-00 - 2012/07
228.90

Bishop's Glen Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
900 LPGA Blvd Holly Hill FL 32117 County: Volusia [64] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/25/1986 Acquired Date: 2/25/1986 Entered Medicaid 2/25/1986 Med # Active Date: 12/22/1986 Previous Med # 208884	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,824 Medicare: 3,300 Medicaid: 9,919	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 50.03531% Occupancy: 90.52055% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.03466% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	495,030	865,058	563,211	66,259	0	1,989,558
1a	Audit Adjustments						
2	Cost Per Diem	49.9072	87.2122	56.7810	6.6800		200.5804
3	Cost Per Diem Inflated	51.5835	89.1257	58.6882			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.5835	89.1257	58.6882	6.6800		206.0774
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.8451		66.1740			
7	Provider Target Rate	75.5691		67.7189			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.8132	89.1257	58.6882	6.6800		205.3071
12/13	Medicaid Adjustment Rate		0.0035	0.0023			
14	Prospective Per Diem 11	50.8132	89.1292	58.6905	6.6800		205.3129
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 209511-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

228.90

Bishop's Glen Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1986/01 Indexed Asset Value 2,839,620 FRVS Base Asset: 1,710,000 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,700,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,271,696	9.3197
	< 60% of Base:	False	20% ROE(2):	567,924	0.7325
	Interest Rate:	5.2500 %	Insurance Cost(3):	45,109	2.2755
	Chase Rate:	8.2500 %	Taxes Cost(3):	34,534	1.7420
	Amortization Rate:	5.2500 %	Home Office(3):	17,883	0.9021
	Interest Only:	False	Replacement(3&4):	11,204	0.0000
Yearly Payment:	183,692	Total FRVS PD:	14.9718		

(1) 80% Capital (\$2,271,696) amortized at 5.2500% for 20 years Principal & Interest of \$183,692 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.3197

(2) 20% ROE (\$567,924) times the ROE factor (0.025420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7325

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	89.1292	89.1292	5.2637	83.8655
Indirect Care	58.6905	58.6905	3.4661	55.2244
Property	6.6800	14.9718	0.8842	14.0876
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0796
Supplemental Rate Add-on				\$8.8324
Totals	205.3129	213.6047	12.6149	228.9018

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 209848-00 - 2012/07

188.09

Winter Park Towers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1111 South Lakemount Avenue Winter Park FL 32792 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1971 Acquired Date: 7/1/1971 Entered Medicaid 10/1/1987 Med # Active Date: 10/27/1987 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,177 Medicare: 6,421 Medicaid: 16,811	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 42.91038% Occupancy: 89.44520% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.66811% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22587622 Semester Index: 1.28710041 Cost: 1.04994321 Target: 1.01634256 DC FY Index: 1.17650000 DC Sem Index: 1.21100000 DC Inflation: 1.02932427 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	767,943	1,215,424	1,299,632	316,215	0	3,599,214
1a	Audit Adjustments						
2	Cost Per Diem	45.6810	72.2993	77.3084	18.8100		214.0987
3	Cost Per Diem Inflated	47.9625	74.4194	81.1694			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9625	74.4194	81.1694	18.8100		222.3613
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2199		74.0380			
7	Provider Target Rate	49.3457		75.7665			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.9625	74.4194	57.8638	13.6500		193.8957
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.9625	74.4194	57.8638	13.6500		193.8957
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 209848-00 - 2012/07
188.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Winter Park Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,108,315 FRVS Base Asset: 2,884,391 Occup Adj Factor: 0.9000 ROE Factor 0.026770	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,157,800.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,486,652	6.8107
	< 60% of Base:	False	20% ROE(2):	621,663	0.4222
	Interest Rate:	9.0000 %	Insurance Cost(3):	101,543	2.5919
	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	9.0000 %	Home Office(3):	17,039	0.4349
	Interest Only:	False	Replacement(3&4):	486,020	0.0000
Yearly Payment:	268,477	Total FRVS PD:		10.2597	

(1) 80% Capital (\$2,486,652) amortized at 9.0000% for 20 years Principal & Interest of \$268,477 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.8107

(2) 20% ROE (\$621,663) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4222

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,669
Comparison Date: 1/1/1972	Current RS PBS:	50,254
Comparison Bed 121	Effective PBS Limitation	1,290,949

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.9625	47.9625	2.8325	45.1300
Patient Care				
Direct Care	74.4194	74.4194	4.3950	70.0244
Indirect Care	57.8638	57.8638	3.4172	54.4466
Property	13.6500	10.2597	0.6059	9.6538
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	193.8957	190.5054	11.2506	188.0872

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 209856-00 - 2012/07
214.19

Sun Terrace Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
105 Trinity Lake Drive Sun City Center FL 33570 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1983 Acquired Date: 3/1/1983 Entered Medicaid 9/1/1987 Med # Active Date: 9/1/1987 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 109 Maximum: 39,785 Max Annualized: 39,785 Total Patient: 37,361 Medicare: 14,956 Medicaid: 12,630	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651
Medicaid Utilization 33.80531% Occupancy: 93.90725% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.33852% Weighted Low Occ Adjustment Factor: 100.00000%			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	627,210	1,169,640	799,809	208,395	0	2,805,054
1a	Audit Adjustments						
2	Cost Per Diem	49.6603	92.6081	63.3261	16.5000		222.0945
3	Cost Per Diem Inflated	51.4820	94.7869	65.6492			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.4820	94.7869	65.6492	16.5000		228.4181
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.5483		48.2597			
7	Provider Target Rate	43.5417		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.5417	94.7869	49.3864	13.6500		201.3650
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.5417	94.7869	49.3864	13.6500		201.3650
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 209856-00 - 2012/07
214.19

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Sun Terrace Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,061,208.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Variable [3]	80% Capital(1):	3,858,218	11.0174
Indexed Asset Value	4,822,773	< 60% of Base:	False	20% ROE(2):	964,555	0.6904
FRVS Base Asset:	1,239,028	Interest Rate:	10.7500 %	Insurance Cost(3):	53,593	1.4345
Occup Adj Factor:	0.9000	Chase Rate:	6.2500 %	Taxes Cost(3):	86,926	2.3267
ROE Factor	0.025630	Amortization Rate:	8.2500 %	Home Office(3):	17,565	0.4701
		Interest Only:	False	Replacement(3&4):	303,677	0.0000
		Yearly Payment:	394,495	Total FRVS PD:		15.9391

(1) 80% Capital (\$3,858,218) amortized at 8.2500% for 20 years Principal & Interest of \$394,495 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$11.0174

(2) 20% ROE (\$964,555) times the ROE factor (0.025630) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.6904

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	24,796
Comparison Date: 1/1/1982	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	2,975,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.5417	43.5417	2.5714	40.9703
Patient Care				
Direct Care	94.7869	94.7869	5.5978	89.1891
Indirect Care	49.3864	49.3864	2.9166	46.4698
Property	13.6500	15.9391	0.9413	14.9978
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.7269
Supplemental Rate Add-on				\$8.8324
Totals	201.3650	203.6541	12.0271	214.1863

***Medicaid Trend Adjustment :**



0 210137-00 - 2012/07

205.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center of Altamonte Springs

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
989 Orienta Avenue Altamonte Springs FL 32701 County: Seminole [59] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1976 Acquired Date: 2/1/1976 Entered Medicaid 2/1/1976 Med # Active Date: 9/1/1988 Previous Med # 204528	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 76,820 Medicare: 17,776 Medicaid: 48,685	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.37542% Occupancy: 87.69407% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.44273% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,955,876	4,244,952	2,037,979	368,059	0	8,606,866
1a	Audit Adjustments						
2	Cost Per Diem	40.1741	87.1922	41.8605	7.5600		176.7868
3	Cost Per Diem Inflated	41.7726	89.3821	43.5261			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.7726	89.3821	43.5261	7.5600		182.2408
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2998		48.2597			
7	Provider Target Rate	49.4274		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.7726	89.3821	43.5261	7.5600		182.2408
12/13	Medicaid Adjustment Rate		1.3450	0.6550			
14	Prospective Per Diem 11	41.7726	90.7271	44.1811	7.5600		184.2408
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210137-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

205.92

Life Care Center of Altamonte Springs

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,004,398.00		Total Amount	Per Diem
RS to Start Calcs:	1976/01	Type:	Fixed [2]	80% Capital(1):	7,050,078	11.1177
Indexed Asset Value	8,812,597	< 60% of Base:	True	20% ROE(2):	1,762,519	0.5774
FRVS Base Asset:	4,075,311	Interest Rate:	10.6250 %	Insurance Cost(3):	22,746	0.2961
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	99,534	1.2957
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	60,928	0.7931
		Interest Only:	True	Replacement(3&4):	183,630	0.0000
		Yearly Payment:	876,518	Total FRVS PD:		14.0800

(1) 80% Capital (\$7,050,078) amortized at 12.5000% for 20 years Interest of \$876,518 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$11.1177

(2) 20% ROE (\$1,762,519) times the ROE factor (0.025830) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.5774

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.7726	41.7726	2.4670	39.3056
Patient Care				
Direct Care	90.7271	90.7271	5.3580	85.3691
Indirect Care	44.1811	44.1811	2.6092	41.5719
Property	7.5600	14.0800	0.8315	13.2485
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5933
Supplemental Rate Add-on				\$8.8324
Totals	184.2408	190.7608	11.2657	205.9208

***Medicaid Trend Adjustment :**



0 210188-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

230.01

Covenant Village Center Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9201 West Broward Blvd. Plantation FL 33324 County: Broward [6] Region: South [2] Area: 10 Control Church Non-Profit [2] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/15/1988 Acquired Date: 3/15/1988 Entered Medicaid 3/15/1988 Med # Active Date: 3/15/1988 Previous Med #	02/01/2010-01/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,416 Medicare: 3,825 Medicaid: 5,059	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 27.47068% Occupancy: 84.09132% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.86432% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22248089 Semester Index: 1.28710041 Cost: 1.05285933 Target: 1.01634256 DC FY Index: 1.17483274 DC Sem Index: 1.21100000 DC Inflation: 1.03078503 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	331,270	464,350	346,378	58,684	0	1,200,682
1a	Audit Adjustments						
2	Cost Per Diem	65.4813	91.7869	68.4677	11.5999		237.3358
3	Cost Per Diem Inflated	68.9426	94.6126	72.0869			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	68.9426	94.6126	72.0869	11.5999		247.2420
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	86.0647		61.3003			
7	Provider Target Rate	88.0740		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	94.6126	62.7314	11.5999		231.1236
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	62.1797	94.6126	62.7314	11.5999		231.1236
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210188-00 - 2012/07
230.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Covenant Village Center Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/15/1988	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
Year of Phase-In/ Full:	Amount: 2,364,442.00	80% Capital(1):	1,724,250 9.4181
RS to Start Calcs: 1988/01	Type: Variable [3]	20% ROE(2):	431,063 0.5922
Indexed Asset Value 2,155,313	< 60% of Base: False	Insurance Cost(3):	19,305 1.0483
FRVS Base Asset: 1,765,380	Interest Rate: 8.9600 %	Taxes Cost(3):	17,149 0.9312
Occup Adj Factor: 0.9000	Chase Rate: 8.7500 %	Home Office(3):	65,282 3.5449
ROE Factor 0.027080	Amortization Rate: 8.9600 %	Replacement(3&4):	73,017 0.0000
	Interest Only: False	Total FRVS PD:	15.5347
	Yearly Payment: 185,630		

(1) 80% Capital (\$1,724,250) amortized at 8.9600% for 20 years Principal & Interest of \$185,630 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.4181

(2) 20% ROE (\$431,063) times the ROE factor (0.027080) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5922

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	94.6126	94.6126	5.5875	89.0251
Indirect Care	62.7314	62.7314	3.7047	59.0267
Property	11.5999	15.5347	0.9174	14.6173
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	231.1236	235.0584	13.8817	230.0091

***Medicaid Trend Adjustment :**



0 210285-00 - 2012/07

206.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

John Knox Village Medical Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4100 E. FLETCHER AVENU Tampa FL 33613 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1978 Acquired Date: 11/1/1978 Entered Medicaid 12/1/1987 Med # Active Date: 12/1/1987 Previous Med #	01/01/2006-12/31/2006 Days In CR 365 First Used: 2008/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 163 Maximum: 59,495 Max Annualized: 59,495 Total Patient: 55,955 Medicare: 6,390 Medicaid: 20,520	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 36.67233% Occupancy: 94.04992% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.51983% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.08662000 Semester Index: 1.28710041 Cost: 1.18449910 Target: 1.01634256 DC FY Index: 1.06800000 DC Sem Index: 1.21100000 DC Inflation: 1.13389513 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,070,921	1,624,214	1,024,410	232,697	0	3,952,242
1a	Audit Adjustments						
2	Cost Per Diem	52.1891	79.1527	49.9225	11.3400		192.6043
3	Cost Per Diem Inflated	61.8179	89.7509	59.1332			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	61.8179	89.7509	59.1332	11.3400		222.0420
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	80.6152		73.4772			
7	Provider Target Rate	82.4973		75.1926			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9425	89.7509	57.8638	11.3400		208.8972
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9425	89.7509	57.8638	11.3400		208.8972
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 210285-00 - 2012/07
206.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

John Knox Village Medical Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,023,570.00		Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	Variable [3]	80% Capital(1):	5,179,218	8.3245
Indexed Asset Value	6,474,023	< 60% of Base:	False	20% ROE(2):	1,294,805	1.1663
FRVS Base Asset:	2,676,513	Interest Rate:	6.0131 %	Insurance Cost(3):	45,734	0.8173
Occup Adj Factor:	0.9000	Chase Rate:	7.9765 %	Taxes Cost(3):	35,394	0.6325
ROE Factor	0.048230	Amortization Rate:	6.0131 %	Home Office(3):	117,196	2.0945
		Interest Only:	False	Replacement(3&4):	154,459	0.0000
		Yearly Payment:	445,737	Total FRVS PD:		13.0351

(1) 80% Capital (\$5,179,218) amortized at 6.0131% for 20 years Principal & Interest of \$445,737 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$8.3245

(2) 20% ROE (\$1,294,805) times the ROE factor (0.048230) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$1.1663

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	17,795
Comparison Date: 1/1/1978	Current RS PBS:	50,254
Comparison Bed 50	Effective PBS Limitation	889,750

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	89.7509	89.7509	5.3004	84.4505
Indirect Care	57.8638	57.8638	3.4172	54.4466
Property	11.3400	13.0351	0.7698	12.2653
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	208.8972	210.5923	12.4368	206.9879

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 210374-00 - 2012/07

213.25

Azalea Trace

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10100 Hillview Road Pensacola FL 32504 County: Escambia [17] Region: North [1] Area: 1 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 5/1/1981 Acquired Date: 5/1/1981 Entered Medicaid 9/1/1988 Med # Active Date: 9/1/1988 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 82 Maximum: 29,930 Max Annualized: 29,930 Total Patient: 24,723 Medicare: 1,507 Medicaid: 5,216	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 21.09776% Occupancy: 82.60274% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.97261% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	261,568	496,320	395,805	66,139	0	1,219,832
1a	Audit Adjustments						
2	Cost Per Diem	50.1472	95.1534	75.8829	12.6800		233.8635
3	Cost Per Diem Inflated	52.8712	98.1523	80.0049			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.8712	98.1523	80.0049	12.6800		243.7084
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.4056		102.6271			
7	Provider Target Rate	78.1894		105.0231			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.8132	94.5794	61.7620	12.6800		219.8346
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.8132	94.5794	61.7620	12.6800		219.8346
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210374-00 - 2012/07
213.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Azalea Trace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,225,224.00		Total Amount	Per Diem
RS to Start Calcs:	1981/01	Type:	Variable [3]	80% Capital(1):	2,477,414	6.2823
Indexed Asset Value	3,096,767	< 60% of Base:	False	20% ROE(2):	619,353	0.6346
FRVS Base Asset:	2,040,570	Interest Rate:	3.2900 %	Insurance Cost(3):	10,037	0.4060
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	9,605	0.3885
ROE Factor	0.027600	Amortization Rate:	3.2900 %	Home Office(3):	58,832	2.3796
		Interest Only:	False	Replacement(3&4):	1,081,553	0.0000
		Yearly Payment:	169,225	Total FRVS PD:		10.0910

(1) 80% Capital (\$2,477,414) amortized at 3.2900% for 20 years Principal & Interest of \$169,225 divided by annual available days (29,930) divided by Occup. Adj. (0.9000) = \$6.2823

(2) 20% ROE (\$619,353) times the ROE factor (0.027600) divided by annual available days (29,930) divided by Occup. Adj. (0.9000) = \$0.6346

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	22,673
Comparison Date: 7/1/1980	Current RS PBS:	50,254
Comparison Bed 90	Effective PBS Limitation	2,040,570

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	94.5794	94.5794	5.5855	88.9939
Indirect Care	61.7620	61.7620	3.6475	58.1145
Property	12.6800	10.0910	0.5959	9.4951
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	219.8346	217.2456	12.8298	213.2482

***Medicaid Trend Adjustment :**



0 210463-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

242.56

Village on the Isle

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
950 SOUTH TAMiami TRAI Venice FL 34285 County: Sarasota [58] Region: South [2] Area: 8 Control Church Non-Profit [2] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 5/12/1988 Previous Med # 208051	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,967 Medicare: 2,280 Medicaid: 8,812	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 42.02795% Occupancy: 95.73973% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.66727% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	598,235	868,223	632,639	195,979	0	2,295,076
1a	Audit Adjustments						
2	Cost Per Diem	67.8887	98.5273	71.7929	22.2400		260.4489
3	Cost Per Diem Inflated	71.5764	101.6325	75.6927			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	71.5764	101.6325	75.6927	22.2400		271.1416
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.8341		77.2382			
7	Provider Target Rate	57.1376		79.0414			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	57.1376	101.6325	74.1906	13.6500		246.6107
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	57.1376	101.6325	74.1906	13.6500		246.6107
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210463-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

242.56

Village on the Isle

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,036,512.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	2,085,876	13.7228
Indexed Asset Value	2,607,345	< 60% of Base:	False	20% ROE(2):	521,469	0.7302
FRVS Base Asset:	1,710,000	Interest Rate:	11.7050 %	Insurance Cost(3):	5,092	0.2429
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	15,576	0.7429
ROE Factor	0.027600	Amortization Rate:	11.7050 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	52,209	0.0000
		Yearly Payment:	270,477	Total FRVS PD:		15.4388

- (1) 80% Capital (\$2,085,876) amortized at 11.7050% for 20 years Principal & Interest of \$270,477 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$13.7228
- (2) 20% ROE (\$521,469) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7302
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	57.1376	57.1376	3.3744	53.7632
Patient Care				
Direct Care	101.6325	101.6325	6.0021	95.6304
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	13.6500	15.4388	0.9118	14.5270
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	246.6107	248.3995	14.6698	242.5621

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 210587-00 - 2012/07
232.65

HealthPark Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16131 Rose Rush Court Ft. Myers FL 33908 County: Lee [36] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/28/1992 Acquired Date: 10/28/1992 Entered Medicaid 12/18/1992 Med # Active Date: 12/18/1992 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 112 Maximum: 40,880 Max Annualized: 40,880 Total Patient: 39,155 Medicare: 15,054 Medicaid: 10,854	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 27.72060% Occupancy: 95.78033% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.71886% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	588,995	1,198,539	679,307	134,264	0	2,601,105
1a	Audit Adjustments						
2	Cost Per Diem	54.2652	110.4237	62.5859	12.3700		239.6448
3	Cost Per Diem Inflated	56.0879	112.8465	64.6881			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.0879	112.8465	64.6881	12.3700		245.9925
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	135.4583		73.1517			
7	Provider Target Rate	138.6208		74.8595			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.7055	12.3700		224.2048
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	99.9145	59.7055	12.3700		224.2048
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 210587-00 - 2012/07
232.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

HealthPark Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/18/1992 Year of Phase-In/ Full: RS to Start Calcs: 1992/07 Indexed Asset Value 4,692,030 FRVS Base Asset: 2,844,810 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,100,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,753,624	7.6729
	< 60% of Base:	False	20% ROE(2):	938,406	0.6484
	Interest Rate:	4.3900 %	Insurance Cost(3):	20,228	0.5166
	Chase Rate:	9.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	4.3900 %	Home Office(3):	86,862	2.2184
	Interest Only:	False	Replacement(3&4):	97,550	0.0000
Yearly Payment:	282,300	Total FRVS PD:		11.0563	

(1) 80% Capital (\$3,753,624) amortized at 4.3900% for 20 years Principal & Interest of \$282,300 divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = \$7.6729

(2) 20% ROE (\$938,406) times the ROE factor (0.025420) divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = \$0.6484

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	31,609
Comparison Date: 1/1/1992	Current RS PBS:	50,254
Comparison Bed 90	Effective PBS Limitation	2,844,810

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	12.3700	11.0563	0.6529	10.4034
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.0894
Supplemental Rate Add-on				\$8.8324
Totals	224.2048	222.8911	13.1631	232.6498

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 210617-00 - 2012/07
245.05

Miami Gardens Care Centre, Inc.

Type of Cost Report: Prospective with Interim Component[8] Type of Cost: Actual with Interim Component[3] Type of Rate: Prospective[1] Interim Component effective date : 01/22/2012
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
190 NE 191 Street North Miami FL 33170 County: Dade[13] Region: South[2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/4/1992 Acquired Date: 2/4/1992 Entered Medicaid 3/11/1992 Med # Active Date: 5/17/1992 Previous Med # 204226	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 33,714 Medicare: 5,754 Medicaid: 26,455	Superior: 0 Standard: 149 Conditional: 35 Total: 184
	Medicaid Utilization 78.46889% Occupancy: 76.97260% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 97.81777% Weighted Low Occ Adjustment Factor: 100.00000% Interim Component Effective date: 1/22/2012		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,162,507	2,494,222	1,709,469	563,756	0	5,929,954
1a	Audit Adjustments						
2	Cost Per Diem	43.9428	94.2817	64.6180	21.3100		224.1525
3	Cost Per Diem Inflated	45.6912	96.6496	67.1891			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.6912	96.6496	67.1891	21.3100		230.8399
5a	Interim Adjustment	6.6738					
5b	Interim Adjusted Per Diem	52.3650					
6	Prior Semester: Provider Target Base	44.7911		63.4172			
7	Provider Target Rate	45.8368		64.8978			
7a	Interim Adjustment	6.6738					
7b	Interim Adjusted Provider Target Rate	52.5106					
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	96.6496	59.7055	13.6500		222.2199
12/13	Medicaid Adjustment Rate		2.5066	1.5485			
14	Prospective Per Diem 11	52.2148	99.1562	61.2540	13.6500		226.2750
15	Inflated Usual & Customary Charge						
		Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210617-00 - 2012/07
245.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Miami Gardens Care Centre. Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/11/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,300,000.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed [2]	80% Capital(1):	4,124,676	12.9602
Indexed Asset Value	5,155,845	< 60% of Base:	False	20% ROE(2):	1,031,169	0.6757
FRVS Base Asset:	3,718,320	Interest Rate:	11.1250 %	Insurance Cost(3):	76,985	2.2835
Occup Adj Factor:	0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	78,317	2.3230
ROE Factor	0.025830	Amortization Rate:	11.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	2,578	0.0000
		Yearly Payment:	510,893	Total FRVS PD:		18.2424

- (1) 80% Capital (\$4,124,676) amortized at 11.0000% for 20 years Principal & Interest of \$510,893 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.9602
- (2) 20% ROE (\$1,031,169) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6757
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,718,320

Comparison of Reimbursement under Cost vs. FRVS					
Components	Cost	FRVS	MTA*	Final Component	
Operating	52.2148	52.2148	3.0836	49.1312	
Patient Care					
Direct Care	99.1562	99.1562	5.8558	93.3004	
Indirect Care	61.2540	61.2540	3.6175	57.6365	
Property	13.6500	18.2424	1.0773	17.1651	
ROE	0.0000	0.0000			
ROE Adjustment	0.0000	0.0000			
Quality Assess-Medicaid Share				\$18.9833	
Supplemental Rate Add-on				\$8.8324	
Totals	226.2750	230.8674	13.6342	245.0489	

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 210676-00 - 2012/07
240.88

AVANTE AT BOCA RATON, INC.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1130 NORTHWEST 15TH ST Boca Raton FL 33486 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/25/1985 Acquired Date: 12/25/1985 Entered Medicaid 12/25/1985 Med # Active Date: 4/1/1993 Previous Med # 203394	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 144 Maximum: 52,560 Max Annualized: 52,560 Total Patient: 41,192 Medicare: 4,044 Medicaid: 19,230	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 46.68382% Occupancy: 78.37139% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 99.59536% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	983,211	1,730,085	1,149,186	252,298	0	4,114,780
1a	Audit Adjustments						
2	Cost Per Diem	51.1290	89.9680	59.7601	13.1200		213.9771
3	Cost Per Diem Inflated	53.4423	92.4492	62.4639			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.4423	92.4492	62.4639	13.1200		221.4754
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4106		60.9329			
7	Provider Target Rate	52.6109		62.3555			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	92.4492	59.7055	13.1200		217.4895
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	92.4492	59.7055	13.1200		217.4895
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 210676-00 - 2012/07
240.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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AVANTE AT BOCA RATON, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	5,487,961	14.3699
Indexed Asset Value	6,859,951	< 60% of Base:	False	20% ROE(2):	1,371,990	0.7584
FRVS Base Asset:	3,136,303	Interest Rate:	11.0000 %	Insurance Cost(3):	67,070	1.6282
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	113,085	2.7453
ROE Factor	0.026150	Amortization Rate:	11.0000 %	Home Office(3):	33,076	0.8030
		Interest Only:	False	Replacement(3&4):	37,768	0.0000
		Yearly Payment:	679,753	Total FRVS PD:		20.3048

- (1) 80% Capital (\$5,487,961) amortized at 11.0000% for 20 years Principal & Interest of \$679,753 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$14.3699
- (2) 20% ROE (\$1,371,990) times the ROE factor (0.026150) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$0.7584
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	92.4492	92.4492	5.4597	86.9895
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.1200	20.3048	1.1991	19.1057
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6428
Supplemental Rate Add-on				\$8.8324
Totals	217.4895	224.6743	13.2684	240.8811

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 210684-00 - 2012/07

220.08

The Edgewater at Waterman Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
300 Brookfield Ave Mount Dora FL 32757 County: Lake [35] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/19/1993 Acquired Date: 4/19/1993 Entered Medicaid 5/3/1993 Med # Active Date: 5/3/1993 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,425 Medicare: 15,401 Medicaid: 16,872	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 40.72903% Occupancy: 94.57763% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.19045% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	954,650	1,558,237	1,328,261	340,140	0	4,181,288
1a	Audit Adjustments						
2	Cost Per Diem	56.5819	92.3564	78.7258	20.1600		247.8241
3	Cost Per Diem Inflated	58.4824	94.3828	81.3701			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.4824	94.3828	81.3701	20.1600		254.3953
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.6943		77.1753			
7	Provider Target Rate	72.3448		78.9771			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	94.3828	56.1342	13.6500		211.6450
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	94.3828	56.1342	13.6500		211.6450
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210684-00 - 2012/07
220.08

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Edgewater at Waterman Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/3/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,858,400.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable [3]	80% Capital(1):	4,406,345	8.1283
Indexed Asset Value	5,507,931	< 60% of Base:	False	20% ROE(2):	1,101,586	0.7104
FRVS Base Asset:	3,861,960	Interest Rate:	4.0000 %	Insurance Cost(3):	72,706	1.7551
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	26,497	0.6396
ROE Factor	0.025420	Amortization Rate:	4.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	131,586	0.0000
		Yearly Payment:	320,419	Total FRVS PD:		11.2334

(1) 80% Capital (\$4,406,345) amortized at 4.0000% for 20 years Principal & Interest of \$320,419 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.1283

(2) 20% ROE (\$1,101,586) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7104

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	94.3828	94.3828	5.5739	88.8089
Indirect Care	56.1342	56.1342	3.3151	52.8191
Property	13.6500	11.2334	0.6634	10.5700
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.3799
Supplemental Rate Add-on				\$8.8324
Totals	211.6450	209.2284	12.3563	220.0844

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 210781-00 - 2012/07 224.79

Brighton Gardens of Port St. Lucie

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1699 E. Lyngate Drive Port St. Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 10/13/1993 Acquired Date: 10/13/1993 Entered Medicaid 10/18/1993 Med # Active Date: 10/18/1993 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 30 Maximum: 10,950 Max Annualized: 10,950 Total Patient: 9,933 Medicare: 4,911 Medicaid: 4,082	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.09534% Occupancy: 90.71233% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.27838% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	203,916	370,652	276,785	116,174	0	967,527
1a	Audit Adjustments						
2	Cost Per Diem	49.9549	90.8016	67.8062	28.4601		237.0228
3	Cost Per Diem Inflated	51.2890	92.4428	69.6170			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.2890	92.4428	69.6170	28.4601		241.8089
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.8257		66.1388			
7	Provider Target Rate	79.6427		67.6829			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.2890	92.4428	67.6829	13.6500		225.0647
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.2890	92.4428	67.6829	13.6500		225.0647
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 210781-00 - 2012/07
224.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Brighton Gardens of Port St. Lucie

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/18/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 1,968,820.00			Total Amount	Per Diem
RS to Start Calcs: 1993/07	Type: Fixed [2]		80% Capital(1): 1,118,936		12.7001
Indexed Asset Value 1,398,670	< 60% of Base: False		20% ROE(2): 279,734		0.6861
FRVS Base Asset: 982,590	Interest Rate: 10.0000 %		Insurance Cost(3): 7,985		0.8039
Occup Adj Factor: 0.9000	Chase Rate: 6.5000 %		Taxes Cost(3): 17,411		1.7528
ROE Factor 0.024170	Amortization Rate: 9.5000 %		Home Office(3): 21,394		2.1538
	Interest Only: False		Replacement(3&4): 57,023		0.0000
	Yearly Payment: 125,159		Total FRVS PD:		18.0967

(1) 80% Capital (\$1,118,936) amortized at 9.5000% for 20 years Principal & Interest of \$125,159 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$12.7001

(2) 20% ROE (\$279,734) times the ROE factor (0.024170) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$0.6861

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,753
Comparison Date: 1/1/1993	Current RS PBS:	50,254
Comparison Bed 30	Effective PBS Limitation	982,590

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.2890	51.2890	3.0290	48.2600
Patient Care				
Direct Care	92.4428	92.4428	5.4594	86.9834
Indirect Care	67.6829	67.6829	3.9971	63.6858
Property	13.6500	18.0967	1.0687	17.0280
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	225.0647	229.5114	13.5542	224.7896

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 210889-00 - 2012/07 226.47

Emory L. Bennett Memorial Veterans Nursing Ho

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1920 Mason Avenue Daytona Beach FL 32117 County: Volusia [64] Region: North [1] Area: 4 Control Government Non-Prof Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/27/1993 Acquired Date: 12/27/1993 Entered Medicaid 1/19/1994 Med # Active Date: 1/19/1994 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 33,976 Medicare: 1,841 Medicaid: 12,387	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 36.45809% Occupancy: 77.57078% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 98.57793% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	721,802	1,271,220	829,533	147,529	0	2,970,084
1a	Audit Adjustments						
2	Cost Per Diem	58.2709	102.6253	66.9680	11.9100		239.7742
3	Cost Per Diem Inflated	60.7709	105.3660	69.8411			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	60.7709	105.3660	69.8411	11.9100		247.8880
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.0780		58.7969			
7	Provider Target Rate	75.8075		60.1696			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	96.6592	56.1342	11.9100		212.1814
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	96.6592	56.1342	11.9100		212.1814
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 210889-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

226.47

Emory L. Bennett Memorial Veterans Nursing Ho

FRVS

FRVS Status as of this Semester:

On FRV [2]

Began FRVS: 1/19/1994 Year of Phase-In/ Full: RS to Start Calcs: 1993/07 Indexed Asset Value 4,993,275 FRVS Base Asset: 3,930,360 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	3,994,620	6.0065
	< 60% of Base:	True	20% ROE(2):	998,655	0.6544
	Interest Rate:	6.0000 %	Insurance Cost(3):	4,676	0.1376
	Chase Rate:	6.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	6.0000 %	Home Office(3):	41,574	1.2236
	Interest Only:	True	Replacement(3&4):	44,486	0.0000
Yearly Payment:	236,776	Total FRVS PD:		8.0221	

(1) 80% Capital (\$3,994,620) amortized at 6.0000% for 20 years Interest of \$236,776 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.0065

(2) 20% ROE (\$998,655) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6544

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,753
Comparison Date: 1/1/1993	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,930,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	56.1342	56.1342	3.3151	52.8191
Property	11.9100	8.0221	0.4738	7.5483
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.6497
Supplemental Rate Add-on				\$8.8324
Totals	212.1814	208.2935	12.3012	226.4744

***Medicaid Trend Adjustment :**



0 210943-00 - 2012/07

231.24

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Stratford Court at Palm Harbor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
45 Katherine Blvd Palm Harbor FL 34684 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/15/1992 Acquired Date: 1/15/1992 Entered Medicaid 2/12/1992 Med # Active Date: 10/8/1993 Previous Med # 204374	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,120 Medicare: 6,126 Medicaid: 6,062	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 30.12922% Occupancy: 91.87214% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.75229% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	304,943	539,825	406,015	78,927	0	1,329,710
1a	Audit Adjustments						
2	Cost Per Diem	50.3040	89.0506	66.9771	13.0200		219.3517
3	Cost Per Diem Inflated	51.6474	90.6602	68.7658			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.6474	90.6602	68.7658	13.0200		224.0934
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.3515		61.2006			
7	Provider Target Rate	62.7838		62.6294			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.6474	90.6602	62.6294	13.0200		217.9570
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.6474	90.6602	62.6294	13.0200		217.9570
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210943-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

231.24

Stratford Court at Palm Harbor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/12/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,493,048.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed [2]	80% Capital(1):	1,917,432	10.8816
Indexed Asset Value	2,396,790	< 60% of Base:	False	20% ROE(2):	479,358	0.5878
FRVS Base Asset:	1,859,160	Interest Rate:	10.2000 %	Insurance Cost(3):	8,550	0.4250
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	15,308	0.7608
ROE Factor	0.024170	Amortization Rate:	9.5000 %	Home Office(3):	37,238	1.8508
		Interest Only:	False	Replacement(3&4):	132,235	0.0000
		Yearly Payment:	214,476	Total FRVS PD:	14.5060	

(1) 80% Capital (\$1,917,432) amortized at 9.5000% for 20 years Principal & Interest of \$214,476 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.8816

(2) 20% ROE (\$479,358) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5878

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,859,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.6474	51.6474	3.0501	48.5973
Patient Care				
Direct Care	90.6602	90.6602	5.3541	85.3061
Indirect Care	62.6294	62.6294	3.6987	58.9307
Property	13.0200	14.5060	0.8567	13.6493
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9206
Supplemental Rate Add-on				\$8.8324
Totals	217.9570	219.4430	12.9596	231.2364

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 210951-00 - 2012/07
186.17

Sabal Palms Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
499 Alternate Keene Road Largo FL 33771-1652 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/18/1990 Acquired Date: 4/15/1990 Entered Medicaid 5/18/1990 Med # Active Date: 1/7/1994 Previous Med # 202134	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 244 Maximum: 89,060 Max Annualized: 89,060 Total Patient: 84,497 Medicare: 11,124 Medicaid: 57,503	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 68.05330% Occupancy: 94.87649% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.57024% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,041,073	4,179,675	2,919,036	1,349,595	0	10,489,379
1a	Audit Adjustments						
2	Cost Per Diem	35.4951	72.6862	50.7632	23.4700		182.4145
3	Cost Per Diem Inflated	37.0179	74.6274	52.9411			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.0179	74.6274	52.9411	23.4700		188.0564
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.8463		50.5295			
7	Provider Target Rate	42.8233		51.7092			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.0179	74.6274	51.7092	13.6500		177.0045
12/13	Medicaid Adjustment Rate		1.5157	1.0502			
14	Prospective Per Diem 11	37.0179	76.1431	52.7594	13.6500		179.5704
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210951-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

186.17

Sabal Palms Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/18/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed [2]	80% Capital(1):	9,050,294	13.4365
Indexed Asset Value	11,312,868	< 60% of Base:	False	20% ROE(2):	2,262,574	0.7291
FRVS Base Asset:	3,602,760	Interest Rate:	10.4000 %	Insurance Cost(3):	132,084	1.5632
Occup Adj Factor:	0.9000	Chase Rate:	7.9800 %	Taxes Cost(3):	207,001	2.4498
ROE Factor	0.025830	Amortization Rate:	10.4000 %	Home Office(3):	56,622	0.6701
		Interest Only:	False	Replacement(3&4):	1,417,251	0.0000
		Yearly Payment:	1,076,990	Total FRVS PD:		18.8487

(1) 80% Capital (\$9,050,294) amortized at 10.4000% for 20 years Principal & Interest of \$1,076,990 divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = \$13.4365

(2) 20% ROE (\$2,262,574) times the ROE factor (0.025830) divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = \$0.7291

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.0179	37.0179	2.1862	34.8317
Patient Care				
Direct Care	76.1431	76.1431	4.4968	71.6463
Indirect Care	52.7594	52.7594	3.1158	49.6436
Property	13.6500	18.8487	1.1131	17.7356
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.4821
Supplemental Rate Add-on				\$8.8324
Totals	179.5704	184.7691	10.9119	186.1717

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 211010-00 - 2012/07
230.36

Stratford Court at Boca Pointe

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6343 Via Sonrisa De Sur Boca Raton FL 33433 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/17/1994 Acquired Date: 3/17/1994 Entered Medicaid 3/17/1994 Med # Active Date: 3/17/1994 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,572 Medicare: 7,205 Medicaid: 7,241	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 36.99673% Occupancy: 89.36986% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.57236% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	380,960	627,562	422,533	125,849	0	1,556,904
1a	Audit Adjustments						
2	Cost Per Diem	52.6115	86.6679	58.3529	17.3801		215.0124
3	Cost Per Diem Inflated	54.0165	88.2344	59.9113			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.0165	88.2344	59.9113	17.3801		219.5423
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.4273		74.4430			
7	Provider Target Rate	75.1416		76.1810			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	54.0165	88.2344	59.9113	13.6500		215.8122
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	54.0165	88.2344	59.9113	13.6500		215.8122
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 211010-00 - 2012/07
230.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Stratford Court at Boca Pointe

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/17/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,217,000.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Fixed [2]	80% Capital(1):	2,194,626	12.4547
Indexed Asset Value	2,743,282	< 60% of Base:	False	20% ROE(2):	548,656	0.6728
FRVS Base Asset:	1,995,300	Interest Rate:	10.0000 %	Insurance Cost(3):	20,423	1.0435
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	34,660	1.7709
ROE Factor	0.024170	Amortization Rate:	9.5000 %	Home Office(3):	38,366	1.9602
		Interest Only:	False	Replacement(3&4):	234,997	0.0000
		Yearly Payment:	245,482	Total FRVS PD:		17.9021

(1) 80% Capital (\$2,194,626) amortized at 9.5000% for 20 years Principal & Interest of \$245,482 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.4547

(2) 20% ROE (\$548,656) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6728

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,255
Comparison Date:	7/1/1993	Current RS PBS:	50,254
Comparison Bed	60	Effective PBS Limitation	1,995,300

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	54.0165	54.0165	3.1900	50.8265
Patient Care				
Direct Care	88.2344	88.2344	5.2108	83.0236
Indirect Care	59.9113	59.9113	3.5382	56.3731
Property	13.6500	17.9021	1.0572	16.8449
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.4636
Supplemental Rate Add-on				\$8.8324
Totals	215.8122	220.0643	12.9962	230.3641

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 211052-00 - 2012/07 237.39

W FRANK WELLS NURSING FACILITY

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
159 NORTH THIRD STREE Macleenny FL 32063 County: Baker [2] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 10/1/1993 Previous Med # 200042	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 68 Maximum: 24,820 Max Annualized: 24,820 Total Patient: 15,324 Medicare: 1,931 Medicaid: 12,346	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 80.56643% Occupancy: 61.74053% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 78.46065% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,270,403	1,706,376	1,284,382	261,118	0	4,522,279
1a	Audit Adjustments						
2	Cost Per Diem	102.9000	138.2129	104.0322	21.1500		366.2951
3	Cost Per Diem Inflated	106.3563	141.2454	107.5265			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	106.3563	141.2454	107.5265	21.1500		376.2782
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.2672		73.3506			
7	Provider Target Rate	73.9544		75.0631			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.8132	94.5794	61.7620	13.6500		220.8046
12/13	Medicaid Adjustment Rate		3.2523	2.1238			
14	Prospective Per Diem 11	50.8132	97.8317	63.8858	13.6500		226.1807
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 211052-00 - 2012/07
237.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

W FRANK WELLS NURSING FACILITY

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: None [1]		80% Capital(1): 1,557,086		8.6664
Indexed Asset Value 1,946,358	< 60% of Base: True		20% ROE(2): 389,272		0.4430
FRVS Base Asset: 965,194	Interest Rate: 12.5000 %		Insurance Cost(3): 0		0.0000
Occup Adj Factor: 0.9000	Chase Rate: 12.5000 %		Taxes Cost(3): 0		0.0000
ROE Factor 0.025420	Amortization Rate: 12.5000 %		Home Office(3): 0		0.0000
	Interest Only: True		Replacement(3&4): 0		0.0000
	Yearly Payment: 193,589		Total FRVS PD:		9.1094

(1) 80% Capital (\$1,557,086) amortized at 12.5000% for 20 years Interest of \$193,589 divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$8.6664

(2) 20% ROE (\$389,272) times the ROE factor (0.025420) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$0.4430

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 68	Effective PBS Limitation 1,938,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	97.8317	97.8317	5.7776	92.0541
Indirect Care	63.8858	63.8858	3.7729	60.1129
Property	13.6500	9.1094	0.5380	8.5714
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.0056
Supplemental Rate Add-on				\$8.8324
Totals	226.1807	221.6401	13.0894	237.3887

***Medicaid Trend Adjustment :**



0 211281-00 - 2012/07

185.59

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Huntington Place Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1775 Huntington Lane Rockledge FL 32955 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1972 Acquired Date: 1/1/1972 Entered Medicaid 1/1/1972 Med # Active Date: 10/1/1994 Previous Med # 203742	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 35,434 Medicare: 7,172 Medicaid: 22,168	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.56138% Occupancy: 97.07945% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.36980% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	811,812	1,648,426	925,874	560,850	0	3,946,962
1a	Audit Adjustments						
2	Cost Per Diem	36.6209	74.3606	41.7662	25.3000		178.0477
3	Cost Per Diem Inflated	38.0780	76.2282	43.4280			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.0780	76.2282	43.4280	25.3000		183.0342
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		56.5195			
7	Provider Target Rate	48.7494		57.8390			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.0780	76.2282	43.4280	13.6500		171.3842
12/13	Medicaid Adjustment Rate		1.0772	0.6137			
14	Prospective Per Diem 11	38.0780	77.3054	44.0417	13.6500		173.0751
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 211281-00 - 2012/07
185.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Huntington Place Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1972/01	Type:	Fixed [2]	80% Capital(1):	1,802,828	6.5485
Indexed Asset Value	2,253,535	< 60% of Base:	False	20% ROE(2):	450,707	0.3544
FRVS Base Asset:	1,346,503	Interest Rate:	10.4400 %	Insurance Cost(3):	7,276	0.2053
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	44,495	1.2557
ROE Factor	0.025830	Amortization Rate:	10.4400 %	Home Office(3):	23,187	0.6544
		Interest Only:	False	Replacement(3&4):	95,391	0.0000
		Yearly Payment:	215,118	Total FRVS PD:		9.0183

(1) 80% Capital (\$1,802,828) amortized at 10.4400% for 20 years Principal & Interest of \$215,118 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$6.5485

(2) 20% ROE (\$450,707) times the ROE factor (0.025830) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.3544

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.0780	38.0780	2.2488	35.8292
Patient Care				
Direct Care	77.3054	77.3054	4.5654	72.7400
Indirect Care	44.0417	44.0417	2.6010	41.4407
Property	13.6500	9.0183	0.5326	8.4857
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2570
Supplemental Rate Add-on				\$8.8324
Totals	173.0751	168.4434	9.9478	185.5850

*Medicaid Trend Adjustment :



0 211435-00 - 2012/07

191.79

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Hardee Manor Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
401 Orange Place Wauchula FL 33873 County: Hardee[25] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 9/1/1980 Acquired Date: 9/1/1980 Entered Medicaid 10/1/1980 Med # Active Date: 4/1/1982 Previous Med # 206636	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 79 Maximum: 28,835 Max Annualized: 28,835 Total Patient: 26,281 Medicare: 3,555 Medicaid: 19,403	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.82900% Occupancy: 91.14271% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.82532% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	994,725	1,306,070	734,013	424,150	0	3,458,958
1a	Audit Adjustments						
2	Cost Per Diem	51.2666	67.3128	37.8299	21.8600		178.2693
3	Cost Per Diem Inflated	54.0514	69.4342	39.8848			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.0514	69.4342	39.8848	21.8600		185.2304
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		56.1471			
7	Provider Target Rate	48.7494		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.7494	69.4342	39.8848	13.6500		171.7184
12/13	Medicaid Adjustment Rate		1.8614	1.0692			
14	Prospective Per Diem 11	48.7494	71.2956	40.9540	13.6500		174.6490
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 211435-00 - 2012/07
191.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Hardee Manor Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	926,800.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable [3]	80% Capital(1):	1,933,459	8.9258
Indexed Asset Value	2,416,824	< 60% of Base:	False	20% ROE(2):	483,365	0.5141
FRVS Base Asset:	893,513	Interest Rate:	10.5000 %	Insurance Cost(3):	21,582	0.8212
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	35,038	1.3332
ROE Factor	0.027600	Amortization Rate:	10.5000 %	Home Office(3):	21,378	0.8134
		Interest Only:	False	Replacement(3&4):	44,606	0.0000
		Yearly Payment:	231,639	Total FRVS PD:		12.4077

- (1) 80% Capital (\$1,933,459) amortized at 10.5000% for 20 years Principal & Interest of \$231,639 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$8.9258
- (2) 20% ROE (\$483,365) times the ROE factor (0.027600) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$0.5141
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.7494	48.7494	2.8790	45.8704
Patient Care				
Direct Care	71.2956	71.2956	4.2105	67.0851
Indirect Care	40.9540	40.9540	2.4186	38.5354
Property	13.6500	12.4077	0.7328	11.6749
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7937
Supplemental Rate Add-on				\$8.8324
Totals	174.6490	173.4067	10.2409	191.7919

***Medicaid Trend Adjustment :**



0 211516-00 - 2012/07
208.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

LAUREL POINTE HEALTH AND REHABILITA

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
703 South 26th Street Ft. Pierce FL 34947 County: St Lucie[56] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1980 Acquired Date: 12/1/1980 Entered Medicaid 12/1/1980 Med # Active Date: 12/20/1993 Previous Med # 209121	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 107 Maximum: 39,055 Max Annualized: 39,055 Total Patient: 32,190 Medicare: 3,233 Medicaid: 21,579	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.03635% Occupancy: 82.42223% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.74322% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,009,435	1,755,935	1,239,603	439,780	0	4,444,753
1a	Audit Adjustments						
2	Cost Per Diem	46.7786	81.3724	57.4449	20.3800		205.9759
3	Cost Per Diem Inflated	48.4946	83.2868	59.5522			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4946	83.2868	59.5522	20.3800		211.7136
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9794	83.2868	51.3593	13.6500		191.2755
12/13	Medicaid Adjustment Rate		1.5963	0.9843			
14	Prospective Per Diem 11	42.9794	84.8831	52.3436	13.6500		193.8561
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 211516-00 - 2012/07
208.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

LAUREL POINTE HEALTH AND REHABILITA

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,382,588.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Fixed [2]	80% Capital(1):	2,317,671	6.6647
Indexed Asset Value	2,897,089	< 60% of Base:	False	20% ROE(2):	579,418	0.4225
FRVS Base Asset:	1,564,975	Interest Rate:	8.0940 %	Insurance Cost(3):	24,322	0.7556
Occup Adj Factor:	0.9000	Chase Rate:	6.0000 %	Taxes Cost(3):	46,267	1.4373
ROE Factor	0.025630	Amortization Rate:	8.0940 %	Home Office(3):	15,875	0.4932
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	234,261	Total FRVS PD:		9.7733

(1) 80% Capital (\$2,317,671) amortized at 8.0940% for 20 years Principal & Interest of \$234,261 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$6.6647

(2) 20% ROE (\$579,418) times the ROE factor (0.025630) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.4225

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	107	Effective PBS Limitation	3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9794	42.9794	2.5382	40.4412
Patient Care				
Direct Care	84.8831	84.8831	5.0129	79.8702
Indirect Care	52.3436	52.3436	3.0912	49.2524
Property	13.6500	9.7733	0.5772	9.1961
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.5910
Supplemental Rate Add-on				\$8.8324
Totals	193.8561	189.9794	11.2195	208.1833

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 211532-00 - 2012/07

207.14

Life Care Center of Citrus County

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3325 Jerwayne Lane Lecanto FL 34461 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/15/1994 Acquired Date: 11/15/1994 Entered Medicaid 11/15/1994 Med # Active Date: 11/15/1994 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,115 Medicare: 18,784 Medicaid: 11,745	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 32.52111% Occupancy: 82.45434% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.78402% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	527,656	1,027,217	681,548	275,773	0	2,512,194
1a	Audit Adjustments						
2	Cost Per Diem	44.9260	87.4599	58.0288	23.4800		213.8947
3	Cost Per Diem Inflated	46.7136	89.6565	60.3377			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.7136	89.6565	60.3377	23.4800		220.1878
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.4091		47.6063			
7	Provider Target Rate	49.5393		48.7177			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7136	89.6565	48.7177	13.6500		198.7378
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7136	89.6565	48.7177	13.6500		198.7378
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 211532-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

207.14

Life Care Center of Citrus County

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/15/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/07 Indexed Asset Value 5,669,910 FRVS Base Asset: 3,754,020 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,800,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,535,928	9.3044
	< 60% of Base:	False	20% ROE(2):	1,133,982	0.7430
	Interest Rate:	8.1315 %	Insurance Cost(3):	14,389	0.3984
	Chase Rate:	3.2500 %	Taxes Cost(3):	87,793	2.4309
	Amortization Rate:	5.2500 %	Home Office(3):	40,262	1.1148
	Interest Only:	False	Replacement(3&4):	92,354	0.0000
Yearly Payment:	366,781	Total FRVS PD:	13.9915		

(1) 80% Capital (\$4,535,928) amortized at 5.2500% for 20 years Principal & Interest of \$366,781 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.3044

(2) 20% ROE (\$1,133,982) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7430

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	50,254
Comparison Bed 111	Effective PBS Limitation	3,754,020

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7136	46.7136	2.7588	43.9548
Patient Care				
Direct Care	89.6565	89.6565	5.2948	84.3617
Indirect Care	48.7177	48.7177	2.8771	45.8406
Property	13.6500	13.9915	0.8263	13.1652
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$10.9845
Supplemental Rate Add-on				\$8.8324
Totals	198.7378	199.0793	11.7570	207.1392

***Medicaid Trend Adjustment :**



0 211885-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

205.99

Plaza West

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
912 American Eagle Blvd Sun City Center FL 33573 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/10/1994 Acquired Date: 6/10/1994 Entered Medicaid 6/10/1994 Med # Active Date: 6/10/1994 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 113 Maximum: 41,245 Max Annualized: 41,245 Total Patient: 37,574 Medicare: 15,494 Medicaid: 9,907	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 26.36664% Occupancy: 91.09952% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.77044% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	524,845	840,656	647,939	576,885	0	2,590,325
1a	Audit Adjustments						
2	Cost Per Diem	52.9772	84.8547	65.4021	58.2300		261.4640
3	Cost Per Diem Inflated	54.3920	86.3884	67.1487			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.3920	86.3884	67.1487	58.2300		266.1591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.0418		55.2350			
7	Provider Target Rate	49.1634		56.5245			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1634	86.3884	56.5245	13.6500		205.7263
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.1634	86.3884	56.5245	13.6500		205.7263
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 211885-00 - 2012/07
205.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Plaza West

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/10/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/01 Indexed Asset Value 4,478,075 FRVS Base Asset: 1,396,710 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,755,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,582,460	10.0983
	< 60% of Base:	False	20% ROE(2):	895,615	0.5832
	Interest Rate:	8.5654 %	Insurance Cost(3):	43,597	1.1603
	Chase Rate:	8.8462 %	Taxes Cost(3):	80,303	2.1372
	Amortization Rate:	8.5654 %	Home Office(3):	130,536	3.4741
	Interest Only:	False	Replacement(3&4):	1,003,275	0.0000
Yearly Payment:	374,853	Total FRVS PD:		17.4531	

(1) 80% Capital (\$3,582,460) amortized at 8.5654% for 20 years Principal & Interest of \$374,853 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$10.0983

(2) 20% ROE (\$895,615) times the ROE factor (0.024170) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.5832

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,255
Comparison Date: 7/1/1993	Current RS PBS:	50,254
Comparison Bed 42	Effective PBS Limitation	1,396,710

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1634	49.1634	2.9034	46.2600
Patient Care				
Direct Care	86.3884	86.3884	5.1018	81.2866
Indirect Care	56.5245	56.5245	3.3382	53.1863
Property	13.6500	17.4531	1.0307	16.4224
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	205.7263	209.5294	12.3741	205.9877

***Medicaid Trend Adjustment :**



0 211923-00 - 2012/07

180.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lake Park of Madison

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
259 SW Captain Brown Road Madison FL 32340 County: Madison [40] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/25/1995 Acquired Date: 8/25/1995 Entered Medicaid 8/25/1995 Med # Active Date: 8/25/1995 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,547 Medicare: 4,031 Medicaid: 32,939	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 83.29077% Occupancy: 90.28996% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.74162% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,188,272	2,166,645	1,217,510	852,132	0	5,424,559
1a	Audit Adjustments						
2	Cost Per Diem	36.0749	65.7775	36.9626	25.8700		164.6850
3	Cost Per Diem Inflated	37.3983	67.3250	38.3185			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.3983	67.3250	38.3185	25.8700		168.9118
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.9779		46.3317			
7	Provider Target Rate	39.8879		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.3983	67.3250	38.3185	13.6500		156.6918
12/13	Medicaid Adjustment Rate		2.5215	1.4351			
14	Prospective Per Diem 11	37.3983	69.8465	39.7536	13.6500		160.6484
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 211923-00 - 2012/07
180.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lake Park of Madison

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/25/1995	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,760,000.00	Total Amount	Per Diem
RS to Start Calcs: 1995/07	Type: Fixed [2]	80% Capital(1): 3,971,409	10.9186
Indexed Asset Value 4,964,261	< 60% of Base: False	20% ROE(2): 992,852	0.6455
FRVS Base Asset: 2,757,416	Interest Rate: 9.0532 %	Insurance Cost(3): 35,717	0.9032
Occup Adj Factor: 0.9000	Chase Rate: 7.6489 %	Taxes Cost(3): 48,953	1.2378
ROE Factor 0.025630	Amortization Rate: 9.0532 %	Home Office(3): 9,457	0.2391
	Interest Only: False	Replacement(3&4): 87,748	0.0000
	Yearly Payment: 430,413	Total FRVS PD: 13.9442	

(1) 80% Capital (\$3,971,409) amortized at 9.0532% for 20 years Principal & Interest of \$430,413 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9186

(2) 20% ROE (\$992,852) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6455

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,904
Comparison Date: 1/1/1995	Current RS PBS:	50,254
Comparison Bed 79	Effective PBS Limitation	2,757,416

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.3983	37.3983	2.2086	35.1897
Patient Care				
Direct Care	69.8465	69.8465	4.1249	65.7216
Indirect Care	39.7536	39.7536	2.3477	37.4059
Property	13.6500	13.9442	0.8235	13.1207
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.5568
Supplemental Rate Add-on				\$8.8324
Totals	160.6484	160.9426	9.5047	180.8271

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212032-00 - 2012/07 227.25

Edward J Healey Rehabilitation and Nursing Cen

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1200 45th Street West Palm Beach FL 33401 County: Palm Beach [50] Region: South [2] Area: 9 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 10/1/1995 Previous Med # 201812	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 198 Maximum: 72,270 Max Annualized: 72,270 Total Patient: 34,948 Medicare: 534 Medicaid: 25,512	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.99989% Occupancy: 48.35755% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 61.45339% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,333,072	4,389,643	3,524,881	231,649	0	10,479,245
1a	Audit Adjustments						
2	Cost Per Diem	91.4500	172.0619	138.1656	9.0800		410.7575
3	Cost Per Diem Inflated	94.5217	175.8371	142.8064			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	94.5217	175.8371	142.8064	9.0800		422.2452
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	97.0782		99.8704			
7	Provider Target Rate	99.3446		102.2020			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.7055	9.0800		220.9148
12/13	Medicaid Adjustment Rate		2.5853	1.5449			
14	Prospective Per Diem 11	52.2148	102.4998	61.2504	9.0800		225.0450
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212032-00 - 2012/07

227.25

Edward J Healey Rehabilitation and Nursing Cen

FRVS

FRVS Status as of this Semester:

On FRV [2]

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 9,615,324 FRVS Base Asset: 5,586,000 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	7,692,259	14.7035
	< 60% of Base:	True	20% ROE(2):	1,923,065	0.7516
	Interest Rate:	12.5000 %	Insurance Cost(3):	24,572	0.7031
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	104,129	0.0000
Yearly Payment:	956,359	Total FRVS PD:		16.1582	

(1) 80% Capital (\$7,692,259) amortized at 12.5000% for 20 years Interest of \$956,359 divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = \$14.7035

(2) 20% ROE (\$1,923,065) times the ROE factor (0.025420) divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = \$0.7516

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 196	Effective PBS Limitation	5,586,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	102.4998	102.4998	6.0533	96.4465
Indirect Care	61.2504	61.2504	3.6172	57.6332
Property	9.0800	16.1582	0.9542	15.2040
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	225.0450	232.1232	13.7083	227.2473

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212083-00 - 2012/07

195.31

Westminster Woods on Julington Creek

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
25 William Bartram Scenic Hi Jacksonville FL 32259 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 12/12/1970 Acquired Date: 1/1/1996 Entered Medicaid 1/1/1996 Med # Active Date: 1/1/1996 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,300 Medicare: 3,057 Medicaid: 6,460	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 31.82266% Occupancy: 92.69406% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.79679% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22587622 Semester Index: 1.28710041 Cost: 1.04994321 Target: 1.01634256 DC FY Index: 1.17650000 DC Sem Index: 1.21100000 DC Inflation: 1.02932427 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	315,102	503,751	435,420	127,391	0	1,381,664
1a	Audit Adjustments						
2	Cost Per Diem	48.7774	77.9800	67.4025	19.7200		213.8799
3	Cost Per Diem Inflated	51.2135	80.2667	70.7688			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.2135	80.2667	70.7688	19.7200		221.9690
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.1517		80.1774			
7	Provider Target Rate	57.4626		82.0493			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.8132	80.2667	61.7620	13.6500		206.4919
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.8132	80.2667	61.7620	13.6500		206.4919
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212083-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

195.31

Westminster Woods on Julington Creek

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1996/01 Indexed Asset Value 764,016 FRVS Base Asset: 584,877 Occup Adj Factor: 0.9000 ROE Factor 0.026770	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	611,213	2.6122
	< 60% of Base:	True	20% ROE(2):	152,803	0.2075
	Interest Rate:	8.5000 %	Insurance Cost(3):	42,057	2.0718
	Chase Rate:	8.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	8.5000 %	Home Office(3):	9,114	0.4490
	Interest Only:	True	Replacement(3&4):	191,356	0.0000
Yearly Payment:	51,486	Total FRVS PD:	5.3405		

(1) 80% Capital (\$611,213) amortized at 8.5000% for 20 years Interest of \$51,486 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$2.6122

(2) 20% ROE (\$152,803) times the ROE factor (0.026770) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.2075

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 1/1/1971	Current RS PBS:	50,254
Comparison Bed 57	Effective PBS Limitation	584,877

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	80.2667	80.2667	4.7403	75.5264
Indirect Care	61.7620	61.7620	3.6475	58.1145
Property	13.6500	5.3405	0.3154	5.0251
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	206.4919	198.1824	11.7041	195.3107

***Medicaid Trend Adjustment :**



0 212164-00 - 2012/07
210.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Ybor City Healthcare and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1709 Taliaferro Ave. Tampa FL 33602 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 3/1/1996 Previous Med # 200999	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 80 Maximum: 29,200 Max Annualized: 29,200 Total Patient: 27,028 Medicare: 2,372 Medicaid: 21,305	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.82566% Occupancy: 92.56164% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.62851% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	869,895	1,737,107	1,017,274	210,280	0	3,834,556
1a	Audit Adjustments						
2	Cost Per Diem	40.8306	81.5352	47.7481	9.8700		179.9839
3	Cost Per Diem Inflated	42.4552	83.5830	49.6479			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.4552	83.5830	49.6479	9.8700		185.5561
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		56.1471			
7	Provider Target Rate	48.7494		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.4552	83.5830	49.6479	9.8700		185.5561
12/13	Medicaid Adjustment Rate		2.7105	1.6100			
14	Prospective Per Diem 11	42.4552	86.2935	51.2579	9.8700		189.8766
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212164-00 - 2012/07
210.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Ybor City Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	235,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	2,026,342	9.5864
Indexed Asset Value	2,532,928	< 60% of Base:	True	20% ROE(2):	506,586	0.4979
FRVS Base Asset:	924,242	Interest Rate:	13.0000 %	Insurance Cost(3):	30,703	1.1360
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	10,383	0.3842
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	4,931	0.1824
		Interest Only:	True	Replacement(3&4):	5,898	0.0000
		Yearly Payment:	251,930	Total FRVS PD:		11.7869

(1) 80% Capital (\$2,026,342) amortized at 12.5000% for 20 years Interest of \$251,930 divided by annual available days (29,200) divided by Occup. Adj. (0.9000) = \$9.5864

(2) 20% ROE (\$506,586) times the ROE factor (0.025830) divided by annual available days (29,200) divided by Occup. Adj. (0.9000) = \$0.4979

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	80	Effective PBS Limitation	2,280,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.4552	42.4552	2.5073	39.9479
Patient Care				
Direct Care	86.2935	86.2935	5.0962	81.1973
Indirect Care	51.2579	51.2579	3.0271	48.2308
Property	9.8700	11.7869	0.6961	11.0908
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.8812
Supplemental Rate Add-on				\$8.8324
Totals	189.8766	191.7935	11.3267	210.1804

***Medicaid Trend Adjustment :**



0 212393-00 - 2012/07

212.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Fountains Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3800 North Federal Hwy. Boca Raton FL 33431 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1996 Previous Med # 201758	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 51 Maximum: 18,615 Max Annualized: 18,615 Total Patient: 14,467 Medicare: 908 Medicaid: 8,587	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	451,710	542,233	492,089	93,770	0	1,579,802
1a	Audit Adjustments						
2	Cost Per Diem	52.6039	63.1458	57.3063	10.9200		183.9760
3	Cost Per Diem Inflated	55.4614	65.1359	60.4192			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.4614	65.1359	60.4192	10.9200		191.9365
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.2828		61.3003			
7	Provider Target Rate	58.6202		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	55.4614	65.1359	60.4192	10.9200		191.9365
12/13	Medicaid Adjustment Rate		0.6856	0.6359			
14	Prospective Per Diem 11	55.4614	65.8215	61.0551	10.9200		193.2580
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212393-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

212.81

The Fountains Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/1/1986 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 1,169,137 FRVS Base Asset: 728,314 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	450,000.00			
	Type:	Fixed [2]	80% Capital(1):	935,310	5.9203
	< 60% of Base:	False	20% ROE(2):	233,827	0.3852
	Interest Rate:	8.7500 %	Insurance Cost(3):	18,224	1.2597
	Chase Rate:	12.5000 %	Taxes Cost(3):	53,558	3.7021
	Amortization Rate:	8.7500 %	Home Office(3):	5,408	0.3738
	Interest Only:	False	Replacement(3&4):	30,996	0.0000
Yearly Payment:	99,185	Total FRVS PD:	11.6411		

(1) 80% Capital (\$935,310) amortized at 8.7500% for 20 years Principal & Interest of \$99,185 divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = \$5.9203

(2) 20% ROE (\$233,827) times the ROE factor (0.027600) divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = \$0.3852

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 51	Effective PBS Limitation	1,453,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	55.4614	55.4614	3.2754	52.1860
Patient Care				
Direct Care	65.8215	65.8215	3.8872	61.9343
Indirect Care	61.0551	61.0551	3.6057	57.4494
Property	10.9200	11.6411	0.6875	10.9536
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.4533
Supplemental Rate Add-on				\$8.8324
Totals	193.2580	193.9791	11.4558	212.8090

***Medicaid Trend Adjustment :**



0 212636-00 - 2012/07
169.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Woodland Terrace

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
120 Chipola Avenue Deland FL 32720 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/27/1996 Acquired Date: 9/27/1996 Entered Medicaid 9/27/1996 Med # Active Date: 9/27/1996 Previous Med # 299594	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,861 Medicare: 6,664 Medicaid: 25,844	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.29724% Occupancy: 97.85616% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.35685% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	833,926	1,706,099	814,005	722,340	0	4,076,370
1a	Audit Adjustments						
2	Cost Per Diem	32.2677	66.0153	31.4969	27.9500		157.7299
3	Cost Per Diem Inflated	34.0205	68.0959	33.2078			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.0205	68.0959	33.2078	27.9500		163.2742
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.1643		46.3317			
7	Provider Target Rate	41.1020		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.0205	68.0959	33.2078	13.6500		148.9742
12/13	Medicaid Adjustment Rate		0.7888	0.3847			
14	Prospective Per Diem 11	34.0205	68.8847	33.5925	13.6500		150.1477
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212636-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

169.93

Woodland Terrace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/27/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable [3]	80% Capital(1):	4,278,342	10.2938
Indexed Asset Value	5,347,928	< 60% of Base:	False	20% ROE(2):	1,069,586	0.7489
FRVS Base Asset:	4,325,640	Interest Rate:	8.1900 %	Insurance Cost(3):	50,755	1.1842
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	71,846	1.6763
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	11,471	0.2676
		Interest Only:	False	Replacement(3&4):	43,760	0.0000
		Yearly Payment:	405,780	Total FRVS PD:		14.1708

(1) 80% Capital (\$4,278,342) amortized at 7.2500% for 20 years Principal & Interest of \$405,780 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2938

(2) 20% ROE (\$1,069,586) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7489

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	1/1/1996	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	4,325,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.0205	34.0205	2.0091	32.0114
Patient Care				
Direct Care	68.8847	68.8847	4.0681	64.8166
Indirect Care	33.5925	33.5925	1.9839	31.6086
Property	13.6500	14.1708	0.8369	13.3339
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3311
Supplemental Rate Add-on				\$8.8324
Totals	150.1477	150.6685	8.8980	169.9340

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212709-00 - 2012/07

183.14

Suncoast Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6909 9th Street South St. Petersburg FL 33705-6272 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1968 Acquired Date: 8/23/1996 Entered Medicaid 8/23/1996 Med # Active Date: 8/23/1996 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,318 Medicare: 6,427 Medicaid: 17,939	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 46.81612% Occupancy: 87.48402% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.17581% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22587622 Semester Index: 1.28710041 Cost: 1.04994321 Target: 1.01634256 DC FY Index: 1.17650000 DC Sem Index: 1.21100000 DC Inflation: 1.02932427 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	788,512	1,363,106	1,137,417	272,852	0	3,561,887
1a	Audit Adjustments						
2	Cost Per Diem	43.9552	75.9856	63.4047	15.2100		198.5555
3	Cost Per Diem Inflated	46.1505	78.2138	66.5713			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.1505	78.2138	66.5713	15.2100		206.1456
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1235		55.4503			
7	Provider Target Rate	47.2003		56.7449			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.1505	78.2138	56.7449	13.6500		194.7592
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.1505	78.2138	56.7449	13.6500		194.7592
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212709-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

183.14

Suncoast Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/23/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1996/07	Type: None [1]		80% Capital(1): 1,268,702		2.6306
Indexed Asset Value 1,585,877	< 60% of Base: True		20% ROE(2): 317,175		0.2154
FRVS Base Asset: 1,652,021	Interest Rate: 8.2500 %		Insurance Cost(3): 32,990		0.8610
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %		Taxes Cost(3): 0		0.0000
ROE Factor 0.026770	Amortization Rate: 8.2500 %		Home Office(3): 16,379		0.4274
	Interest Only: True		Replacement(3&4): 596,781		0.0000
	Yearly Payment: 103,699		Total FRVS PD:		4.1344

(1) 80% Capital (\$1,268,702) amortized at 8.2500% for 20 years Interest of \$103,699 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$2.6306

(2) 20% ROE (\$317,175) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.2154

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 10,261
Comparison Date: 1/1/1971	Current RS PBS: 50,254
Comparison Bed 161	Effective PBS Limitation 1,652,021

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.1505	46.1505	2.7255	43.4250
Patient Care				
Direct Care	78.2138	78.2138	4.6190	73.5948
Indirect Care	56.7449	56.7449	3.3512	53.3937
Property	13.6500	4.1344	0.2442	3.8902
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	194.7592	185.2436	10.9399	183.1361

***Medicaid Trend Adjustment :**



0 212733-00 - 2012/07

153.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Oceanside Extended Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
550 9th Street Miami Beach FL 33139 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1976 Acquired Date: 3/1/1976 Entered Medicaid 3/1/1976 Med # Active Date: 11/1/1996 Previous Med # 209449	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 196 Maximum: 71,540 Max Annualized: 71,540 Total Patient: 71,213 Medicare: 17,025 Medicaid: 53,418	Superior: 0 Standard: 135 Conditional: 49 Total: 184
			Inflation
Medicaid Utilization 75.01158% Occupancy: 99.54292% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 126.50040% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,618,555	3,565,951	1,820,827	1,104,684	0	8,110,017
1a	Audit Adjustments						
2	Cost Per Diem	30.2998	66.7556	34.0864	20.6800		151.8218
3	Cost Per Diem Inflated	31.9457	68.8595	35.9380			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	31.9457	68.8595	35.9380	20.6800		157.4232
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	31.9457	68.8595	35.9380	13.6500		150.3932
12/13	Medicaid Adjustment Rate		1.4216	0.7419			
14	Prospective Per Diem 11	31.9457	70.2811	36.6799	13.6500		152.5567
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212733-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

153.22

Oceanside Extended Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1976/01 Indexed Asset Value 6,125,349 FRVS Base Asset: 3,339,389 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	6,150,000.00		
	Type:	Variable [3]		
	< 60% of Base:	False	80% Capital(1):	4,900,279
	Interest Rate:	8.5000 %	20% ROE(2):	1,225,070
	Chase Rate:	9.0000 %	Insurance Cost(3):	117,145
	Amortization Rate:	8.5000 %	Taxes Cost(3):	76,965
	Interest Only:	False	Home Office(3):	8,822
Yearly Payment:	510,309	Replacement(3&4):	45,066	
		Total FRVS PD:	11.3006	

(1) 80% Capital (\$4,900,279) amortized at 8.5000% for 20 years Principal & Interest of \$510,309 divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = \$7.9258

(2) 20% ROE (\$1,225,070) times the ROE factor (0.027600) divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = \$0.5251

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 196	Effective PBS Limitation	5,586,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	31.9457	31.9457	1.8866	30.0591
Patient Care				
Direct Care	70.2811	70.2811	4.1506	66.1305
Indirect Care	36.6799	36.6799	2.1662	34.5137
Property	13.6500	11.3006	0.6674	10.6332
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.0513
Supplemental Rate Add-on				\$8.8324
Totals	152.5567	150.2073	8.8708	153.2202

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212792-00 - 2012/07

188.88

Florida Lutheran Retirement Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
450 NORTH MCDONALD AV DeLand FL 32724 County: Volusia[64] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/17/1997 Acquired Date: 1/17/1997 Entered Medicaid 1/17/1997 Med # Active Date: 1/17/1997 Previous Med # 299604	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 21,445 Medicare: 2,030 Medicaid: 11,728	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 54.68874% Occupancy: 97.92237% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.44100% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	498,482	935,543	577,265	220,721	0	2,232,011
1a	Audit Adjustments						
2	Cost Per Diem	42.5036	79.7700	49.2211	18.8200		190.3147
3	Cost Per Diem Inflated	44.3271	81.9004	51.3328			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.3271	81.9004	51.3328	18.8200		196.3803
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		57.2682			
7	Provider Target Rate	43.9259		58.6052			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9259	81.9004	51.3328	13.6500		190.8091
12/13	Medicaid Adjustment Rate		0.4320	0.2708			
14	Prospective Per Diem 11	43.9259	82.3324	51.6036	13.6500		191.5119
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212792-00 - 2012/07
188.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Florida Lutheran Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/17/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/01 Indexed Asset Value 3,006,753 FRVS Base Asset: 2,191,560 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,300,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,405,402	10.9273
	< 60% of Base:	False	20% ROE(2):	601,351	0.7881
	Interest Rate:	6.5100 %	Insurance Cost(3):	21,335	0.9949
	Chase Rate:	9.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	6.5100 %	Home Office(3):	16,707	0.7791
	Interest Only:	False	Replacement(3&4):	49,004	0.0000
Yearly Payment:	215,378	Total FRVS PD:	13.4894		

(1) 80% Capital (\$2,405,402) amortized at 6.5100% for 20 years Principal & Interest of \$215,378 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.9273

(2) 20% ROE (\$601,351) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7881

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,191,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9259	43.9259	2.5941	41.3318
Patient Care				
Direct Care	82.3324	82.3324	4.8623	77.4701
Indirect Care	51.6036	51.6036	3.0475	48.5561
Property	13.6500	13.4894	0.7966	12.6928
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	191.5119	191.3513	11.3005	188.8832

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212806-00 - 2012/07

250.63

Palmetto Sub Acute Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7600 S.W. 8th Street Miami FL 33144 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/24/1997 Acquired Date: 1/24/1997 Entered Medicaid 1/24/1997 Med # Active Date: 1/24/1997 Previous Med # 299608	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 95 Maximum: 34,675 Max Annualized: 34,675 Total Patient: 33,494 Medicare: 22,908 Medicaid: 10,217	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 30.50397% Occupancy: 96.59409% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.75300% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	577,158	1,010,520	712,569	270,955	0	2,571,202
1a	Audit Adjustments						
2	Cost Per Diem	56.4900	98.9057	69.7435	26.5200		251.6592
3	Cost Per Diem Inflated	58.7377	101.3897	72.5185			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.7377	101.3897	72.5185	26.5200		259.1659
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.0461		69.7645			
7	Provider Target Rate	63.4947		71.3933			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	58.7377	101.3897	71.3933	13.6500		245.1707
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	58.7377	101.3897	71.3933	13.6500		245.1707
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212806-00 - 2012/07
250.63

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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Palmetto Sub Acute Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/24/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,450,000.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable [3]	80% Capital(1):	3,425,516	12.1939
Indexed Asset Value	4,281,895	< 60% of Base:	False	20% ROE(2):	856,379	0.7088
FRVS Base Asset:	3,104,710	Interest Rate:	9.4022 %	Insurance Cost(3):	85,196	2.5436
Occup Adj Factor:	0.9000	Chase Rate:	7.6957 %	Taxes Cost(3):	77,765	2.3218
ROE Factor	0.025830	Amortization Rate:	9.4022 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	31,292	0.0000
		Yearly Payment:	380,542	Total FRVS PD:		17.7681

(1) 80% Capital (\$3,425,516) amortized at 9.4022% for 20 years Principal & Interest of \$380,542 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$12.1939

(2) 20% ROE (\$856,379) times the ROE factor (0.025830) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$0.7088

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	50,254
Comparison Bed 85	Effective PBS Limitation	3,104,710

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	58.7377	58.7377	3.4689	55.2688
Patient Care				
Direct Care	101.3897	101.3897	5.9877	95.4020
Indirect Care	71.3933	71.3933	4.2163	67.1770
Property	13.6500	17.7681	1.0493	16.7188
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$7.2345
Supplemental Rate Add-on				\$8.8324
Totals	245.1707	249.2888	14.7222	250.6335

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 212849-00 - 2012/07

196.39

Tarpon Bavou Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
515 Chesapeake Drive Tarpon Springs FL 34689 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1972 Acquired Date: 7/1/1972 Entered Medicaid 7/1/1972 Med # Active Date: 9/1/1996 Previous Med # 210854	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,496 Medicare: 4,393 Medicaid: 28,162	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.16462% Occupancy: 83.32420% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 105.88945% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,001,683	2,227,037	1,172,843	508,042	0	4,909,605
1a	Audit Adjustments						
2	Cost Per Diem	35.5686	79.0795	41.6463	18.0400		174.3344
3	Cost Per Diem Inflated	36.8734	80.9400	43.1741			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.8734	80.9400	43.1741	18.0400		179.0275
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.8734	80.9400	43.1741	13.6500		174.6375
12/13	Medicaid Adjustment Rate		2.4735	1.3194			
14	Prospective Per Diem 11	36.8734	83.4135	44.4935	13.6500		178.4304
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212849-00 - 2012/07
196.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Tarpon Bayou Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1972/07 Indexed Asset Value 3,649,100 FRVS Base Asset: 1,883,680 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,166,667.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,919,280	9.4770
	< 60% of Base:	False	20% ROE(2):	729,820	0.4745
	Interest Rate:	11.5000 %	Insurance Cost(3):	75,291	2.0630
	Chase Rate:	9.5000 %	Taxes Cost(3):	41,288	1.1313
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	76,379	0.0000
Yearly Payment:	373,585	Total FRVS PD:	13.1458		

(1) 80% Capital (\$2,919,280) amortized at 11.5000% for 20 years Principal & Interest of \$373,585 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4770

(2) 20% ROE (\$729,820) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4745

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.8734	36.8734	2.1776	34.6958
Patient Care				
Direct Care	83.4135	83.4135	4.9261	78.4874
Indirect Care	44.4935	44.4935	2.6276	41.8659
Property	13.6500	13.1458	0.7763	12.3695
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1347
Supplemental Rate Add-on				\$8.8324
Totals	178.4304	177.9262	10.5076	196.3857

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212865-00 - 2012/07

188.78

Lakeland Hills Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
610 East Bella Vista Drive Lakeland FL 33805 County: Polk [53] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/1/1972 Acquired Date: 8/1/1972 Entered Medicaid 8/1/1972 Med # Active Date: 9/1/1996 Previous Med # 210749	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,546 Medicare: 4,763 Medicaid: 28,699	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.52843% Occupancy: 83.43835% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.03453% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	998,680	2,216,587	1,199,608	487,596	0	4,902,471
1a	Audit Adjustments						
2	Cost Per Diem	34.7984	77.2357	41.7996	16.9900		170.8237
3	Cost Per Diem Inflated	36.0750	79.0528	43.3330			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.0750	79.0528	43.3330	16.9900		175.4508
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.0750	79.0528	43.3330	13.6500		172.1108
12/13	Medicaid Adjustment Rate		2.5372	1.3908			
14	Prospective Per Diem 11	36.0750	81.5900	44.7238	13.6500		176.0388
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212865-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

188.78

Lakeland Hills Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1972/07 Indexed Asset Value 2,659,826 FRVS Base Asset: 1,403,125 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,583,333.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,127,861	4.9253
	< 60% of Base:	False	20% ROE(2):	531,965	0.3459
	Interest Rate:	6.7500 %	Insurance Cost(3):	55,255	1.5119
	Chase Rate:	4.7500 %	Taxes Cost(3):	33,335	0.9121
	Amortization Rate:	6.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	35,444	0.0000
Yearly Payment:	194,154	Total FRVS PD:		7.6952	

(1) 80% Capital (\$2,127,861) amortized at 6.7500% for 20 years Principal & Interest of \$194,154 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.9253

(2) 20% ROE (\$531,965) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3459

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.0750	36.0750	2.1305	33.9445
Patient Care				
Direct Care	81.5900	81.5900	4.8184	76.7716
Indirect Care	44.7238	44.7238	2.6412	42.0826
Property	13.6500	7.6952	0.4545	7.2407
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9068
Supplemental Rate Add-on				\$8.8324
Totals	176.0388	170.0840	10.0446	188.7786

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 212881-00 - 2012/07

179.32

The Groves Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
512 South 11th Street Lake Wales FL 33853 County: Polk [53] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1973 Acquired Date: 10/1/1973 Entered Medicaid 10/1/1973 Med # Active Date: 9/1/1996 Previous Med # 210773	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,561 Medicare: 7,574 Medicaid: 29,818	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.51397% Occupancy: 92.60502% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.68365% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	946,574	2,175,432	1,216,087	448,463	0	4,786,556
1a	Audit Adjustments						
2	Cost Per Diem	31.7451	72.9570	40.7837	15.0400		160.5258
3	Cost Per Diem Inflated	32.9096	74.6735	42.2798			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	32.9096	74.6735	42.2798	15.0400		164.9029
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	32.9096	74.6735	42.2798	13.6500		163.5129
12/13	Medicaid Adjustment Rate		1.9754	1.1184			
14	Prospective Per Diem 11	32.9096	76.6489	43.3982	13.6500		166.6067
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212881-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

179.32

The Groves Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1973/07 Indexed Asset Value 2,333,757 FRVS Base Asset: 1,240,145 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,708,333.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,867,006	6.0610
	< 60% of Base:	False	20% ROE(2):	466,751	0.3035
	Interest Rate:	11.5000 %	Insurance Cost(3):	56,216	1.3860
	Chase Rate:	9.5000 %	Taxes Cost(3):	28,253	0.6966
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	31,342	0.0000
Yearly Payment:	238,924	Total FRVS PD:		8.4471	

(1) 80% Capital (\$1,867,006) amortized at 11.5000% for 20 years Principal & Interest of \$238,924 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.0610

(2) 20% ROE (\$466,751) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3035

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	32.9096	32.9096	1.9435	30.9661
Patient Care				
Direct Care	76.6489	76.6489	4.5266	72.1223
Indirect Care	43.3982	43.3982	2.5630	40.8352
Property	13.6500	8.4471	0.4989	7.9482
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6157
Supplemental Rate Add-on				\$8.8324
Totals	166.6067	161.4038	9.5320	179.3199

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212890-00 - 2012/07

194.58

Egret Cove Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
550 62nd Street South St. Petersburg FL 33707 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1971 Acquired Date: 7/1/1971 Entered Medicaid 7/1/1971 Med # Active Date: 9/1/1996 Previous Med # 210811	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,413 Medicare: 4,280 Medicaid: 30,600	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.63936% Occupancy: 89.98402% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.35283% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,058,696	2,435,849	1,361,442	500,310	0	5,356,297
1a	Audit Adjustments						
2	Cost Per Diem	34.5979	79.6029	44.4916	16.3500		175.0424
3	Cost Per Diem Inflated	35.9745	81.6022	46.2619			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.9745	81.6022	46.2619	16.3500		180.1886
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.9745	81.6022	46.2619	13.6500		177.4886
12/13	Medicaid Adjustment Rate		2.5374	1.4385			
14	Prospective Per Diem 11	35.9745	84.1396	47.7004	13.6500		181.4645
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212890-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

194.58

Egret Cove Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,237,895 FRVS Base Asset: 1,389,485 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,166,667.00			
	Type:	Variable [3]	80% Capital(1):	1,790,316	5.2593
	< 60% of Base:	False	20% ROE(2):	447,579	0.2933
	Interest Rate:	10.0000 %	Insurance Cost(3):	56,644	1.4372
	Chase Rate:	8.0000 %	Taxes Cost(3):	36,069	0.9152
	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	32,237	0.0000
Yearly Payment:	207,323	Total FRVS PD:		7.9050	

(1) 80% Capital (\$1,790,316) amortized at 10.0000% for 20 years Principal & Interest of \$207,323 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.2593

(2) 20% ROE (\$447,579) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.2933

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.9745	35.9745	2.1245	33.8500
Patient Care				
Direct Care	84.1396	84.1396	4.9690	79.1706
Indirect Care	47.7004	47.7004	2.8170	44.8834
Property	13.6500	7.9050	0.4668	7.4382
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4043
Supplemental Rate Add-on				\$8.8324
Totals	181.4645	175.7195	10.3773	194.5789

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212903-00 - 2012/07 185.74

Emerald Coast Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
114 Third Street South East Ft. Walton Beach FL 32548 County: Okaloosa [46] Region: North [1] Area: 1 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1973 Acquired Date: 9/1/1973 Entered Medicaid 9/1/1973 Med # Active Date: 9/1/1996 Previous Med # 210757	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,400 Medicare: 5,560 Medicaid: 25,128	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 69.03297% Occupancy: 83.10502% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 105.61092% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	869,873	1,923,767	1,001,991	423,407	0	4,219,038
1a	Audit Adjustments						
2	Cost Per Diem	34.6177	76.5587	39.8755	16.8500		167.9019
3	Cost Per Diem Inflated	35.9951	78.4815	41.4621			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.9951	78.4815	41.4621	16.8500		172.7887
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.9951	78.4815	41.4621	13.6500		169.5887
12/13	Medicaid Adjustment Rate		1.6805	0.8878			
14	Prospective Per Diem 11	35.9951	80.1620	42.3499	13.6500		172.1570
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212903-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

185.74

Emerald Coast Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1973/07 Indexed Asset Value 2,538,694 FRVS Base Asset: 1,330,721 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,708,333.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,030,955	6.5932
	< 60% of Base:	False	20% ROE(2):	507,739	0.3327
	Interest Rate:	11.5000 %	Insurance Cost(3):	54,451	1.4959
	Chase Rate:	9.5000 %	Taxes Cost(3):	17,058	0.4686
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	62,144	0.0000
Yearly Payment:	259,905	Total FRVS PD:		8.8904	

(1) 80% Capital (\$2,030,955) amortized at 11.5000% for 20 years Principal & Interest of \$259,905 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.5932

(2) 20% ROE (\$507,739) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3327

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.9951	35.9951	2.1258	33.8693
Patient Care				
Direct Care	80.1620	80.1620	4.7341	75.4279
Indirect Care	42.3499	42.3499	2.5010	39.8489
Property	13.6500	8.8904	0.5250	8.3654
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3936
Supplemental Rate Add-on				\$8.8324
Totals	172.1570	167.3974	9.8859	185.7375

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212911-00 - 2012/07
199.45

Clearwater Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1270 Turner Street Clearwater FL 34616 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1972 Acquired Date: 1/1/1974 Entered Medicaid 1/1/1974 Med # Active Date: 9/1/1996 Previous Med # 210838	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,620 Medicare: 3,369 Medicaid: 32,306	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 85.87453% Occupancy: 85.89041% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.15062% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,155,459	2,649,722	1,422,430	546,294	0	5,773,905
1a	Audit Adjustments						
2	Cost Per Diem	35.7661	82.0195	44.0299	16.9100		178.7255
3	Cost Per Diem Inflated	37.0782	83.9492	45.6451			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.0782	83.9492	45.6451	16.9100		183.5825
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.0782	83.9492	45.6451	13.6500		180.3225
12/13	Medicaid Adjustment Rate		3.3881	1.8422			
14	Prospective Per Diem 11	37.0782	87.3373	47.4873	13.6500		185.5528
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212911-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

199.45

Clearwater Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1974/01 Indexed Asset Value 2,404,366 FRVS Base Asset: 1,302,829 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,416,667.00			
	Type:	Variable [3]			
	< 60% of Base:	False			
	Interest Rate:	10.0000 %	80% Capital(1):	1,923,493	5.6506
	Chase Rate:	8.0000 %	20% ROE(2):	480,873	0.3127
	Amortization Rate:	10.0000 %	Insurance Cost(3):	63,534	1.6888
	Interest Only:	False	Taxes Cost(3):	32,889	0.8742
Yearly Payment:	222,746	Home Office(3):	0	0.0000	
		Replacement(3&4):	56,470	0.0000	
		Total FRVS PD:		8.5263	

(1) 80% Capital (\$1,923,493) amortized at 10.0000% for 20 years Principal & Interest of \$222,746 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.6506

(2) 20% ROE (\$480,873) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3127

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.0782	37.0782	2.1897	34.8885
Patient Care				
Direct Care	87.3373	87.3373	5.1579	82.1794
Indirect Care	47.4873	47.4873	2.8044	44.6829
Property	13.6500	8.5263	0.5035	8.0228
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.8401
Supplemental Rate Add-on				\$8.8324
Totals	185.5528	180.4291	10.6555	199.4461

***Medicaid Trend Adjustment :**



0 212971-00 - 2012/07
205.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Florida Presbyterian Homes, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16 Lake Hunter Drive Lakeland FL 33803 County: Polk[53] Region: Central[3] Area: 6 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/14/1997 Acquired Date: 3/20/1997 Entered Medicaid 3/20/1997 Med # Active Date: 3/20/1997 Previous Med # 299625	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 48 Maximum: 17,520 Max Annualized: 17,520 Total Patient: 15,958 Medicare: 1,604 Medicaid: 5,263 Medicaid Utilization 32.98032% Occupancy: 91.08447% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.75131% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 184 Standard: 0 Conditional: 0 Total: 184 Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	251,986	427,930	316,005	61,524	0	1,057,445
1a	Audit Adjustments						
2	Cost Per Diem	47.8788	81.3091	60.0428	11.6899		200.9206
3	Cost Per Diem Inflated	50.4796	83.8717	63.3044			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.4796	83.8717	63.3044	11.6899		209.3456
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.9151		65.1000			
7	Provider Target Rate	67.4540		66.6199			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.4796	83.8717	63.3044	11.6899		209.3456
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.4796	83.8717	63.3044	11.6899		209.3456
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212971-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

205.36

Florida Presbyterian Homes, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/20/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/01 Indexed Asset Value 2,217,019 FRVS Base Asset: 1,461,040 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,773,615	9.1938
	< 60% of Base:	True	20% ROE(2):	443,404	0.7761
	Interest Rate:	8.2500 %	Insurance Cost(3):	19,790	1.2401
	Chase Rate:	8.2500 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	8.2500 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	25,443	0.0000
Yearly Payment:	144,968	Total FRVS PD:	11.2100		

(1) 80% Capital (\$1,773,615) amortized at 8.2500% for 20 years Interest of \$144,968 divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = \$9.1938

(2) 20% ROE (\$443,404) times the ROE factor (0.027600) divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = \$0.7761

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	50,254
Comparison Bed 40	Effective PBS Limitation	1,461,040

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.4796	50.4796	2.9812	47.4984
Patient Care				
Direct Care	83.8717	83.8717	4.9532	78.9185
Indirect Care	63.3044	63.3044	3.7385	59.5659
Property	11.6899	11.2100	0.6620	10.5480
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	209.3456	208.8657	12.3349	205.3632

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212989-00 - 2012/07

194.47

Bay Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1336 St. Andrews Blvd Panama City FL 32405 County: Bay [3] Region: North [1] Area: 2 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1972 Acquired Date: 8/1/1972 Entered Medicaid 8/1/1972 Med # Active Date: 9/1/1996 Previous Med # 210820	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 160 Maximum: 58,400 Max Annualized: 58,400 Total Patient: 43,683 Medicare: 5,978 Medicaid: 33,755	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.27262% Occupancy: 74.79966% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 95.05635% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,140,950	2,723,681	1,437,777	624,468	0	5,926,876
1a	Audit Adjustments						
2	Cost Per Diem	33.8009	80.6897	42.5945	18.5000		175.5851
3	Cost Per Diem Inflated	35.0409	82.5881	44.1570			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.0409	82.5881	44.1570	18.5000		180.2860
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.0409	82.5881	44.1570	13.6500		175.4360
12/13	Medicaid Adjustment Rate		2.5339	1.3548			
14	Prospective Per Diem 11	35.0409	85.1220	45.5118	13.6500		179.3247
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212989-00 - 2012/07
194.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bay Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 7,375,000.00	Total Amount	Per Diem
RS to Start Calcs: 1972/07	Type: Variable [3]	80% Capital(1): 3,371,847	8.2097
Indexed Asset Value 4,214,809	< 60% of Base: False	20% ROE(2): 842,962	0.4111
FRVS Base Asset: 2,287,922	Interest Rate: 11.5000 %	Insurance Cost(3): 75,796	1.7351
Occup Adj Factor: 0.9000	Chase Rate: 9.5000 %	Taxes Cost(3): 11,558	0.2646
ROE Factor 0.025630	Amortization Rate: 11.5000 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 64,332	0.0000
	Yearly Payment: 431,501	Total FRVS PD:	10.6205

- (1) 80% Capital (\$3,371,847) amortized at 11.5000% for 20 years Principal & Interest of \$431,501 divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = \$8.2097
- (2) 20% ROE (\$842,962) times the ROE factor (0.025630) divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = \$0.4111
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 160	Effective PBS Limitation 4,560,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.0409	35.0409	2.0694	32.9715
Patient Care				
Direct Care	85.1220	85.1220	5.0270	80.0950
Indirect Care	45.5118	45.5118	2.6878	42.8240
Property	13.6500	10.6205	0.6272	9.9933
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7575
Supplemental Rate Add-on				\$8.8324
Totals	179.3247	176.2952	10.4114	194.4737

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 212997-00 - 2012/07 196.15

Bartow Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2055 East Georgia Street Bartow FL 33830 County: Polk [53] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/1/1972 Acquired Date: 11/1/1972 Entered Medicaid 11/1/1972 Med # Active Date: 9/1/1996 Previous Med # 210846	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 81.21413% Occupancy: 81.94977% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.14281% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,894 Medicare: 3,818 Medicaid: 29,151	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,104,087	2,262,155	1,277,705	529,091	0	5,173,038
1a	Audit Adjustments						
2	Cost Per Diem	37.8748	77.6013	43.8306	18.1500		177.4567
3	Cost Per Diem Inflated	39.2642	79.4270	45.4385			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.2642	79.4270	45.4385	18.1500		182.2797
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1211		48.2597			
7	Provider Target Rate	42.0811		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.2642	79.4270	45.4385	13.6500		177.7797
12/13	Medicaid Adjustment Rate		2.7892	1.5956			
14	Prospective Per Diem 11	39.2642	82.2162	47.0341	13.6500		182.1645
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212997-00 - 2012/07
196.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bartow Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1972/07 Indexed Asset Value 2,455,621 FRVS Base Asset: 1,301,763 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,833,333.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,964,497	6.3775
	< 60% of Base:	False	20% ROE(2):	491,124	0.3193
	Interest Rate:	11.5000 %	Insurance Cost(3):	56,117	1.5634
	Chase Rate:	9.5000 %	Taxes Cost(3):	20,060	0.5589
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	85,808	0.0000
Yearly Payment:	251,400	Total FRVS PD:		8.8191	

(1) 80% Capital (\$1,964,497) amortized at 11.5000% for 20 years Principal & Interest of \$251,400 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.3775

(2) 20% ROE (\$491,124) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3193

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.2642	39.2642	2.3188	36.9454
Patient Care				
Direct Care	82.2162	82.2162	4.8554	77.3608
Indirect Care	47.0341	47.0341	2.7777	44.2564
Property	13.6500	8.8191	0.5208	8.2983
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4552
Supplemental Rate Add-on				\$8.8324
Totals	182.1645	177.3336	10.4727	196.1485

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 213004-00 - 2012/07 196.47

Boca Ciega Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1414 59th Street South Gulfport FL 33707 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1973 Acquired Date: 2/1/1973 Entered Medicaid 2/1/1973 Med # Active Date: 9/1/1996 Previous Med # 210862	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,326 Medicare: 2,630 Medicaid: 32,174	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 88.57017% Occupancy: 82.93607% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 105.39621% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,149,744	2,715,418	1,229,275	515,427	0	5,609,864
1a	Audit Adjustments						
2	Cost Per Diem	35.7352	84.3979	38.2071	16.0200		174.3602
3	Cost Per Diem Inflated	37.0461	86.3835	39.6087			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.0461	86.3835	39.6087	16.0200		179.0583
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.0461	86.3835	39.6087	13.6500		176.6883
12/13	Medicaid Adjustment Rate		3.7483	1.7187			
14	Prospective Per Diem 11	37.0461	90.1318	41.3274	13.6500		182.1553
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 213004-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

196.47

Boca Ciega Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1973/01 Indexed Asset Value 2,457,666 FRVS Base Asset: 1,377,951 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,583,333.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,966,133	5.7758
	< 60% of Base:	False	20% ROE(2):	491,533	0.3196
	Interest Rate:	10.0000 %	Insurance Cost(3):	54,246	1.4933
	Chase Rate:	8.0000 %	Taxes Cost(3):	27,243	0.7500
	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	241,630	0.0000
Yearly Payment:	227,683	Total FRVS PD:		8.3387	

(1) 80% Capital (\$1,966,133) amortized at 10.0000% for 20 years Principal & Interest of \$227,683 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.7758

(2) 20% ROE (\$491,533) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3196

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.0461	37.0461	2.1878	34.8583
Patient Care				
Direct Care	90.1318	90.1318	5.3229	84.8089
Indirect Care	41.3274	41.3274	2.4407	38.8867
Property	13.6500	8.3387	0.4925	7.8462
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2328
Supplemental Rate Add-on				\$8.8324
Totals	182.1553	176.8440	10.4439	196.4653

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 213098-00 - 2012/07

225.04

Tamarac Rehabilitation and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7901 NW 88th Avenue Tamarac FL 33321 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/1/1983 Acquired Date: 2/1/1983 Entered Medicaid 2/1/1983 Med # Active Date: 1/1/1997 Previous Med # 207187	02/01/2010-01/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 33,285 Medicare: 1,647 Medicaid: 16,422	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 49.33754% Occupancy: 75.99315% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 96.57306% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22248089 Semester Index: 1.28710041 Cost: 1.05285933 Target: 1.01634256 DC FY Index: 1.17483274 DC Sem Index: 1.21100000 DC Inflation: 1.03078503 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	720,967	1,369,478	943,359	162,906	0	3,196,710
1a	Audit Adjustments						
2	Cost Per Diem	43.9025	83.3929	57.4448	9.9200		194.6602
3	Cost Per Diem Inflated	46.2232	85.9602	60.4813			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2232	85.9602	60.4813	9.9200		202.5847
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.8380		61.6740			
7	Provider Target Rate	62.2584		63.1139			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.2232	85.9602	59.7055	9.9200		201.8089
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.2232	85.9602	59.7055	9.9200		201.8089
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 213098-00 - 2012/07

225.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Tamarac Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 1,920,000.00			Total Amount	Per Diem
RS to Start Calcs: 1983/01	Type: Fixed [2]		80% Capital(1): 3,352,914		9.8497
Indexed Asset Value 4,191,143	< 60% of Base: False		20% ROE(2): 838,229		0.5758
FRVS Base Asset: 2,529,788	Interest Rate: 10.0000 %		Insurance Cost(3): 51,510		1.5475
Occup Adj Factor: 0.9000	Chase Rate: 9.2500 %		Taxes Cost(3): 81,924		2.4613
ROE Factor 0.027080	Amortization Rate: 10.0000 %		Home Office(3): 10,885		0.3270
	Interest Only: False		Replacement(3&4): 66,601		0.0000
	Yearly Payment: 388,276		Total FRVS PD:		14.7613

(1) 80% Capital (\$3,352,914) amortized at 10.0000% for 20 years Principal & Interest of \$388,276 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8497

(2) 20% ROE (\$838,229) times the ROE factor (0.027080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5758

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.2232	46.2232	2.7298	43.4934
Patient Care				
Direct Care	85.9602	85.9602	5.0765	80.8837
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	9.9200	14.7613	0.8718	13.8895
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.7574
Supplemental Rate Add-on				\$8.8324
Totals	201.8089	206.6502	12.2041	225.0359

***Medicaid Trend Adjustment :**



0 213152-00 - 2012/07

255.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Water's Edge Extended Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1500 S.W. Capri Palm City FL 34990 County: Martin[43] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/30/1993 Acquired Date: 4/21/1997 Entered Medicaid 4/21/1997 Med # Active Date: 4/23/1997 Previous Med # 299638	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 36 Maximum: 13,140 Max Annualized: 13,140 Total Patient: 11,757 Medicare: 3,938 Medicaid: 1,869 Medicaid Utilization 15.89691% Occupancy: 89.47489% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.70583% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 184 Standard: 0 Conditional: 0 Total: 184 Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	148,810	215,189	217,616	30,596	0	612,211
1a	Audit Adjustments						
2	Cost Per Diem	79.6201	115.1359	116.4345	16.3703		327.5608
3	Cost Per Diem Inflated	81.7464	117.2170	119.5440			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	81.7464	117.2170	119.5440	16.3703		334.8777
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	91.5277		116.7513			
7	Provider Target Rate	93.6646		119.4770			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	107.8514	74.1906	13.6500		257.8717
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	62.1797	107.8514	74.1906	13.6500		257.8717
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 213152-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

255.54

Water's Edge Extended Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/21/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/01 Indexed Asset Value 1,511,208 FRVS Base Asset: 1,375,626 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,616,800.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,208,966	10.2610
	< 60% of Base:	False	20% ROE(2):	302,242	0.6177
	Interest Rate:	8.0000 %	Insurance Cost(3):	52,017	4.4243
	Chase Rate:	7.7500 %	Taxes Cost(3):	31,368	2.6680
	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	2,492,546	0.0000
Yearly Payment:	121,347	Total FRVS PD:	17.9710		

(1) 80% Capital (\$1,208,966) amortized at 8.0000% for 20 years Principal & Interest of \$121,347 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$10.2610

(2) 20% ROE (\$302,242) times the ROE factor (0.024170) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$0.6177

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,753
Comparison Date:	1/1/1993	Current RS PBS:	50,254
Comparison Bed	42	Effective PBS Limitation	1,375,626

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	107.8514	107.8514	6.3693	101.4821
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	13.6500	17.9710	1.0613	16.9097
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	257.8717	262.1927	15.4842	255.5409

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 213161-00 - 2012/07

200.46

Life Care Center at Wells Crossing

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
355 Crossing Boulevard Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/16/1997 Acquired Date: 6/16/1997 Entered Medicaid 7/23/1997 Med # Active Date: 7/23/1997 Previous Med # 299641	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,308 Medicare: 15,952 Medicaid: 15,392	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 40.17960% Occupancy: 87.46119% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.14678% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	652,801	1,273,836	818,108	305,223	0	3,049,968
1a	Audit Adjustments						
2	Cost Per Diem	42.4117	82.7596	53.1515	19.8300		198.1528
3	Cost Per Diem Inflated	44.0992	84.8381	55.2663			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.0992	84.8381	55.2663	19.8300		204.0336
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6916		46.3317			
7	Provider Target Rate	50.8517		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.0992	84.8381	47.4134	13.6500		190.0007
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.0992	84.8381	47.4134	13.6500		190.0007
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 213161-00 - 2012/07
200.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center at Wells Crossing

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/23/1997	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 7,543,145.00	Total Amount	Per Diem
RS to Start Calcs: 1997/01	Type: Fixed [2]	80% Capital(1): 4,284,704	8.9723
Indexed Asset Value 5,355,880	< 60% of Base: False	20% ROE(2): 1,071,176	0.7019
FRVS Base Asset: 0	Interest Rate: 5.5000 %	Insurance Cost(3): 19,199	0.5012
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 75,910	1.9816
ROE Factor 0.025830	Amortization Rate: 5.5000 %	Home Office(3): 36,568	0.9546
	Interest Only: False	Replacement(3&4): 94,569	0.0000
	Yearly Payment: 353,687	Total FRVS PD: 13.1116	

(1) 80% Capital (\$4,284,704) amortized at 5.5000% for 20 years Principal & Interest of \$353,687 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.9723

(2) 20% ROE (\$1,071,176) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7019

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	50,254
Comparison Bed 111	Effective PBS Limitation	4,054,386

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.0992	44.0992	2.6044	41.4948
Patient Care				
Direct Care	84.8381	84.8381	5.0103	79.8278
Indirect Care	47.4134	47.4134	2.8001	44.6133
Property	13.6500	13.1116	0.7743	12.3373
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.3583
Supplemental Rate Add-on				\$8.8324
Totals	190.0007	189.4623	11.1891	200.4639

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 213322-00 - 2012/07

208.23

Harborchase of Venice

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
950 Pinebrook Road Venice FL 34292 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 4/1/1997 Acquired Date: 4/1/1997 Entered Medicaid 4/1/1997 Med # Active Date: 4/1/1997 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 45 Maximum: 16,425 Max Annualized: 16,425 Total Patient: 14,109 Medicare: 8,513 Medicaid: 3,957	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 28.04593% Occupancy: 85.89954% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.16224% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	216,910	331,970	225,843	134,063	0	908,786
1a	Audit Adjustments						
2	Cost Per Diem	54.8168	83.8944	57.0743	33.8800		229.6655
3	Cost Per Diem Inflated	56.2807	85.4108	58.5985			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.2807	85.4108	58.5985	33.8800		234.1700
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		61.3003			
7	Provider Target Rate	53.5724		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.5724	85.4108	58.5985	13.6500		211.2317
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	53.5724	85.4108	58.5985	13.6500		211.2317
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 213322-00 - 2012/07
208.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Harborchase of Venice

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1997	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,846,813.00	Total Amount	Per Diem
RS to Start Calcs: 1997/01	Type: Fixed [2]	80% Capital(1): 1,613,184	11.3065
Indexed Asset Value: 2,016,480	< 60% of Base: False	20% ROE(2): 403,296	0.6594
FRVS Base Asset: 1,643,670	Interest Rate: 8.4300 %	Insurance Cost(3): 11,123	0.7884
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 22,190	1.5728
ROE Factor: 0.024170	Amortization Rate: 8.4300 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 7,913	0.0000
	Yearly Payment: 167,138	Total FRVS PD:	14.3271

(1) 80% Capital (\$1,613,184) amortized at 8.4300% for 20 years Principal & Interest of \$167,138 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$11.3065

(2) 20% ROE (\$403,296) times the ROE factor (0.024170) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$0.6594

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	50,254
Comparison Bed: 45	Effective PBS Limitation	1,643,670

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.5724	53.5724	3.1638	50.4086
Patient Care				
Direct Care	85.4108	85.4108	5.0441	80.3667
Indirect Care	58.5985	58.5985	3.4606	55.1379
Property	13.6500	14.3271	0.8461	13.4810
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	211.2317	211.9088	12.5146	208.2266

***Medicaid Trend Adjustment :**



0 213403-00 - 2012/07

206.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center Of Orlando

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3211 Rouse Road Orlando FL 32817 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/2/1997 Acquired Date: 10/2/1997 Entered Medicaid 10/2/1997 Med # Active Date: 10/2/1997 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,738 Medicare: 22,583 Medicaid: 8,570	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 21.03687% Occupancy: 93.00913% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.19719% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	420,795	717,384	483,805	188,626	0	1,810,610
1a	Audit Adjustments						
2	Cost Per Diem	49.1009	83.7088	56.4533	22.0100		211.2730
3	Cost Per Diem Inflated	51.0546	85.8112	58.6995			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.0546	85.8112	58.6995	22.0100		217.5753
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.3587		48.8266			
7	Provider Target Rate	56.6511		49.9665			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9425	85.8112	49.9665	13.6500		199.3702
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9425	85.8112	49.9665	13.6500		199.3702
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 213403-00 - 2012/07
206.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center Of Orlando

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/2/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/07 Indexed Asset Value 5,650,244 FRVS Base Asset: 2,222,460 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	6,962,559.00		
	Type:	Variable [3]		
	< 60% of Base:	False	80% Capital(1):	4,520,195
	Interest Rate:	4.2000 %	20% ROE(2):	1,130,049
	Chase Rate:	3.2500 %	Insurance Cost(3):	24,716
	Amortization Rate:	4.2000 %	Taxes Cost(3):	105,838
	Interest Only:	False	Home Office(3):	45,985
Yearly Payment:	334,442	Replacement(3&4):	111,255	
		Total FRVS PD:	13.5581	

(1) 80% Capital (\$4,520,195) amortized at 4.2000% for 20 years Principal & Interest of \$334,442 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.4841

(2) 20% ROE (\$1,130,049) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7405

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,222,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	85.8112	85.8112	5.0677	80.7435
Indirect Care	49.9665	49.9665	2.9509	47.0156
Property	13.6500	13.5581	0.8007	12.7574
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$10.2010
Supplemental Rate Add-on				\$8.8324
Totals	199.3702	199.2783	11.7687	206.5430

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 213462-00 - 2012/07
222.63

Madison Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2481 West US 90 Madison FL 32340 County: Madison [40] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 3/1/1985 Acquired Date: 3/1/1985 Entered Medicaid 3/1/1985 Med # Active Date: 3/1/1998 Previous Med # 208311	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,062 Medicare: 2,379 Medicaid: 14,862	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	694,103	1,209,877	853,441	262,909	0	3,020,330
1a	Audit Adjustments						
2	Cost Per Diem	46.7032	81.4074	57.4244	17.6900		203.2250
3	Cost Per Diem Inflated	48.5615	83.4520	59.7093			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.5615	83.4520	59.7093	17.6900		209.4128
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4305		51.7767			
7	Provider Target Rate	44.4445		52.9855			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.4445	83.4520	52.9855	13.6500		194.5320
12/13	Medicaid Adjustment Rate		2.2607	1.4354			
14	Prospective Per Diem 11	44.4445	85.7127	54.4209	13.6500		198.2281
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
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222.63

Madison Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1985/01 Indexed Asset Value 2,976,676 FRVS Base Asset: 1,710,000 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,950,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,381,341	17.7537
	< 60% of Base:	False	20% ROE(2):	595,335	0.7802
	Interest Rate:	13.7380 %	Insurance Cost(3):	25,691	1.2806
	Chase Rate:	13.0000 %	Taxes Cost(3):	24,209	1.2067
	Amortization Rate:	13.7380 %	Home Office(3):	3,614	0.1801
	Interest Only:	False	Replacement(3&4):	38,006	0.0000
Yearly Payment:	349,925	Total FRVS PD:	21.2013		

(1) 80% Capital (\$2,381,341) amortized at 13.7380% for 20 years Principal & Interest of \$349,925 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$17.7537

(2) 20% ROE (\$595,335) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7802

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.4445	44.4445	2.6247	41.8198
Patient Care				
Direct Care	85.7127	85.7127	5.0619	80.6508
Indirect Care	54.4209	54.4209	3.2139	51.2070
Property	13.6500	21.2013	1.2521	19.9492
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1756
Supplemental Rate Add-on				\$8.8324
Totals	198.2281	205.7794	12.1526	222.6348

***Medicaid Trend Adjustment :**



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243.35

VI at Lakeside Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days	
2792 Donnelly Drive Lantana FL 33462 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/22/1997 Acquired Date: 8/1/1998 Entered Medicaid 8/1/1998 Med # Active Date: 8/1/1998 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 13,719 Medicare: 5,610 Medicaid: 1	Superior: 0 Standard: 184 Conditional: 0 Total: 184	
	Medicaid Utilization 0.00729% Occupancy: 62.64384% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 79.60859% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	122	99	96	10	0	327
1a	Audit Adjustments						
2	Cost Per Diem	122.0000	99.0000	96.0000	10.0000		327.0000
3	Cost Per Diem Inflated	128.6271	102.1201	101.2148			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	128.6271	102.1201	101.2148	10.0000		341.9620
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	141.7941		84.6652			
7	Provider Target Rate	145.1045		86.6418			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	102.1201	74.1906	10.0000		248.4904
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	62.1797	102.1201	74.1906	10.0000		248.4904
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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VI at Lakeside Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1998/07	Type:	None [1]	80% Capital(1):	1,791,862	7.6580
Indexed Asset Value	2,239,827	< 60% of Base:	True	20% ROE(2):	447,965	0.6273
FRVS Base Asset:	2,222,460	Interest Rate:	8.5000 %	Insurance Cost(3):	10,480	0.7639
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	23,306	1.6988
ROE Factor	0.027600	Amortization Rate:	8.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	150,940	Total FRVS PD:	10.7480	

(1) 80% Capital (\$1,791,862) amortized at 8.5000% for 20 years Interest of \$150,940 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$7.6580

(2) 20% ROE (\$447,965) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6273

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,222,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	102.1201	102.1201	6.0309	96.0892
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	10.0000	10.7480	0.6347	10.1133
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	248.4904	249.2384	14.7192	243.3516

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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233.54

Page Rehabilitation and Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2310 North Airport Road Fort Myers FL 33907 County: Lee [36] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 10/1/1998 Previous Med # 201391	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 60,389 Medicare: 8,233 Medicaid: 37,511	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.11562% Occupancy: 91.91629% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.80839% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,761,919	3,694,125	2,411,779	265,953	0	8,133,776
1a	Audit Adjustments						
2	Cost Per Diem	46.9707	98.4811	64.2952	7.0900		216.8370
3	Cost Per Diem Inflated	48.5484	100.6419	66.4548			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.5484	100.6419	66.4548	7.0900		222.7351
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2717		60.2819			
7	Provider Target Rate	45.3053		61.6893			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.3053	99.9145	59.7055	7.0900		212.0153
12/13	Medicaid Adjustment Rate		1.3618	0.8138			
14	Prospective Per Diem 11	45.3053	101.2763	60.5193	7.0900		214.1909
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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233.54

Florida Agency For Health Care Administration
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Page Rehabilitation and Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,386,200.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	6,178,570	8.7427
Indexed Asset Value	7,723,213	< 60% of Base:	False	20% ROE(2):	1,544,643	0.6640
FRVS Base Asset:	1,043,401	Interest Rate:	5.6650 %	Insurance Cost(3):	77,847	1.2891
Occup Adj Factor:	0.9000	Chase Rate:	6.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025420	Amortization Rate:	5.6650 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	207,208	0.0000
		Yearly Payment:	516,953	Total FRVS PD:		10.6958

- (1) 80% Capital (\$6,178,570) amortized at 5.6650% for 20 years Principal & Interest of \$516,953 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.7427
- (2) 20% ROE (\$1,544,643) times the ROE factor (0.025420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6640
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 105	Effective PBS Limitation	2,992,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.3053	45.3053	2.6756	42.6297
Patient Care				
Direct Care	101.2763	101.2763	5.9810	95.2953
Indirect Care	60.5193	60.5193	3.5741	56.9452
Property	7.0900	10.6958	0.6317	10.0641
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7693
Supplemental Rate Add-on				\$8.8324
Totals	214.1909	217.7967	12.8624	233.5360

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
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208.56

TMH Skilled Nursing Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1609 Medical Drive Tallahassee FL 32308 County: Leon [37] Region: North [1] Area: 2 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1973 Acquired Date: 8/1/1973 Entered Medicaid 11/1/1974 Med # Active Date: 11/16/1998 Previous Med # 204447	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 113 Maximum: 41,245 Max Annualized: 41,245 Total Patient: 14,096 Medicare: 3,472 Medicaid: 911	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 6.46283% Occupancy: 34.17626% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 43.43163% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	110,763	196,564	308,946	16,589	0	632,862
1a	Audit Adjustments						
2	Cost Per Diem	121.5840	215.7673	339.1284	18.2097		694.6894
3	Cost Per Diem Inflated	125.6679	220.5014	350.5193			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	125.6679	220.5014	350.5193	18.2097		714.8983
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	110.9677		367.0463			
7	Provider Target Rate	113.5584		375.6156			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	96.6592	56.1342	13.6500		213.9214
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	96.6592	56.1342	13.6500		213.9214
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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208.56

TMH Skilled Nursing Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1973/07 Indexed Asset Value 4,231,049 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	3,384,839	11.3368
	< 60% of Base:	True	20% ROE(2):	846,210	0.5795
	Interest Rate:	12.5000 %	Insurance Cost(3):	997	0.0707
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	42,040	0.0000
Yearly Payment:	420,828	Total FRVS PD:		11.9870	

(1) 80% Capital (\$3,384,839) amortized at 12.5000% for 20 years Interest of \$420,828 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$11.3368

(2) 20% ROE (\$846,210) times the ROE factor (0.025420) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.5795

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	50,254
Comparison Bed 113	Effective PBS Limitation	4,326,883

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	56.1342	56.1342	3.3151	52.8191
Property	13.6500	11.9870	0.7079	11.2791
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	213.9214	212.2584	12.5353	208.5555

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 214027-00 - 2012/07

183.62

Gramercy Park Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
17475 S. Dixie Highway Miami FL 33157 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1985 Acquired Date: 1/1/1985 Entered Medicaid 1/1/1985 Med # Active Date: 4/8/1997 Previous Med # 208396	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,528 Medicare: 2,993 Medicaid: 55,526	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 88.80182% Occupancy: 95.17199% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.94579% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,947,839	4,264,641	2,265,208	704,070	0	9,181,758
1a	Audit Adjustments						
2	Cost Per Diem	35.0798	76.8044	40.7954	12.6800		165.3596
3	Cost Per Diem Inflated	36.4756	78.7334	42.4186			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.4756	78.7334	42.4186	12.6800		170.3076
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.4756	78.7334	42.4186	12.6800		170.3076
12/13	Medicaid Adjustment Rate		3.4369	1.8517			
14	Prospective Per Diem 11	36.4756	82.1703	44.2703	12.6800		175.5962
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 214027-00 - 2012/07
183.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Gramercy Park Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/2004	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 6,105,900.00	Total Amount	Per Diem
RS to Start Calcs: 1985/01	Type: Fixed [2]	80% Capital(1): 6,619,174	13.8655
Indexed Asset Value 8,273,967	< 60% of Base: False	20% ROE(2): 1,654,793	0.7229
FRVS Base Asset: 5,130,000	Interest Rate: 11.0000 %	Insurance Cost(3): 52,262	0.8358
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %	Taxes Cost(3): 201,407	3.2211
ROE Factor 0.025830	Amortization Rate: 11.0000 %	Home Office(3): 8,864	0.1418
	Interest Only: False	Replacement(3&4): 42,065	0.0000
	Yearly Payment: 819,868	Total FRVS PD:	18.7871

(1) 80% Capital (\$6,619,174) amortized at 11.0000% for 20 years Principal & Interest of \$819,868 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$13.8655

(2) 20% ROE (\$1,654,793) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7229

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.4756	36.4756	2.1541	34.3215
Patient Care				
Direct Care	82.1703	82.1703	4.8527	77.3176
Indirect Care	44.2703	44.2703	2.6145	41.6558
Property	12.6800	18.7871	1.1095	17.6776
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.8181
Supplemental Rate Add-on				\$8.8324
Totals	175.5962	181.7033	10.7308	183.6230

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 214035-00 - 2012/07

250.76

MIAMI SHORES NURSING AND REHAB CEN

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9380 N.E 7TH AVENUE Miami FL 33150 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1979 Acquired Date: 1/1/1979 Entered Medicaid 1/1/1979 Med # Active Date: 2/15/1999 Previous Med # 211982	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 33,075 Medicare: 8,524 Medicaid: 24,039	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.68027% Occupancy: 91.53175% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.31972% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,458,538	2,499,489	1,580,369	353,854	0	5,892,250
1a	Audit Adjustments						
2	Cost Per Diem	60.6738	103.9764	65.7419	14.7200		245.1121
3	Cost Per Diem Inflated	63.0879	106.5878	68.3577			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	63.0879	106.5878	68.3577	14.7200		252.7534
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		61.8210			
7	Provider Target Rate	53.5724		63.2643			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.5724	106.5878	63.2643	13.6500		237.0745
12/13	Medicaid Adjustment Rate		2.7196	1.6142			
14	Prospective Per Diem 11	53.5724	109.3074	64.8785	13.6500		241.4083
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 214035-00 - 2012/07
250.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

MIAMI SHORES NURSING AND REHAB CEN

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,200,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Fixed [2]	80% Capital(1):	2,031,238	8.1224
Indexed Asset Value	2,539,047	< 60% of Base:	False	20% ROE(2):	507,809	0.4033
FRVS Base Asset:	1,432,785	Interest Rate:	11.7500 %	Insurance Cost(3):	38,184	1.1545
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	42,063	1.2717
ROE Factor	0.025830	Amortization Rate:	11.7500 %	Home Office(3):	11,228	0.3395
		Interest Only:	False	Replacement(3&4):	47,856	0.0000
		Yearly Payment:	264,152	Total FRVS PD:		11.2914

(1) 80% Capital (\$2,031,238) amortized at 11.7500% for 20 years Principal & Interest of \$264,152 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$8.1224

(2) 20% ROE (\$507,809) times the ROE factor (0.025830) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.4033

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.5724	53.5724	3.1638	50.4086
Patient Care				
Direct Care	109.3074	109.3074	6.4553	102.8521
Indirect Care	64.8785	64.8785	3.8315	61.0470
Property	13.6500	11.2914	0.6668	10.6246
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9909
Supplemental Rate Add-on				\$8.8324
Totals	241.4083	239.0497	14.1174	250.7556

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 214043-00 - 2012/07 231.73

Marion House Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3930 E Silver Springs Blvd Ocala FL 32670 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/4/1991 Acquired Date: 4/4/1991 Entered Medicaid 4/18/1991 Med # Active Date: 7/1/1998 Previous Med # 203602	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,894 Medicare: 4,679 Medicaid: 30,599	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 73.03910% Occupancy: 95.64840% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.55120% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,306,591	2,862,328	1,611,097	438,790	0	6,218,806
1a	Audit Adjustments						
2	Cost Per Diem	42.7004	93.5432	52.6519	14.3400		203.2355
3	Cost Per Diem Inflated	44.3994	95.8926	54.7469			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.3994	95.8926	54.7469	14.3400		209.3789
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7775		60.7131			
7	Provider Target Rate	45.8229		62.1305			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.3994	95.8926	54.7469	13.6500		208.6889
12/13	Medicaid Adjustment Rate		2.4854	1.4190			
14	Prospective Per Diem 11	44.3994	98.3780	56.1659	13.6500		212.5933
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 214043-00 - 2012/07
231.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Marion House Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/18/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,899,145.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	4,169,174	12.8848
Indexed Asset Value	5,211,467	< 60% of Base:	False	20% ROE(2):	1,042,293	0.6830
FRVS Base Asset:	3,642,240	Interest Rate:	10.7500 %	Insurance Cost(3):	44,923	1.0723
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	65,037	1.5524
ROE Factor	0.025830	Amortization Rate:	10.7500 %	Home Office(3):	5,938	0.1417
		Interest Only:	False	Replacement(3&4):	119,005	0.0000
		Yearly Payment:	507,920	Total FRVS PD:		16.3342

- (1) 80% Capital (\$4,169,174) amortized at 10.7500% for 20 years Principal & Interest of \$507,920 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.8848
- (2) 20% ROE (\$1,042,293) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6830
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.3994	44.3994	2.6221	41.7773
Patient Care				
Direct Care	98.3780	98.3780	5.8099	92.5681
Indirect Care	56.1659	56.1659	3.3170	52.8489
Property	13.6500	16.3342	0.9646	15.3696
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.3335
Supplemental Rate Add-on				\$8.8324
Totals	212.5933	215.2775	12.7136	231.7298

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 214060-00 - 2012/07

197.72

Life Care Center of Hilliard

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
US 1 & 3rd Street Hilliard FL 32046 County: Nassau [45] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/3/1990 Acquired Date: 4/3/1990 Entered Medicaid 5/1/1990 Med # Active Date: 2/1/1999 Previous Med # 201928	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,422 Medicare: 8,634 Medicaid: 25,220	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.97443% Occupancy: 90.00456% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.37894% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,053,728	1,986,526	1,083,426	801,996	0	4,925,676
1a	Audit Adjustments						
2	Cost Per Diem	41.7814	78.7679	42.9590	31.8000		195.3083
3	Cost Per Diem Inflated	43.4438	80.7462	44.6683			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4438	80.7462	44.6683	31.8000		200.6583
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.0780		46.3317			
7	Provider Target Rate	53.2938		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.4438	80.7462	44.6683	13.6500		182.5083
12/13	Medicaid Adjustment Rate		1.2694	0.7022			
14	Prospective Per Diem 11	43.4438	82.0156	45.3705	13.6500		184.4799
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 214060-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

197.72

Life Care Center of Hilliard

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	None [1]	80% Capital(1):	4,136,182	8.0517
Indexed Asset Value	5,170,227	< 60% of Base:	True	20% ROE(2):	1,034,045	0.6776
FRVS Base Asset:	1,801,380	Interest Rate:	7.7500 %	Insurance Cost(3):	16,327	0.4142
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	36,591	0.9282
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	33,342	0.8458
		Interest Only:	True	Replacement(3&4):	139,246	0.0000
		Yearly Payment:	317,399	Total FRVS PD:		10.9175

- (1) 80% Capital (\$4,136,182) amortized at 7.7500% for 20 years Interest of \$317,399 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.0517
- (2) 20% ROE (\$1,034,045) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6776
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4438	43.4438	2.5656	40.8782
Patient Care				
Direct Care	82.0156	82.0156	4.8436	77.1720
Indirect Care	45.3705	45.3705	2.6794	42.6911
Property	13.6500	10.9175	0.6448	10.2727
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8768
Supplemental Rate Add-on				\$8.8324
Totals	184.4799	181.7474	10.7334	197.7232

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 214914-00 - 2012/07 220.75

Baldomero Lopez State Veterans Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6919 Parkway Blvd. Land O Lakes FL 34639 County: Pasco [51] Region: Central [3] Area: 5 Control Government Non-Prof Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1999 Acquired Date: 1/1/1999 Entered Medicaid 5/7/1999 Med # Active Date: 5/7/1999 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,535 Medicare: 1,003 Medicaid: 23,147	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 53.16871% Occupancy: 99.39498% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 126.31240% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	996,751	2,290,396	1,049,124	206,703	0	4,542,974
1a	Audit Adjustments						
2	Cost Per Diem	43.0618	98.9500	45.3244	8.9300		196.2662
3	Cost Per Diem Inflated	44.9093	101.5926	47.2689			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9093	101.5926	47.2689	8.9300		202.7008
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.5258		58.5433			
7	Provider Target Rate	60.9155		59.9101			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.9093	98.2868	47.2689	8.9300		199.3950
12/13	Medicaid Adjustment Rate		0.3504	0.1685			
14	Prospective Per Diem 11	44.9093	98.6372	47.4374	8.9300		199.9139
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 214914-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

220.75

Baldomero Lopez State Veterans Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/7/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	None [1]	80% Capital(1):	4,423,178	8.6104
Indexed Asset Value	5,528,973	< 60% of Base:	True	20% ROE(2):	1,105,795	0.7246
FRVS Base Asset:	886,642	Interest Rate:	7.7500 %	Insurance Cost(3):	6,212	0.1427
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	42,935	0.9862
		Interest Only:	True	Replacement(3&4):	63,822	0.0000
		Yearly Payment:	339,423	Total FRVS PD:		10.4639

- (1) 80% Capital (\$4,423,178) amortized at 7.7500% for 20 years Interest of \$339,423 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6104
- (2) 20% ROE (\$1,105,795) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7246
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9093	44.9093	2.6522	42.2571
Patient Care				
Direct Care	98.6372	98.6372	5.8252	92.8120
Indirect Care	47.4374	47.4374	2.8015	44.6359
Property	8.9300	10.4639	0.6180	9.8459
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$22.3626
Supplemental Rate Add-on				\$8.8324
Totals	199.9139	201.4478	11.8969	220.7459

***Medicaid Trend Adjustment :**



0 215597-00 - 2012/07

200.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Osprey Point Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1104 South Main Street Bushnell FL 33513 County: Sumter [60] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/2/1999 Acquired Date: 7/2/1999 Entered Medicaid 7/2/1999 Med # Active Date: 7/2/1999 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,291 Medicare: 8,493 Medicaid: 9,543	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 47.03070% Occupancy: 92.65297% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.74458% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	394,906	711,000	511,310	157,269	0	1,774,485
1a	Audit Adjustments						
2	Cost Per Diem	41.3817	74.5049	53.5796	16.4800		185.9462
3	Cost Per Diem Inflated	43.6296	76.8530	56.4901			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.6296	76.8530	56.4901	16.4800		193.4527
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6221		50.9938			
7	Provider Target Rate	44.6405		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.6296	76.8530	52.1843	13.6500		186.3169
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.6296	76.8530	52.1843	13.6500		186.3169
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 215597-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

200.28

Osprey Point Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/2/1999 Year of Phase-In/ Full: RS to Start Calcs: 1999/07 Indexed Asset Value 2,816,781 FRVS Base Asset: 2,330,760 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,725,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,253,425	12.6721
	< 60% of Base:	False	20% ROE(2):	563,356	0.7889
	Interest Rate:	9.3700 %	Insurance Cost(3):	12,873	0.6344
	Chase Rate:	9.5000 %	Taxes Cost(3):	44,025	2.1697
	Amortization Rate:	9.3700 %	Home Office(3):	7,761	0.3825
	Interest Only:	False	Replacement(3&4):	21,008	0.0000
Yearly Payment:	249,767	Total FRVS PD:	16.6476		

(1) 80% Capital (\$2,253,425) amortized at 9.3700% for 20 years Principal & Interest of \$249,767 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.6721

(2) 20% ROE (\$563,356) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7889

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,330,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.6296	43.6296	2.5766	41.0530
Patient Care				
Direct Care	76.8530	76.8530	4.5387	72.3143
Indirect Care	52.1843	52.1843	3.0818	49.1025
Property	13.6500	16.6476	0.9832	15.6644
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.3092
Supplemental Rate Add-on				\$8.8324
Totals	186.3169	189.3145	11.1803	200.2758

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 216399-00 - 2012/07
247.92

Harbour's Edge

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
401 E. Linton Boulevard Delray Beach FL 33483 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/3/1987 Acquired Date: 8/3/1987 Entered Medicaid 6/1/1999 Med # Active Date: 6/1/1999 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 54 Maximum: 19,710 Max Annualized: 19,710 Total Patient: 14,623 Medicare: 5,378 Medicaid: 706	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 4.82801% Occupancy: 74.19077% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 94.28257% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	45,673	86,488	73,239	12,482	0	217,882
1a	Audit Adjustments						
2	Cost Per Diem	64.6926	122.5042	103.7380	17.6799		308.6147
3	Cost Per Diem Inflated	68.2067	126.3651	109.3731			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	68.2067	126.3651	109.3731	17.6799		321.6248
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	108.0910		108.4387			
7	Provider Target Rate	110.6145		110.9704			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	107.8514	74.1906	13.6500		257.8717
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	62.1797	107.8514	74.1906	13.6500		257.8717
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 216399-00 - 2012/07
247.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Harbour's Edge

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	None [1]	80% Capital(1):	787,463	3.4065
Indexed Asset Value	984,329	< 60% of Base:	True	20% ROE(2):	196,866	0.3063
FRVS Base Asset:	0	Interest Rate:	0.0000 %	Insurance Cost(3):	54,502	3.7271
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	33,166	2.2681
ROE Factor	0.027600	Amortization Rate:	7.7500 %	Home Office(3):	2,328	0.1592
		Interest Only:	True	Replacement(3&4):	4,426,800	0.0000
		Yearly Payment:	60,428	Total FRVS PD:		9.8672

- (1) 80% Capital (\$787,463) amortized at 7.7500% for 20 years Interest of \$60,428 divided by annual available days (19,710) divided by Occup. Adj. (0.9000) = \$3.4065
- (2) 20% ROE (\$196,866) times the ROE factor (0.027600) divided by annual available days (19,710) divided by Occup. Adj. (0.9000) = \$0.3063
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 54	Effective PBS Limitation	1,576,530

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	107.8514	107.8514	6.3693	101.4821
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	13.6500	9.8672	0.5827	9.2845
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	257.8717	254.0889	15.0056	247.9157

***Medicaid Trend Adjustment :**



0 217263-00 - 2012/07

209.67

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Crystal River Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
136 Northeast 12th Avenue Crystal River FL 34429 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/8/1976 Acquired Date: 12/8/1976 Entered Medicaid 12/8/1976 Med # Active Date: 7/1/1999 Previous Med # 206873	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 37,659 Medicare: 6,130 Medicaid: 27,442	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.86970% Occupancy: 68.78356% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 87.41103% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,274,738	2,327,405	1,143,571	484,351	0	5,230,065
1a	Audit Adjustments						
2	Cost Per Diem	46.4521	84.8118	41.6723	17.6500		190.5862
3	Cost Per Diem Inflated	48.4450	87.0768	43.4602			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4450	87.0768	43.4602	17.6500		196.6320
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.8531		46.3317			
7	Provider Target Rate	51.0170		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	87.0768	43.4602	13.6500		191.6650
12/13	Medicaid Adjustment Rate		2.2403	1.1182			
14	Prospective Per Diem 11	47.4780	89.3171	44.5784	13.6500		195.0235
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 217263-00 - 2012/07
209.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Crystal River Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,920,000.00		Total Amount	Per Diem
RS to Start Calcs:	1976/07	Type:	Variable [3]	80% Capital(1):	4,101,316	7.4762
Indexed Asset Value	5,126,645	< 60% of Base:	False	20% ROE(2):	1,025,329	0.5375
FRVS Base Asset:	2,866,100	Interest Rate:	6.5500 %	Insurance Cost(3):	31,249	0.8298
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	59,969	1.5924
ROE Factor	0.025830	Amortization Rate:	6.5500 %	Home Office(3):	47,728	1.2674
		Interest Only:	False	Replacement(3&4):	219,727	0.0000
		Yearly Payment:	368,390	Total FRVS PD:		11.7033

(1) 80% Capital (\$4,101,316) amortized at 6.5500% for 20 years Principal & Interest of \$368,390 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$7.4762

(2) 20% ROE (\$1,025,329) times the ROE factor (0.025830) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.5375

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 150	Effective PBS Limitation	4,275,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	89.3171	89.3171	5.2748	84.0423
Indirect Care	44.5784	44.5784	2.6327	41.9457
Property	13.6500	11.7033	0.6912	11.0121
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1640
Supplemental Rate Add-on				\$8.8324
Totals	195.0235	193.0768	11.4026	209.6706

*Medicaid Trend Adjustment :



0 217395-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

193.90

Ocala Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1201 Southeast 24th Road Ocala FL 34471 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/21/1977 Acquired Date: 11/21/1977 Entered Medicaid 11/21/1977 Med # Active Date: 7/1/1999 Previous Med # 206890	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 57,409 Medicare: 7,503 Medicaid: 40,272	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 70.14928% Occupancy: 87.38052% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.04428% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,384,286	3,359,647	1,445,242	672,542	0	6,861,717
1a	Audit Adjustments						
2	Cost Per Diem	34.3734	83.4239	35.8870	16.7000		170.3843
3	Cost Per Diem Inflated	35.8481	85.6518	37.4267			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.8481	85.6518	37.4267	16.7000		175.6266
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3421		46.3317			
7	Provider Target Rate	42.3073		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.8481	85.6518	37.4267	13.6500		172.5766
12/13	Medicaid Adjustment Rate		1.9415	0.8484			
14	Prospective Per Diem 11	35.8481	87.5933	38.2751	13.6500		175.3665
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 217395-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

193.90

Ocala Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,160,000.00		Total Amount	Per Diem
RS to Start Calcs:	1977/07	Type:	Variable [3]	80% Capital(1):	6,356,512	9.6560
Indexed Asset Value	7,945,640	< 60% of Base:	False	20% ROE(2):	1,589,128	0.6942
FRVS Base Asset:	4,016,165	Interest Rate:	6.5500 %	Insurance Cost(3):	82,447	1.4361
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	48,330	0.8419
ROE Factor	0.025830	Amortization Rate:	6.5500 %	Home Office(3):	68,114	1.1865
		Interest Only:	False	Replacement(3&4):	218,918	0.0000
		Yearly Payment:	570,957	Total FRVS PD:		13.8147

(1) 80% Capital (\$6,356,512) amortized at 6.5500% for 20 years Principal & Interest of \$570,957 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.6560

(2) 20% ROE (\$1,589,128) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6942

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.8481	35.8481	2.1171	33.7310
Patient Care				
Direct Care	87.5933	87.5933	5.1730	82.4203
Indirect Care	38.2751	38.2751	2.2604	36.0147
Property	13.6500	13.8147	0.8159	12.9988
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8984
Supplemental Rate Add-on				\$8.8324
Totals	175.3665	175.5312	10.3664	193.8956

***Medicaid Trend Adjustment :**



0 217727-00 - 2012/07

198.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

West Melbourne Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2125 West New Havene Avenu West Melbourne FL 32904	07/01/2010-06/30/2011	Number of Beds: 180	Superior: 0
County: Brevard[5]	Days In CR 365	Maximum: 65,700	Standard: 184
Region: Central[3] Area: 7	First Used: 2012/07	Max Annualized: 65,700	Conditional: 0
Control Private For profit [1]	Last Used: 2012/07	Total Patient: 51,128	Total: 184
Current Class Central Large [6]	Unaudited [3]	Medicare: 5,739	Inflation
Class at 1/94: North Large [2]	Initial CR? False	Medicaid: 30,903	FY Index: 1.23415178
Operating Ex > 18 months [1]	Medicaid Utilization 60.44242%		Semester Index: 1.28710041
Open Date: 1/1/1979	Occupancy: 77.82040%		Cost: 1.04290285
Acquired Date: 9/11/1980	Statewide Low Occupancy Threshold: 78.68980%		Target: 1.01634256
Entered Medicaid 9/11/1980	Medicaid Low Occupancy Threshold: 41.03510%		DC FY Index: 1.17950000
Med # Active Date: 7/1/1999	Low Occupancy Adjustment Factor: 98.89515%		DC Sem Index: 1.21100000
Previous Med # 206911	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02670623
			PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,145,024	2,737,626	1,186,479	309,648	0	5,378,777	
1a	Audit Adjustments							
2	Cost Per Diem	37.0522	88.5877	38.3937	10.0200		174.0536	
3	Cost Per Diem Inflated	38.6418	90.9535	40.0409				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.6418	90.9535	40.0409	10.0200		179.6562	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.9245		48.2597				
7	Provider Target Rate	49.0434		49.3864				
7a	Interim Adjustment							
7b	Interim Adjusted Provider Target Rate							
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500			
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334				
10	Target Rate Class Ceiling	50.1494		57.8638				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	38.6418	90.9535	40.0409	10.0200		179.6562	
12/13	Medicaid Adjustment Rate		1.0685	0.4704				
14	Prospective Per Diem 11	38.6418	92.0220	40.5113	10.0200		181.1951	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 217727-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

198.41

West Melbourne Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2011	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,108,783.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable [3]	80% Capital(1):	4,588,789	6.6324
Indexed Asset Value	5,735,986	< 60% of Base:	False	20% ROE(2):	1,147,197	0.5011
FRVS Base Asset:	2,055,416	Interest Rate:	5.9264 %	Insurance Cost(3):	4,789	0.0937
Occup Adj Factor:	0.9000	Chase Rate:	5.3347 %	Taxes Cost(3):	17,054	0.3336
ROE Factor	0.025830	Amortization Rate:	5.9264 %	Home Office(3):	58,419	1.1426
		Interest Only:	False	Replacement(3&4):	488,529	0.0000
		Yearly Payment:	392,172	Total FRVS PD:		8.7034

(1) 80% Capital (\$4,588,789) amortized at 5.9264% for 20 years Principal & Interest of \$392,172 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$6.6324

(2) 20% ROE (\$1,147,197) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5011

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.6418	38.6418	2.2821	36.3597
Patient Care				
Direct Care	92.0220	92.0220	5.4345	86.5875
Indirect Care	40.5113	40.5113	2.3925	38.1188
Property	10.0200	8.7034	0.5140	8.1894
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.3207
Supplemental Rate Add-on				\$8.8324
Totals	181.1951	179.8785	10.6231	198.4085

***Medicaid Trend Adjustment :**



0 217735-00 - 2012/07

213.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

St. Augustine Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
51 Sunrise Boulevard St. Augustine FL 32086 County: St Johns[55] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/2/1976 Acquired Date: 4/2/1976 Entered Medicaid 4/2/1976 Med # Active Date: 7/1/1999 Previous Med # 206903	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,364 Medicare: 5,863 Medicaid: 28,100	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.24575% Occupancy: 87.58904% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.30927% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,168,460	2,565,353	1,208,913	474,328	0	5,417,054
1a	Audit Adjustments						
2	Cost Per Diem	41.5822	91.2937	43.0218	16.8800		192.7777
3	Cost Per Diem Inflated	43.3662	93.7318	44.8676			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.3662	93.7318	44.8676	16.8800		198.8456
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.2552		46.3317			
7	Provider Target Rate	56.5452		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3662	93.7318	44.8676	13.6500		195.6156
12/13	Medicaid Adjustment Rate		2.4512	1.1734			
14	Prospective Per Diem 11	43.3662	96.1830	46.0410	13.6500		199.2402
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 217735-00 - 2012/07
213.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

St. Augustine Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,760,000.00		Total Amount	Per Diem
RS to Start Calcs:	1976/01	Type:	Variable [3]	80% Capital(1):	3,198,381	7.2878
Indexed Asset Value	3,997,976	< 60% of Base:	False	20% ROE(2):	799,595	0.5239
FRVS Base Asset:	2,002,828	Interest Rate:	6.5500 %	Insurance Cost(3):	29,134	0.7594
Occup Adj Factor:	0.9000	Chase Rate:	5.7500 %	Taxes Cost(3):	39,322	1.0250
ROE Factor	0.025830	Amortization Rate:	6.5500 %	Home Office(3):	49,425	1.2883
		Interest Only:	False	Replacement(3&4):	238,770	0.0000
		Yearly Payment:	287,286	Total FRVS PD:		10.8844

(1) 80% Capital (\$3,198,381) amortized at 6.5500% for 20 years Principal & Interest of \$287,286 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.2878

(2) 20% ROE (\$799,595) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5239

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3662	43.3662	2.5611	40.8051
Patient Care				
Direct Care	96.1830	96.1830	5.6803	90.5027
Indirect Care	46.0410	46.0410	2.7190	43.3220
Property	13.6500	10.8844	0.6428	10.2416
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3918
Supplemental Rate Add-on				\$8.8324
Totals	199.2402	196.4746	11.6032	213.0956

***Medicaid Trend Adjustment :**



0 217743-00 - 2012/07

205.04

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Davtona Beach Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1055 Third Avenue Daytona Beach FL 32117 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1977 Acquired Date: 10/1/1977 Entered Medicaid 10/1/1977 Med # Active Date: 7/1/1999 Previous Med # 206881	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 53,046 Medicare: 6,776 Medicaid: 40,011	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 75.42699% Occupancy: 80.73972% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 102.60507% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,556,117	3,517,007	1,573,964	474,130	0	7,121,218
1a	Audit Adjustments						
2	Cost Per Diem	38.8922	87.9010	39.3383	11.8500		177.9815
3	Cost Per Diem Inflated	40.5608	90.2485	41.0260			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.5608	90.2485	41.0260	11.8500		183.6853
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.1711		46.3317			
7	Provider Target Rate	60.5525		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.5608	90.2485	41.0260	11.8500		183.6853
12/13	Medicaid Adjustment Rate		2.5816	1.1736			
14	Prospective Per Diem 11	40.5608	92.8301	42.1996	11.8500		187.4405
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 217743-00 - 2012/07
205.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Davtona Beach Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,972,858.00		Total Amount	Per Diem
RS to Start Calcs:	1977/07	Type:	Fixed [2]	80% Capital(1):	4,413,533	7.6600
Indexed Asset Value	5,516,916	< 60% of Base:	False	20% ROE(2):	1,103,383	0.4820
FRVS Base Asset:	3,068,148	Interest Rate:	8.3000 %	Insurance Cost(3):	47,327	0.8922
Occup Adj Factor:	0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	79,836	1.5050
ROE Factor	0.025830	Amortization Rate:	8.3000 %	Home Office(3):	62,099	1.1707
		Interest Only:	False	Replacement(3&4):	85,458	0.0000
		Yearly Payment:	452,938	Total FRVS PD:		11.7099

(1) 80% Capital (\$4,413,533) amortized at 8.3000% for 20 years Principal & Interest of \$452,938 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$7.6600

(2) 20% ROE (\$1,103,383) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4820

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.5608	40.5608	2.3954	38.1654
Patient Care				
Direct Care	92.8301	92.8301	5.4822	87.3479
Indirect Care	42.1996	42.1996	2.4922	39.7074
Property	11.8500	11.7099	0.6915	11.0184
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9661
Supplemental Rate Add-on				\$8.8324
Totals	187.4405	187.3004	11.0613	205.0376

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 217824-00 - 2012/07
218.13

Life Care Center of Port St. Lucie

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3720 South Jennings Road Port St Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/9/1999 Acquired Date: 9/9/1999 Entered Medicaid 9/9/1999 Med # Active Date: 9/9/1999 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 123 Maximum: 44,895 Max Annualized: 44,895 Total Patient: 40,498 Medicare: 19,128 Medicaid: 15,373	Superior: 0 Standard: 153 Conditional: 31 Total: 184
	Medicaid Utilization 37.95990% Occupancy: 90.20604% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.63498% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	756,700	1,375,072	891,016	388,168	0	3,410,956
1a	Audit Adjustments						
2	Cost Per Diem	49.2227	89.4472	57.9598	25.2500		221.8797
3	Cost Per Diem Inflated	51.1812	91.6937	60.2660			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.1812	91.6937	60.2660	25.2500		228.3909
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.0902		51.4688			
7	Provider Target Rate	55.3530		52.6704			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.1812	91.6937	52.6704	13.6500		209.1953
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.1812	91.6937	52.6704	13.6500		209.1953
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 217824-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

218.13

Life Care Center of Port St. Lucie

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,495,769.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Variable [3]	80% Capital(1):	4,629,281	9.2643
Indexed Asset Value	5,786,601	< 60% of Base:	False	20% ROE(2):	1,157,320	0.7398
FRVS Base Asset:	4,778,058	Interest Rate:	7.2400 %	Insurance Cost(3):	19,937	0.4923
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	99,673	2.4612
ROE Factor	0.025830	Amortization Rate:	5.2500 %	Home Office(3):	44,143	1.0900
		Interest Only:	False	Replacement(3&4):	142,519	0.0000
		Yearly Payment:	374,330	Total FRVS PD:		14.0476

(1) 80% Capital (\$4,629,281) amortized at 5.2500% for 20 years Principal & Interest of \$374,330 divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = \$9.2643

(2) 20% ROE (\$1,157,320) times the ROE factor (0.025830) divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = \$0.7398

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	1/1/1999	Current RS PBS:	50,254
Comparison Bed	123	Effective PBS Limitation	4,778,058

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.1812	51.1812	3.0226	48.1586
Patient Care				
Direct Care	91.6937	91.6937	5.4151	86.2786
Indirect Care	52.6704	52.6704	3.1105	49.5599
Property	13.6500	14.0476	0.8296	13.2180
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.0786
Supplemental Rate Add-on				\$8.8324
Totals	209.1953	209.5929	12.3778	218.1261

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 218057-00 - 2012/07
208.08

Lakeshore Villas Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16002 Lakeshore Villas Drive Tampa FL 33613 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1986 Acquired Date: 9/1/1986 Entered Medicaid 9/1/1986 Med # Active Date: 7/1/1999 Previous Med # 209040	02/01/2010-01/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 179 Maximum: 65,335 Max Annualized: 65,335 Total Patient: 58,589 Medicare: 9,481 Medicaid: 34,510	Superior: 0 Standard: 158 Conditional: 26 Total: 184
	Medicaid Utilization 58.90184% Occupancy: 89.67475% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.95981% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22248089 Semester Index: 1.28710041 Cost: 1.05285933 Target: 1.01634256 DC FY Index: 1.17483274 DC Sem Index: 1.21100000 DC Inflation: 1.03078503 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,533,216	2,692,946	1,963,714	815,126	0	7,005,002
1a	Audit Adjustments						
2	Cost Per Diem	44.4282	78.0338	56.9028	23.6200		202.9848
3	Cost Per Diem Inflated	46.7766	80.4361	59.9106			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.7766	80.4361	59.9106	23.6200		210.7433
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6943		48.2597			
7	Provider Target Rate	52.9012		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7766	80.4361	49.3864	13.6500		190.2491
12/13	Medicaid Adjustment Rate		0.6917	0.4247			
14	Prospective Per Diem 11	46.7766	81.1278	49.8111	13.6500		191.3655
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 218057-00 - 2012/07
208.08

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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Lakeshore Villas Health Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 17,754,294.00		
RS to Start Calcs: 1986/07		Type: Fixed [2]	80% Capital(1): 6,000,271	9.7630
Indexed Asset Value 7,500,339		< 60% of Base: False	20% ROE(2): 1,500,068	0.6908
FRVS Base Asset: 2,801,043		Interest Rate: 7.3640 %	Insurance Cost(3): 44,679	0.7626
Occup Adj Factor: 0.9000		Chase Rate: 7.7500 %	Taxes Cost(3): 393	0.0067
ROE Factor 0.027080		Amortization Rate: 7.3640 %	Home Office(3): 64,013	1.0926
		Interest Only: False	Replacement(3&4): 34,869	0.0000
		Yearly Payment: 574,080	Total FRVS PD:	12.3157

(1) 80% Capital (\$6,000,271) amortized at 7.3640% for 20 years Principal & Interest of \$574,080 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$9.7630

(2) 20% ROE (\$1,500,068) times the ROE factor (0.027080) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.6908

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,737
Comparison Date: 1/1/1986	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,448,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7766	46.7766	2.7625	44.0141
Patient Care				
Direct Care	81.1278	81.1278	4.7911	76.3367
Indirect Care	49.8111	49.8111	2.9417	46.8694
Property	13.6500	12.3157	0.8061	12.8439
ROE	0.0000	0.0936		
ROE Adjustment	0.0000	-0.0936		
Quality Assess-Medicaid Share				\$19.1859
Supplemental Rate Add-on				\$8.8324
Totals	191.3655	190.0312	11.3014	208.0824

***Medicaid Trend Adjustment :**



0 218171-00 - 2012/07

199.95

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

W. JACKSONVILLE HEALTH AND REHAB CEI

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1650 Fouraker Road Jacksonville FL 32221 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/20/1990 Acquired Date: 7/20/1990 Entered Medicaid 8/10/1990 Med # Active Date: 3/25/1999 Previous Med # 202550	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,073 Medicare: 6,241 Medicaid: 25,033	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,163,516	1,890,940	1,243,515	362,228	0	4,660,199
1a	Audit Adjustments						
2	Cost Per Diem	46.4793	75.5379	49.6750	14.4700		186.1622
3	Cost Per Diem Inflated	48.1844	77.3151	51.4973			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.1844	77.3151	51.4973	14.4700		191.4668
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.3124		47.5808			
7	Provider Target Rate	41.2536		48.6916			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.2536	77.3151	48.6916	13.6500		180.9103
12/13	Medicaid Adjustment Rate		1.0845	0.6830			
14	Prospective Per Diem 11	41.2536	78.3996	49.3746	13.6500		182.6778
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 218171-00 - 2012/07
199.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

W. JACKSONVILLE HEALTH AND REHAB CEI

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/10/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Variable [3]	80% Capital(1):	4,595,289	9.8212
Indexed Asset Value	5,744,111	< 60% of Base:	False	20% ROE(2):	1,148,822	0.7469
FRVS Base Asset:	3,620,880	Interest Rate:	5.7500 %	Insurance Cost(3):	34,568	0.8626
Occup Adj Factor:	0.9000	Chase Rate:	6.2500 %	Taxes Cost(3):	66,048	1.6482
ROE Factor	0.025630	Amortization Rate:	5.7500 %	Home Office(3):	18,716	0.4670
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	387,153	Total FRVS PD:		13.5459

(1) 80% Capital (\$4,595,289) amortized at 5.7500% for 20 years Principal & Interest of \$387,153 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8212

(2) 20% ROE (\$1,148,822) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7469

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	1/1/1990	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,620,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.2536	41.2536	2.4363	38.8173
Patient Care				
Direct Care	78.3996	78.3996	4.6300	73.7696
Indirect Care	49.3746	49.3746	2.9159	46.4587
Property	13.6500	13.5459	0.8000	12.7459
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3251
Supplemental Rate Add-on				\$8.8324
Totals	182.6778	182.5737	10.7822	199.9490

***Medicaid Trend Adjustment :**



0 219380-00 - 2012/07
205.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center of Winter Haven

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1510 Cypress Gardens Boulevard Winter Haven FL 33884 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/3/1999 Acquired Date: 11/3/1999 Entered Medicaid 11/3/1999 Med # Active Date: 11/3/1999 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 177 Maximum: 64,605 Max Annualized: 64,605 Total Patient: 59,709 Medicare: 27,495 Medicaid: 27,094	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,130,731	2,350,402	1,598,167	767,573	0	5,846,873
1a	Audit Adjustments						
2	Cost Per Diem	41.7336	86.7499	58.9860	28.3300		215.7995
3	Cost Per Diem Inflated	43.3941	88.9287	61.3330			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.3941	88.9287	61.3330	28.3300		221.9858
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9185		48.2597			
7	Provider Target Rate	50.0606		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3941	88.9287	49.3864	13.6500		195.3592
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.3941	88.9287	49.3864	13.6500		195.3592
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 219380-00 - 2012/07
205.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center of Winter Haven

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/3/1999 Year of Phase-In/ Full: RS to Start Calcs: 1999/07 Indexed Asset Value 8,172,280 FRVS Base Asset: 6,875,742 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	13,959,827.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	6,537,824	9.7057
	< 60% of Base:	False	20% ROE(2):	1,634,456	0.7261
	Interest Rate:	6.0500 %	Insurance Cost(3):	30,080	0.5038
	Chase Rate:	8.2500 %	Taxes Cost(3):	155,632	2.6065
	Amortization Rate:	6.0500 %	Home Office(3):	60,009	1.0050
	Interest Only:	False	Replacement(3&4):	22,911	0.0000
Yearly Payment:	564,333	Total FRVS PD:	14.5471		

(1) 80% Capital (\$6,537,824) amortized at 6.0500% for 20 years Principal & Interest of \$564,333 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$9.7057

(2) 20% ROE (\$1,634,456) times the ROE factor (0.025830) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$0.7261

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	50,254
Comparison Bed 177	Effective PBS Limitation	6,875,742

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3941	43.3941	2.5627	40.8314
Patient Care				
Direct Care	88.9287	88.9287	5.2518	83.6769
Indirect Care	49.3864	49.3864	2.9166	46.4698
Property	13.6500	14.5471	0.8591	13.6880
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.3495
Supplemental Rate Add-on				\$8.8324
Totals	195.3592	196.2563	11.5902	205.8480

***Medicaid Trend Adjustment :**



0 220604-00 - 2012/07
220.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Century Care Center.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6020 Industrial Blvd. Century FL 32535 County: Escambia [17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/12/1994 Acquired Date: 8/12/1994 Entered Medicaid 8/12/1994 Med # Active Date: 2/29/2000 Previous Med # 211168	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 88 Maximum: 32,120 Max Annualized: 32,120 Total Patient: 29,912 Medicare: 3,479 Medicaid: 21,930 Medicaid Utilization 73.31506% Occupancy: 93.12578% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.34543% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	973,415	1,903,574	1,121,703	327,415	0	4,326,107
1a	Audit Adjustments						
2	Cost Per Diem	44.3874	86.8023	51.1492	14.9300		197.2689
3	Cost Per Diem Inflated	46.1535	88.9824	53.1844			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.1535	88.9824	53.1844	14.9300		203.2503
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8950		50.9938			
7	Provider Target Rate	44.9198		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.9198	88.9824	52.1843	13.6500		199.7365
12/13	Medicaid Adjustment Rate		2.3340	1.3688			
14	Prospective Per Diem 11	44.9198	91.3164	53.5531	13.6500		203.4393
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 220604-00 - 2012/07
220.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Century Care Center.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/12/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,207,800.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Fixed [2]	80% Capital(1):	2,702,835	10.0947
Indexed Asset Value	3,378,544	< 60% of Base:	False	20% ROE(2):	675,709	0.6038
FRVS Base Asset:	2,367,400	Interest Rate:	10.0000 %	Insurance Cost(3):	38,080	1.2731
Occup Adj Factor:	0.9000	Chase Rate:	6.0000 %	Taxes Cost(3):	29,930	1.0006
ROE Factor	0.025830	Amortization Rate:	9.0000 %	Home Office(3):	5,427	0.1814
		Interest Only:	False	Replacement(3&4):	12,378	0.0000
		Yearly Payment:	291,817	Total FRVS PD:		13.1536

(1) 80% Capital (\$2,702,835) amortized at 9.0000% for 20 years Principal & Interest of \$291,817 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$10.0947

(2) 20% ROE (\$675,709) times the ROE factor (0.025830) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$0.6038

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	1/1/1994	Current RS PBS:	50,254
Comparison Bed	70	Effective PBS Limitation	2,367,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9198	44.9198	2.6528	42.2670
Patient Care				
Direct Care	91.3164	91.3164	5.3928	85.9236
Indirect Care	53.5531	53.5531	3.1627	50.3904
Property	13.6500	13.1536	0.7768	12.3768
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.2277
Supplemental Rate Add-on				\$8.8324
Totals	203.4393	202.9429	11.9851	220.0179

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 220612-00 - 2012/07

210.05

Santa Rosa Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5386 Broad Steet Milton FL 32570 County: Santa Rosa [57] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1971 Acquired Date: 3/1/1971 Entered Medicaid 1/1/1971 Med # Active Date: 2/29/2000 Previous Med # 203505	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 36,345 Medicare: 3,517 Medicaid: 29,264	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 80.51727% Occupancy: 90.52304% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.03783% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,115,709	2,551,464	1,355,769	423,450	0	5,446,392
1a	Audit Adjustments						
2	Cost Per Diem	38.1256	87.1878	46.3289	14.4700		186.1123
3	Cost Per Diem Inflated	39.6426	89.3776	48.1723			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.6426	89.3776	48.1723	14.4700		191.6625
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	89.3776	47.4134	13.6500		189.1695
12/13	Medicaid Adjustment Rate		3.0685	1.6278			
14	Prospective Per Diem 11	38.7285	92.4461	49.0412	13.6500		193.8658
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 220612-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

210.05

Santa Rosa Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	815,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	2,635,238	9.0669
Indexed Asset Value	3,294,047	< 60% of Base:	True	20% ROE(2):	658,809	0.4709
FRVS Base Asset:	1,673,412	Interest Rate:	8.2700 %	Insurance Cost(3):	49,512	1.3623
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	21,095	0.5804
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	6,572	0.1808
		Interest Only:	True	Replacement(3&4):	43,477	0.0000
		Yearly Payment:	327,632	Total FRVS PD:		11.6613

(1) 80% Capital (\$2,635,238) amortized at 12.5000% for 20 years Interest of \$327,632 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$9.0669

(2) 20% ROE (\$658,809) times the ROE factor (0.025830) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.4709

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	92.4461	92.4461	5.4596	86.9865
Indirect Care	49.0412	49.0412	2.8962	46.1450
Property	13.6500	11.6613	0.6887	10.9726
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6750
Supplemental Rate Add-on				\$8.8324
Totals	193.8658	191.8771	11.3317	210.0528

***Medicaid Trend Adjustment :**



0 220621-00 - 2012/07
224.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Sandy Ridge Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5360 Glover Lane Milton FL 32570 County: Santa Rosa[57] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 4/24/1987 Med # Active Date: 2/29/2000 Previous Med # 209465	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,546 Medicare: 2,530 Medicaid: 15,841	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.10017% Occupancy: 93.81735% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.22429% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	700,615	1,400,422	839,427	234,447	0	3,174,911
1a	Audit Adjustments						
2	Cost Per Diem	44.2280	88.4049	52.9908	14.8000		200.4237
3	Cost Per Diem Inflated	45.9878	90.6252	55.0992			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.9878	90.6252	55.0992	14.8000		206.5122
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		51.4706			
7	Provider Target Rate	43.9259		52.6723			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9259	90.6252	52.6723	13.6500		200.8734
12/13	Medicaid Adjustment Rate		2.7630	1.6059			
14	Prospective Per Diem 11	43.9259	93.3882	54.2782	13.6500		205.2423
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 220621-00 - 2012/07
224.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Sandy Ridge Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/29/2000	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 1,650,000.00	Total Amount	Per Diem
RS to Start Calcs: 1985/07	Type: Fixed [2]	80% Capital(1): 2,261,099	13.6802
Indexed Asset Value 2,826,374	< 60% of Base: False	20% ROE(2): 565,275	0.7408
FRVS Base Asset: 1,695,540	Interest Rate: 10.4310 %	Insurance Cost(3): 25,355	1.2341
Occup Adj Factor: 0.9000	Chase Rate: 9.0000 %	Taxes Cost(3): 19,266	0.9377
ROE Factor 0.025830	Amortization Rate: 10.4310 %	Home Office(3): 3,721	0.1811
	Interest Only: False	Replacement(3&4): 15,019	0.0000
	Yearly Payment: 269,636	Total FRVS PD: 16.7739	

(1) 80% Capital (\$2,261,099) amortized at 10.4310% for 20 years Principal & Interest of \$269,636 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$13.6802

(2) 20% ROE (\$565,275) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7408

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,259
Comparison Date: 1/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,695,540

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9259	43.9259	2.5941	41.3318
Patient Care				
Direct Care	93.3882	93.3882	5.5152	87.8730
Indirect Care	54.2782	54.2782	3.2055	51.0727
Property	13.6500	16.7739	0.9906	15.7833
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.0714
Supplemental Rate Add-on				\$8.8324
Totals	205.2423	208.3662	12.3054	224.9646

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 221465-00 - 2012/07
181.37

Clermont Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
151 East Minnehaha Ave Clermont FL 34711 County: Lake [35] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1968 Acquired Date: 7/1/1981 Entered Medicaid 7/1/1981 Med # Active Date: 9/29/1999 Previous Med # 212539	02/01/2010-12/31/2010 Days In CR 334 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 182 Maximum: 60,788 Max Annualized: 66,430 Total Patient: 54,731 Medicare: 10,426 Medicaid: 39,663	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.46898% Occupancy: 90.03586% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.41872% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22248089 Semester Index: 1.28710041 Cost: 1.05285933 Target: 1.01634256 DC FY Index: 1.17483274 DC Sem Index: 1.21100000 DC Inflation: 1.03078503 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,213,875	3,054,408	1,476,739	680,220	0	6,425,242
1a	Audit Adjustments						
2	Cost Per Diem	30.6047	77.0090	37.2322	17.1500		161.9959
3	Cost Per Diem Inflated	32.2224	79.3797	39.2003			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	32.2224	79.3797	39.2003	17.1500		167.9524
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	32.2224	79.3797	39.2003	13.6500		164.4524
12/13	Medicaid Adjustment Rate		2.0065	0.9909			
14	Prospective Per Diem 11	32.2224	81.3862	40.1912	13.6500		167.4498
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 221465-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

181.37

Clermont Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,153,991.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Variable [3]	80% Capital(1):	5,394,178	7.9199
Indexed Asset Value	6,742,722	< 60% of Base:	False	20% ROE(2):	1,348,544	0.6074
FRVS Base Asset:	2,631,593	Interest Rate:	6.2600 %	Insurance Cost(3):	73,858	1.3495
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.026930	Amortization Rate:	6.2600 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	66,697	0.0000
		Yearly Payment:	473,508	Total FRVS PD:		9.8768

(1) 80% Capital (\$5,394,178) amortized at 6.2600% for 20 years Principal & Interest of \$473,508 divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = \$7.9199

(2) 20% ROE (\$1,348,544) times the ROE factor (0.026930) divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = \$0.6074

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	142	Effective PBS Limitation	4,047,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	32.2224	32.2224	1.9029	30.3195
Patient Care				
Direct Care	81.3862	81.3862	4.8064	76.5798
Indirect Care	40.1912	40.1912	2.3736	37.8176
Property	13.6500	9.8768	0.5833	9.2935
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5296
Supplemental Rate Add-on				\$8.8324
Totals	167.4498	163.6766	9.6662	181.3724

***Medicaid Trend Adjustment :**



0 221473-00 - 2012/07
242.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Calusa Harbour

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2525 East First Street Ft. Myers FL 33901 County: Lee[36] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 6/1/1984 Acquired Date: 6/1/1984 Entered Medicaid 6/1/1984 Med # Active Date: 4/23/1999 Previous Med # 210935	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,716 Medicare: 10,565 Medicaid: 5,345 Medicaid Utilization 25.80131% Occupancy: 94.59361% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.21077% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	327,656	501,158	341,200	87,925	46,545	1,304,484
1a	Audit Adjustments						
2	Cost Per Diem	61.3014	93.7620	63.8354	16.4500	8.7081	244.0569
3	Cost Per Diem Inflated	62.9385	95.4567	65.5402			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	62.9385	95.4567	65.5402	16.4500	8.7081	249.0935
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	85.6365		63.4397			
7	Provider Target Rate	87.6358		64.9208			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	95.4567	64.9208	13.6500	8.7081	244.9153
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	62.1797	95.4567	64.9208	13.6500	8.7081	244.9153
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 221473-00 - 2012/07
242.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Calusa Harbour

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 2,120,000.00		
RS to Start Calcs:	1984/01	Type: Variable [3]	80% Capital(1): 1,562,169	8.1123
Indexed Asset Value	1,952,711	< 60% of Base: False	20% ROE(2): 390,542	0.4789
FRVS Base Asset:	1,177,008	Interest Rate: 8.2640 %	Insurance Cost(3): 14,987	0.7235
Occup Adj Factor:	0.9000	Chase Rate: 8.0000 %	Taxes Cost(3): 16,654	0.8039
ROE Factor	0.024170	Amortization Rate: 8.2640 %	Home Office(3): 42,762	2.0642
		Interest Only: False	Replacement(3&4): 91,008	0.0000
		Yearly Payment: 159,893	Total FRVS PD:	12.1828

(1) 80% Capital (\$1,562,169) amortized at 8.2640% for 20 years Principal & Interest of \$159,893 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.1123

(2) 20% ROE (\$390,542) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.4789

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	95.4567	95.4567	5.6374	89.8193
Indirect Care	64.9208	64.9208	3.8340	61.0868
Property	13.6500	12.1828	0.8061	12.8439
ROE	8.7081	8.4131	0.5143	8.1938
ROE Adjustment	-8.4131	-8.4131	-0.4968	-7.9163
Quality Assess-Medicaid Share				\$11.2163
Supplemental Rate Add-on				\$8.8324
Totals	236.5022	234.7400	13.9671	242.5838

***Medicaid Trend Adjustment :**



0 221589-00 - 2012/07
202.63

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Delaney Park Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
215 Annie St Orlando FL 32806 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1992 Acquired Date: 7/1/1992 Entered Medicaid 3/30/1993 Med # Active Date: 9/29/1999 Previous Med # 213268	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 20,040 Max Annualized: 21,900 Total Patient: 18,279 Medicare: 4,792 Medicaid: 9,572	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 52.36610% Occupancy: 91.21258% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.91411% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22248089 Semester Index: 1.28710041 Cost: 1.05285933 Target: 1.01634256 DC FY Index: 1.17483274 DC Sem Index: 1.21100000 DC Inflation: 1.03078503 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	377,118	721,832	509,904	163,011	0	1,771,865
1a	Audit Adjustments						
2	Cost Per Diem	39.3980	75.4108	53.2704	17.0300		185.1092
3	Cost Per Diem Inflated	41.4806	77.7323	56.0862			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4806	77.7323	56.0862	17.0300		192.3291
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		56.1471			
7	Provider Target Rate	48.7494		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.4806	77.7323	56.0862	13.6500		188.9491
12/13	Medicaid Adjustment Rate		0.2069	0.1493			
14	Prospective Per Diem 11	41.4806	77.9392	56.2355	13.6500		189.3053
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 221589-00 - 2012/07

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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202.63

Delaney Park Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/30/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1992/07	Type:	None [1]	80% Capital(1):	2,326,286	9.9421
Indexed Asset Value	2,907,858	< 60% of Base:	True	20% ROE(2):	581,572	0.7946
FRVS Base Asset:	1,896,540	Interest Rate:	8.5000 %	Insurance Cost(3):	27,510	1.5050
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	2,078	0.1137
ROE Factor	0.026930	Amortization Rate:	8.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	92,086	0.0000
		Yearly Payment:	195,958	Total FRVS PD:	12.3554	

- (1) 80% Capital (\$2,326,286) amortized at 8.5000% for 20 years Interest of \$195,958 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.9421
- (2) 20% ROE (\$581,572) times the ROE factor (0.026930) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7946
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	31,609
Comparison Date: 1/1/1992	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,896,540

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.4806	41.4806	2.4497	39.0309
Patient Care				
Direct Care	77.9392	77.9392	4.6028	73.3364
Indirect Care	56.2355	56.2355	3.3211	52.9144
Property	13.6500	12.3554	0.7297	11.6257
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8892
Supplemental Rate Add-on				\$8.8324
Totals	189.3053	188.0107	11.1033	202.6290

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 223239-00 - 2012/07 214.56

Regents Park at Aventura

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
18905 NE 25th Avenue North Miami Beach FL 33180 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/11/1988 Acquired Date: 1/11/1988 Entered Medicaid 11/21/1988 Med # Active Date: 5/1/2000 Previous Med # 200450	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 59,299 Medicare: 15,962 Medicaid: 31,222	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Medicaid Utilization 52.65182% Occupancy: 90.25723% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.70003% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,281,238	2,496,514	1,910,873	691,567	0	6,380,192
1a	Audit Adjustments						
2	Cost Per Diem	41.0364	79.9601	61.2028	22.1500		204.3493
3	Cost Per Diem Inflated	42.5418	81.8413	63.4480			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.5418	81.8413	63.4480	22.1500		209.9811
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6283		57.4826			
7	Provider Target Rate	45.6702		58.8246			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.5418	81.8413	58.8246	13.6500		196.8577
12/13	Medicaid Adjustment Rate		0.2442	0.1755			
14	Prospective Per Diem 11	42.5418	82.0855	59.0001	13.6500		197.2774
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 223239-00 - 2012/07
214.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

Regents Park at Aventura

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/21/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/01 Indexed Asset Value 9,045,720 FRVS Base Asset: 5,296,140 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,500,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	7,236,576	10.0196
	< 60% of Base:	False	20% ROE(2):	1,809,144	0.7842
	Interest Rate:	5.4000 %	Insurance Cost(3):	264,794	4.4654
	Chase Rate:	5.7500 %	Taxes Cost(3):	116,673	1.9675
	Amortization Rate:	5.4000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	8,905	0.0000
Yearly Payment:	592,460	Total FRVS PD:	17.2367		

(1) 80% Capital (\$7,236,576) amortized at 5.4000% for 20 years Principal & Interest of \$592,460 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.0196

(2) 20% ROE (\$1,809,144) times the ROE factor (0.025630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7842

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,296,140

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5418	42.5418	2.5124	40.0294
Patient Care				
Direct Care	82.0855	82.0855	4.8477	77.2378
Indirect Care	59.0001	59.0001	3.4844	55.5157
Property	13.6500	17.2367	1.0179	16.2188
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.7285
Supplemental Rate Add-on				\$8.8324
Totals	197.2774	200.8641	11.8624	214.5626

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 223654-00 - 2012/07

174.43

Orlando Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
830 29th Street Orlando FL 32805 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1971 Acquired Date: 5/1/1971 Entered Medicaid 5/1/1971 Med # Active Date: 9/29/1999 Previous Med # 218367	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 420 Maximum: 153,300 Max Annualized: 153,300 Total Patient: 127,924 Medicare: 12,071 Medicaid: 105,775	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 82.68581% Occupancy: 83.44684% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.04531% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,128,757	8,192,655	4,496,032	1,270,358	0	17,087,802
1a	Audit Adjustments						
2	Cost Per Diem	29.5794	77.4536	42.5056	12.0100		161.5486
3	Cost Per Diem Inflated	30.8484	79.5221	44.3292			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	30.8484	79.5221	44.3292	12.0100		166.7097
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	30.8484	79.5221	44.3292	12.0100		166.7097
12/13	Medicaid Adjustment Rate		2.9242	1.6301			
14	Prospective Per Diem 11	30.8484	82.4463	45.9593	12.0100		171.2640
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 223654-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

174.43

Orlando Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	16,200,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	13,122,795	10.8260
Indexed Asset Value	16,403,494	< 60% of Base:	False	20% ROE(2):	3,280,699	0.6142
FRVS Base Asset:	8,041,774	Interest Rate:	9.7500 %	Insurance Cost(3):	179,417	1.4025
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	3,871	0.0303
ROE Factor	0.025830	Amortization Rate:	9.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	279,687	0.0000
		Yearly Payment:	1,493,663	Total FRVS PD:		12.8730

(1) 80% Capital (\$13,122,795) amortized at 9.7500% for 20 years Principal & Interest of \$1,493,663 divided by annual available days (153,300) divided by Occup. Adj. (0.9000) = \$10.8260

(2) 20% ROE (\$3,280,699) times the ROE factor (0.025830) divided by annual available days (153,300) divided by Occup. Adj. (0.9000) = \$0.6142

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 420	Effective PBS Limitation	11,970,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	30.8484	30.8484	1.8218	29.0266
Patient Care				
Direct Care	82.4463	82.4463	4.8690	77.5773
Indirect Care	45.9593	45.9593	2.7142	43.2451
Property	12.0100	12.8730	0.7602	12.1128
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.6316
Supplemental Rate Add-on				\$8.8324
Totals	171.2640	172.1270	10.1652	174.4258

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 223786-00 - 2012/07

223.99

Life Care Center of Sarasota

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8104 North Tuttle Avenue Sarasota Fl 34243 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/5/2000 Acquired Date: 5/5/2000 Entered Medicaid 6/26/2000 Med # Active Date: 6/29/2000 Previous Med #	02/01/2011-01/31/2012 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,615 Medicare: 20,871 Medicaid: 12,228	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 33.39615% Occupancy: 83.59589% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.23472% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25522565 Semester Index: 1.28710041 Cost: 1.02539365 Target: 1.01634256 DC FY Index: 1.18999979 DC Sem Index: 1.21100000 DC Inflation: 1.01764724 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	598,778	1,237,104	726,050	619,960	0	3,181,892
1a	Audit Adjustments						
2	Cost Per Diem	48.9678	101.1698	59.3760	50.7000		260.2136
3	Cost Per Diem Inflated	50.2113	102.9552	60.8838			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.2113	102.9552	60.8838	50.7000		264.7503
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.9317		50.3081			
7	Provider Target Rate	57.2375		51.4826			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.2113	99.9145	51.4826	13.6500		215.2584
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.2113	99.9145	51.4826	13.6500		215.2584
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 223786-00 - 2012/07
223.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/29/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 2000/01	Type: None [1]		80% Capital(1): 4,824,384	11.5343	
Indexed Asset Value 6,030,480	< 60% of Base: True		20% ROE(2): 1,206,096	0.7043	
FRVS Base Asset: 4,718,880	Interest Rate: 9.5000 %		Insurance Cost(3): 19,744	0.5392	
Occup Adj Factor: 0.9000	Chase Rate: 9.5000 %		Taxes Cost(3): 94,081	2.5695	
ROE Factor 0.023020	Amortization Rate: 9.5000 %		Home Office(3): 45,594	1.2452	
	Interest Only: True		Replacement(3&4): 77,520	0.0000	
	Yearly Payment: 454,681		Total FRVS PD:	16.5925	

- (1) 80% Capital (\$4,824,384) amortized at 9.5000% for 20 years Interest of \$454,681 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5343
- (2) 20% ROE (\$1,206,096) times the ROE factor (0.023020) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7043
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 39,324
Comparison Date: 7/1/1999	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 4,718,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.2113	50.2113	2.9653	47.2460
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	51.4826	51.4826	3.0404	48.4422
Property	13.6500	16.5925	0.9799	15.6126
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.8424
Supplemental Rate Add-on				\$8.8324
Totals	215.2584	218.2009	12.8862	223.9895

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 223808-00 - 2012/07
226.91

Avante at Orlando, inc.

Type of Cost Report: Prospective with Interim Component[8] Type of Cost: Actual with Interim Component[3] Type of Rate: Prospective[1] Interim Component effective date : 05/13/2011
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 North Semoran Boulevar Orlando FL 32807 County: Orange[48] Region: Central[3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1970 Acquired Date: 9/1/1970 Entered Medicaid 10/1/1980 Med # Active Date: 6/1/2000 Previous Med # 213063	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 118 Maximum: 43,070 Max Annualized: 43,070 Total Patient: 36,742 Medicare: 4,470 Medicaid: 29,260	Superior: 0 Standard: 158 Conditional: 26 Total: 184
	Medicaid Utilization 79.63638% Occupancy: 85.30764% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.41004% Weighted Low Occ Adjustment Factor: 100.00000% Interim Component Effective date: 5/13/2011	Inflation	
		FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,362,077	2,694,469	1,495,737	168,830	0	5,721,113
1a	Audit Adjustments						
2	Cost Per Diem	46.5508	92.0871	51.1188	5.7700		195.5267
3	Cost Per Diem Inflated	48.6570	94.6267	53.4316			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.6570	94.6267	53.4316	5.7700		202.4853
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3612		55.0279			
7	Provider Target Rate	45.3969		56.3126			
7a	Interim Adjustment			10.3787			
7b	Interim Adjusted Provider Target Rate			66.6913			
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.3969	94.6267	53.4316	5.7700		199.2252
12/13	Medicaid Adjustment Rate		2.7091	1.5297			
14	Prospective Per Diem 11	45.3969	97.3358	54.9613	5.7700		203.4640
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 223808-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

226.91

Avante at Orlando, inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,548,006 FRVS Base Asset: 1,773,104 Occup Adj Factor: 0.9000 ROE Factor 0.026150	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	450,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,838,405	9.1038
	< 60% of Base:	True	20% ROE(2):	709,601	0.4787
	Interest Rate:	7.2000 %	Insurance Cost(3):	56,701	1.5432
	Chase Rate:	12.5000 %	Taxes Cost(3):	32,217	0.8768
	Amortization Rate:	12.5000 %	Home Office(3):	25,630	0.6976
	Interest Only:	True	Replacement(3&4):	20,205	0.0000
Yearly Payment:	352,892	Total FRVS PD:		12.7001	

(1) 80% Capital (\$2,838,405) amortized at 12.5000% for 20 years Interest of \$352,892 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$9.1038

(2) 20% ROE (\$709,601) times the ROE factor (0.026150) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$0.4787

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 118	Effective PBS Limitation	3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.3969	45.3969	2.6810	42.7159
Patient Care				
Direct Care	97.3358	97.3358	5.7483	91.5875
Indirect Care	54.9613	54.9613	3.2458	51.7155
Property	5.7700	12.7001	0.7500	11.9501
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1052
Supplemental Rate Add-on				\$8.8324
Totals	203.4640	210.3941	12.4251	226.9066

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 223883-00 - 2012/07

209.25

Doctors Lake of Orange Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
833 Kingsley Avenue Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 11/3/1987 Med # Active Date: 4/1/2000 Previous Med # 213811	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,969 Medicare: 2,769 Medicaid: 31,288	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.28067% Occupancy: 91.25342% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.96601% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,466,952	2,563,817	1,338,113	572,570	0	5,941,452
1a	Audit Adjustments						
2	Cost Per Diem	46.8855	81.9425	42.7676	18.3000		189.8956
3	Cost Per Diem Inflated	48.4603	83.7404	44.2041			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4603	83.7404	44.2041	18.3000		194.7048
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3922		50.9973			
7	Provider Target Rate	44.4053		52.1879			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.4053	83.7404	44.2041	13.6500		185.9998
12/13	Medicaid Adjustment Rate		2.6643	1.4064			
14	Prospective Per Diem 11	44.4053	86.4047	45.6105	13.6500		190.0705
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 223883-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

209.25

Doctors Lake of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/3/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,501,769 FRVS Base Asset: 3,503,400 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	4,401,415	9.6847
	< 60% of Base:	True	20% ROE(2):	1,100,354	0.7096
	Interest Rate:	8.7500 %	Insurance Cost(3):	51,886	1.2982
	Chase Rate:	8.7500 %	Taxes Cost(3):	89,542	2.2403
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	31,630	0.0000
Yearly Payment:	381,769	Total FRVS PD:	13.9328		

- (1) 80% Capital (\$4,401,415) amortized at 8.7500% for 20 years Interest of \$381,769 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6847
- (2) 20% ROE (\$1,100,354) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7096
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.4053	44.4053	2.6224	41.7829
Patient Care				
Direct Care	86.4047	86.4047	5.1028	81.3019
Indirect Care	45.6105	45.6105	2.6936	42.9169
Property	13.6500	13.9328	0.8228	13.1100
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.3042
Supplemental Rate Add-on				\$8.8324
Totals	190.0705	190.3533	11.2416	209.2483

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 224243-00 - 2012/07

209.46

Pensacola Health Care Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1717 West Avery Street Pensacola FL 32501 County: Escambia [17] Region: North [1] Area: 1 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1975 Acquired Date: 5/1/1975 Entered Medicaid 3/1/1984 Med # Active Date: 1/1/2000 Previous Med # 213772	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 118 Maximum: 43,070 Max Annualized: 43,070 Total Patient: 34,377 Medicare: 3,400 Medicaid: 28,625	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 83.26788% Occupancy: 79.81658% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 101.43193% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,349,896	2,394,098	1,458,185	403,326	0	5,605,505
1a	Audit Adjustments						
2	Cost Per Diem	47.1579	83.6366	50.9410	14.0900		195.8255
3	Cost Per Diem Inflated	49.1811	85.8702	53.1265			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.1811	85.8702	53.1265	14.0900		202.2678
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.8771		51.7354			
7	Provider Target Rate	39.7847		52.9432			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.7847	85.8702	52.9432	13.6500		192.2481
12/13	Medicaid Adjustment Rate		3.2138	1.9815			
14	Prospective Per Diem 11	39.7847	89.0840	54.9247	13.6500		197.4434
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 224243-00 - 2012/07
209.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Pensacola Health Care Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/30/1987 Year of Phase-In/ Full: RS to Start Calcs: 1975/01 Indexed Asset Value 2,399,162 FRVS Base Asset: 1,100,592 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,919,330	5.0386
	< 60% of Base:	True	20% ROE(2):	479,832	0.3197
	Interest Rate:	10.2500 %	Insurance Cost(3):	42,466	1.2353
	Chase Rate:	10.2500 %	Taxes Cost(3):	31,454	0.9150
	Amortization Rate:	10.2500 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	44,446	0.0000
Yearly Payment:	195,312	Total FRVS PD:		7.5086	

(1) 80% Capital (\$1,919,330) amortized at 10.2500% for 20 years Interest of \$195,312 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$5.0386

(2) 20% ROE (\$479,832) times the ROE factor (0.025830) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$0.3197

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 118	Effective PBS Limitation	3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.7847	39.7847	2.3496	37.4351
Patient Care				
Direct Care	89.0840	89.0840	5.2610	83.8230
Indirect Care	54.9247	54.9247	3.2437	51.6810
Property	13.6500	7.5086	0.4434	7.0652
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6261
Supplemental Rate Add-on				\$8.8324
Totals	197.4434	191.3020	11.2977	209.4628

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 224341-00 - 2012/07
205.70

MK of Haines City LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
409 10TH STREET Haines City FL 33844 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1983 Acquired Date: 12/1/1983 Entered Medicaid 12/1/1983 Med # Active Date: 7/1/2000 Previous Med # 207578	12/01/2010-11/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 33,072 Medicare: 5,442 Medicaid: 18,073	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.64744% Occupancy: 75.50685% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 95.95506% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25083252 Semester Index: 1.28710041 Cost: 1.02899500 Target: 1.01634256 DC FY Index: 1.18799810 DC Sem Index: 1.21100000 DC Inflation: 1.01936190 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	670,894	1,522,334	860,356	309,410	0	3,362,994
1a	Audit Adjustments						
2	Cost Per Diem	37.1213	84.2325	47.6045	17.1200		186.0783
3	Cost Per Diem Inflated	38.1976	85.8634	48.9848			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.1976	85.8634	48.9848	17.1200		190.1658
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.1976	85.8634	48.9848	13.6500		186.6958
12/13	Medicaid Adjustment Rate		0.4489	0.2561			
14	Prospective Per Diem 11	38.1976	86.3123	49.2409	13.6500		187.4008
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 224341-00 - 2012/07
205.70

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

MK of Haines City LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/1998 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 4,325,221 FRVS Base Asset: 2,611,879 Occup Adj Factor: 0.9000 ROE Factor 0.024690	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,000,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,460,177	11.9598
	< 60% of Base:	False	20% ROE(2):	865,044	0.5418
	Interest Rate:	12.4900 %	Insurance Cost(3):	35,676	1.0787
	Chase Rate:	13.0000 %	Taxes Cost(3):	45,928	1.3887
	Amortization Rate:	12.4900 %	Home Office(3):	5,789	0.1750
	Interest Only:	False	Replacement(3&4):	75,459	0.0000
Yearly Payment:	471,457	Total FRVS PD:	15.1440		

- (1) 80% Capital (\$3,460,177) amortized at 12.4900% for 20 years Principal & Interest of \$471,457 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.9598
- (2) 20% ROE (\$865,044) times the ROE factor (0.024690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5418
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.1976	38.1976	2.2558	35.9418
Patient Care				
Direct Care	86.3123	86.3123	5.0973	81.2150
Indirect Care	49.2409	49.2409	2.9080	46.3329
Property	13.6500	15.1440	0.8944	14.2496
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1234
Supplemental Rate Add-on				\$8.8324
Totals	187.4008	188.8948	11.1555	205.6951

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 224910-00 - 2012/07

209.18

South Tampa Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4610 S. Manhattan Avenue Tampa FL 33611 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1978 Acquired Date: 10/1/1978 Entered Medicaid 10/1/1978 Med # Active Date: 1/1/2000 Previous Med # 213799	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 179 Maximum: 65,335 Max Annualized: 65,335 Total Patient: 55,894 Medicare: 6,436 Medicaid: 42,709	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 76.41071% Occupancy: 85.54986% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.71786% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,724,682	3,739,075	1,892,416	617,572	0	7,973,745
1a	Audit Adjustments						
2	Cost Per Diem	40.3822	87.5477	44.3095	14.4600		186.6994
3	Cost Per Diem Inflated	42.1147	89.8858	46.2105			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.1147	89.8858	46.2105	14.4600		192.6710
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0688		48.2597			
7	Provider Target Rate	41.0043		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.0043	89.8858	46.2105	13.6500		190.7506
12/13	Medicaid Adjustment Rate		2.6707	1.3730			
14	Prospective Per Diem 11	41.0043	92.5565	47.5835	13.6500		194.7943
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 224910-00 - 2012/07
209.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

South Tampa Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,850,000.00		Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	Fixed [2]	80% Capital(1):	4,145,748	8.1646
Indexed Asset Value	5,182,185	< 60% of Base:	False	20% ROE(2):	1,036,437	0.4553
FRVS Base Asset:	2,823,875	Interest Rate:	10.0000 %	Insurance Cost(3):	83,206	1.4886
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	7,872	0.1408
ROE Factor	0.025830	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	74,124	0.0000
		Yearly Payment:	480,088	Total FRVS PD:		10.2493

(1) 80% Capital (\$4,145,748) amortized at 10.0000% for 20 years Principal & Interest of \$480,088 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$8.1646

(2) 20% ROE (\$1,036,437) times the ROE factor (0.025830) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.4553

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 179	Effective PBS Limitation	5,101,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0043	41.0043	2.4216	38.5827
Patient Care				
Direct Care	92.5565	92.5565	5.4661	87.0904
Indirect Care	47.5835	47.5835	2.8101	44.7734
Property	13.6500	10.2493	0.6053	9.6440
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.2543
Supplemental Rate Add-on				\$8.8324
Totals	194.7943	191.3936	11.3031	209.1772

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 225053-00 - 2012/07

216.91

MK of North Port LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6940 Outreach Way North Port FL 34287 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1985 Acquired Date: 12/1/1985 Entered Medicaid 12/17/1985 Med # Active Date: 8/1/2000 Previous Med # 208736	03/01/2010-02/28/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 32,917 Medicare: 7,067 Medicaid: 18,172	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 55.20552% Occupancy: 75.15297% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 95.50535% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	655,464	1,648,110	959,420	380,522	0	3,643,516
1a	Audit Adjustments						
2	Cost Per Diem	36.0700	90.6950	52.7966	20.9400		200.5016
3	Cost Per Diem Inflated	37.9240	93.4208	55.5104			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.9240	93.4208	55.5104	20.9400		207.7952
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.9240	93.4208	51.3593	13.6500		196.3541
12/13	Medicaid Adjustment Rate		0.5471	0.3008			
14	Prospective Per Diem 11	37.9240	93.9679	51.6601	13.6500		197.2020
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 225053-00 - 2012/07
216.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

MK of North Port LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1997 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 5,172,613 FRVS Base Asset: 3,158,034 Occup Adj Factor: 0.9000 ROE Factor 0.026880	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,615,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,138,090	14.8634
	< 60% of Base:	False	20% ROE(2):	1,034,523	0.7054
	Interest Rate:	13.1170 %	Insurance Cost(3):	26,117	0.7934
	Chase Rate:	13.0000 %	Taxes Cost(3):	63,792	1.9380
	Amortization Rate:	13.1170 %	Home Office(3):	5,881	0.1787
	Interest Only:	False	Replacement(3&4):	96,855	0.0000
Yearly Payment:	585,914	Total FRVS PD:		18.4789	

(1) 80% Capital (\$4,138,090) amortized at 13.1170% for 20 years Principal & Interest of \$585,914 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.8634

(2) 20% ROE (\$1,034,523) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7054

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.9240	37.9240	2.2397	35.6843
Patient Care				
Direct Care	93.9679	93.9679	5.5494	88.4185
Indirect Care	51.6601	51.6601	3.0509	48.6092
Property	13.6500	18.4789	1.0913	17.3876
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9757
Supplemental Rate Add-on				\$8.8324
Totals	197.2020	202.0309	11.9313	216.9077

***Medicaid Trend Adjustment :**



0 225177-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

229.66

Victoria Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
955 NW 3rd Street	03/01/2011-02/29/2012	Number of Beds: 264	Superior: 0
Miami Fl 33128	Days In CR 366	Maximum: 96,624	Standard: 184
County: Dade [13]	First Used: 2012/07	Max Annualized: 96,360	Conditional: 0
Region: South [2] Area: 11	Last Used: 2012/07	Total Patient: 94,337	Total: 184
Control Private For profit [1]	Unaudited [3]	Medicare: 18,120	Inflation
Current Class South Large [4]	Initial CR? False	Medicaid: 59,448	FY Index: 1.25683187
Class at 1/94: South Large [4]	Medicaid Utilization 63.01663%		Semester Index: 1.28710041
Operating Ex > 18 months [1]	Occupancy: 97.63309%		Cost: 1.02408321
Open Date: 11/13/2000	Statewide Low Occupancy Threshold: 78.68980%		Target: 1.01634256
Acquired Date: 11/13/2000	Medicaid Low Occupancy Threshold: 41.03510%		DC FY Index: 1.19049979
Entered Medicaid 11/13/2000	Low Occupancy Adjustment Factor: 124.07337%		DC Sem Index: 1.21100000
Med # Active Date: 11/13/2000	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.01721984
Previous Med #			PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,065,032	5,836,367	3,606,921	1,644,332	0	14,152,652
1a	Audit Adjustments						
2	Cost Per Diem	51.5582	98.1760	60.6735	27.6600		238.0677
3	Cost Per Diem Inflated	52.7999	99.8666	62.1347			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.7999	99.8666	62.1347	27.6600		242.4612
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7204		75.3695			
7	Provider Target Rate	51.9045		77.1291			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.9045	99.8666	59.7055	13.6500		225.1266
12/13	Medicaid Adjustment Rate		1.4624	0.8743			
14	Prospective Per Diem 11	51.9045	101.3290	60.5798	13.6500		227.4633
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 225177-00 - 2012/07
229.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Victoria Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/13/2000	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 15,121,948.00	Total Amount	Per Diem
RS to Start Calcs: 2000/07	Type: Variable [3]	80% Capital(1): 9,890,094	13.6084
Indexed Asset Value 12,362,617	< 60% of Base: False	20% ROE(2): 2,472,523	0.6238
FRVS Base Asset: 5,618,709	Interest Rate: 10.5000 %	Insurance Cost(3): 86,563	0.9176
Occup Adj Factor: 0.9000	Chase Rate: 8.4408 %	Taxes Cost(3): 158,999	1.6854
ROE Factor 0.021880	Amortization Rate: 10.4408 %	Home Office(3): 56,422	0.5981
	Interest Only: False	Replacement(3&4): 19,158	0.0000
	Yearly Payment: 1,180,174	Total FRVS PD: 17.4333	

(1) 80% Capital (\$9,890,094) amortized at 10.4408% for 20 years Principal & Interest of \$1,180,174 divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = \$13.6084

(2) 20% ROE (\$2,472,523) times the ROE factor (0.021880) divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = \$0.6238

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,849
Comparison Date: 1/1/2000	Current RS PBS:	50,254
Comparison Bed 141	Effective PBS Limitation	5,618,709

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.9045	51.9045	3.0653	48.8392
Patient Care				
Direct Care	101.3290	101.3290	5.9842	95.3448
Indirect Care	60.5798	60.5798	3.5776	57.0022
Property	13.6500	17.4333	1.0296	16.4037
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.2398
Supplemental Rate Add-on				\$8.8324
Totals	227.4633	231.2466	13.6567	229.6621

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 225274-00 - 2012/07

204.17

MK of Fernandina Beach LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1625 Lime St Fernandina Beach FL 32034 County: Nassau [45] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1984 Acquired Date: 8/1/1984 Entered Medicaid 8/1/1984 Med # Active Date: 8/1/2000 Previous Med # 207951	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 32,986 Medicare: 6,381 Medicaid: 19,740	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 59.84357% Occupancy: 75.31050% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 95.70554% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	786,836	1,673,972	1,137,008	285,440	0	3,883,256
1a	Audit Adjustments						
2	Cost Per Diem	39.8600	84.8010	57.5992	14.4600		196.7202
3	Cost Per Diem Inflated	40.9245	86.3338	59.1374			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.9245	86.3338	59.1374	14.4600		200.8557
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.9025		46.3317			
7	Provider Target Rate	39.8107		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.8107	86.3338	47.4134	13.6500		187.2079
12/13	Medicaid Adjustment Rate		0.9561	0.5251			
14	Prospective Per Diem 11	39.8107	87.2899	47.9385	13.6500		188.6891
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 225274-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

204.17

MK of Fernandina Beach LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	3,269,672	11.4864
Indexed Asset Value	4,087,090	< 60% of Base:	False	20% ROE(2):	817,418	0.5012
FRVS Base Asset:	2,454,766	Interest Rate:	12.7530 %	Insurance Cost(3):	25,462	0.7719
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.024170	Amortization Rate:	12.7530 %	Home Office(3):	5,764	0.1747
		Interest Only:	False	Replacement(3&4):	109,114	0.0000
		Yearly Payment:	452,794	Total FRVS PD:		12.9342

(1) 80% Capital (\$3,269,672) amortized at 12.7530% for 20 years Principal & Interest of \$452,794 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4864

(2) 20% ROE (\$817,418) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5012

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.8107	39.8107	2.3511	37.4596
Patient Care				
Direct Care	87.2899	87.2899	5.1551	82.1348
Indirect Care	47.9385	47.9385	2.8311	45.1074
Property	13.6500	12.9342	0.7639	12.1703
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4620
Supplemental Rate Add-on				\$8.8324
Totals	188.6891	187.9733	11.1012	204.1665

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 225410-00 - 2012/07
223.44

MK of Winter Garden LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12751 W Colonial Dr Winter Garden FL 34787 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/1/1985 Acquired Date: 8/1/1985 Entered Medicaid 8/1/1985 Med # Active Date: 8/1/2000 Previous Med # 208523	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 34,036 Medicare: 5,490 Medicaid: 23,379	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 68.68904% Occupancy: 93.24932% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.50241% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,011,376	2,199,805	1,045,130	398,612	0	4,654,923
1a	Audit Adjustments						
2	Cost Per Diem	43.2600	94.0932	44.7038	17.0500		199.1070
3	Cost Per Diem Inflated	44.4153	95.7939	45.8976			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.4153	95.7939	45.8976	17.0500		203.1568
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3325		55.6760			
7	Provider Target Rate	44.3442		56.9758			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.3442	95.7939	45.8976	13.6500		199.6857
12/13	Medicaid Adjustment Rate		2.0141	0.9650			
14	Prospective Per Diem 11	44.3442	97.8080	46.8626	13.6500		202.6648
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 225410-00 - 2012/07
223.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

MK of Winter Garden LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 3,400,000.00			Total Amount	Per Diem
RS to Start Calcs: 1985/07	Type: Fixed [2]		80% Capital(1): 3,942,316		16.9747
Indexed Asset Value 4,927,895	< 60% of Base: False		20% ROE(2): 985,579		0.7252
FRVS Base Asset: 3,060,682	Interest Rate: 13.1000 %		Insurance Cost(3): 26,603		0.7816
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %		Taxes Cost(3): 0		0.0000
ROE Factor 0.024170	Amortization Rate: 13.1000 %		Home Office(3): 5,949		0.1748
	Interest Only: False		Replacement(3&4): 115,075		0.0000
	Yearly Payment: 557,620		Total FRVS PD:		18.6563

(1) 80% Capital (\$3,942,316) amortized at 13.1000% for 20 years Principal & Interest of \$557,620 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$16.9747

(2) 20% ROE (\$985,579) times the ROE factor (0.024170) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.7252

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.3442	44.3442	2.6188	41.7254
Patient Care				
Direct Care	97.8080	97.8080	5.7762	92.0318
Indirect Care	46.8626	46.8626	2.7676	44.0950
Property	13.6500	18.6563	1.1018	17.5545
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1978
Supplemental Rate Add-on				\$8.8324
Totals	202.6648	207.6711	12.2644	223.4369

***Medicaid Trend Adjustment :**



0 225631-00 - 2012/07
212.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Springtree Rehab & Health Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4251 Springtree Drive Sunrise FL 33351 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1989 Acquired Date: 9/1/1989 Entered Medicaid 3/6/1990 Med # Active Date: 6/1/2000 Previous Med # 201871	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 36,369 Medicare: 5,221 Medicaid: 13,815	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 37.98565% Occupancy: 90.58281% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.11379% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	597,777	1,057,139	747,756	199,350	0	2,602,022
1a	Audit Adjustments						
2	Cost Per Diem	43.2701	76.5211	54.1264	14.4300		188.3476
3	Cost Per Diem Inflated	44.8574	78.3214	56.1120			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.8574	78.3214	56.1120	14.4300		193.7208
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8758		61.9527			
7	Provider Target Rate	48.9935		63.3991			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.8574	78.3214	56.1120	13.6500		192.9408
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.8574	78.3214	56.1120	13.6500		192.9408
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 225631-00 - 2012/07
212.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Springtree Rehab & Health Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/6/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Variable [3]	80% Capital(1):	3,819,899	11.4706
Indexed Asset Value	4,774,874	< 60% of Base:	False	20% ROE(2):	954,975	0.6773
FRVS Base Asset:	2,534,785	Interest Rate:	9.0700 %	Insurance Cost(3):	52,618	1.4468
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	78,733	2.1648
ROE Factor	0.025630	Amortization Rate:	9.0700 %	Home Office(3):	13,767	0.3785
		Interest Only:	False	Replacement(3&4):	127,956	0.0000
		Yearly Payment:	414,489	Total FRVS PD:		16.1380

(1) 80% Capital (\$3,819,899) amortized at 9.0700% for 20 years Principal & Interest of \$414,489 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$11.4706

(2) 20% ROE (\$954,975) times the ROE factor (0.025630) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.6773

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	1/1/1989	Current RS PBS:	50,254
Comparison Bed	85	Effective PBS Limitation	2,534,785

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.8574	44.8574	2.6491	42.2083
Patient Care				
Direct Care	78.3214	78.3214	4.6254	73.6960
Indirect Care	56.1120	56.1120	3.3138	52.7982
Property	13.6500	16.1380	0.9531	15.1849
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6040
Supplemental Rate Add-on				\$8.8324
Totals	192.9408	195.4288	11.5414	212.3238

***Medicaid Trend Adjustment :**



0 225754-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

237.96

Pinecrest Convalescent Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13650 NE Third Street North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1967 Acquired Date: 7/1/1971 Entered Medicaid 7/1/1971 Med # Active Date: 6/1/2000 Previous Med # 222429	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 25,109 Medicare: 1,226 Medicaid: 19,920	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 79.33410% Occupancy: 68.79178% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 87.42147% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,054,262	1,702,507	1,252,865	247,207	0	4,256,841
1a	Audit Adjustments						
2	Cost Per Diem	52.9248	85.4672	62.8948	12.4100		213.6968
3	Cost Per Diem Inflated	54.8663	87.4780	65.2020			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.8663	87.4780	65.2020	12.4100		219.9563
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		61.3003			
7	Provider Target Rate	53.5724		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.5724	87.4780	62.7314	12.4100		216.1918
12/13	Medicaid Adjustment Rate		2.8868	2.0702			
14	Prospective Per Diem 11	53.5724	90.3648	64.8016	12.4100		221.1488
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 225754-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

237.96

Pinecrest Convalescent Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,296,711 FRVS Base Asset: 1,306,769 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,837,369	6.9539
	< 60% of Base:	True	20% ROE(2):	459,342	0.3584
	Interest Rate:	12.5000 %	Insurance Cost(3):	55,019	2.1912
	Chase Rate:	12.5000 %	Taxes Cost(3):	44,667	1.7789
	Amortization Rate:	12.5000 %	Home Office(3):	8,787	0.3500
	Interest Only:	True	Replacement(3&4):	4,293	0.0000
Yearly Payment:	228,435	Total FRVS PD:	11.6324		

(1) 80% Capital (\$1,837,369) amortized at 12.5000% for 20 years Interest of \$228,435 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$6.9539

(2) 20% ROE (\$459,342) times the ROE factor (0.025630) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.3584

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.5724	53.5724	3.1638	50.4086
Patient Care				
Direct Care	90.3648	90.3648	5.3366	85.0282
Indirect Care	64.8016	64.8016	3.8270	60.9746
Property	12.4100	11.6324	0.6870	10.9454
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.7723
Supplemental Rate Add-on				\$8.8324
Totals	221.1488	220.3712	13.0144	237.9615

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 225991-00 - 2012/07
207.84

Stuart Nursing & Restorative Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1500 Palm Beach Road Stuart FL 33494 County: Martin [43] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1973 Acquired Date: 6/1/1973 Entered Medicaid 6/1/1973 Med # Active Date: 1/1/2001 Previous Med # 203998	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,096 Medicare: 4,547 Medicaid: 23,646	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.50864% Occupancy: 82.41096% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.72890% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,108,712	2,058,091	965,045	260,815	0	4,392,663
1a	Audit Adjustments						
2	Cost Per Diem	46.8879	87.0376	40.8122	11.0300		185.7677
3	Cost Per Diem Inflated	48.1401	88.6108	41.9021			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.1401	88.6108	41.9021	11.0300		189.6830
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3796		50.1876			
7	Provider Target Rate	45.4157		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.4157	88.6108	41.9021	11.0300		186.9586
12/13	Medicaid Adjustment Rate		1.5460	0.7311			
14	Prospective Per Diem 11	45.4157	90.1568	42.6332	11.0300		189.2357
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 225991-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

207.84

Stuart Nursing & Restorative Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1973/01 Indexed Asset Value 4,567,051 FRVS Base Asset: 2,626,513 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount: 2,000,000.00			Total Amount	Per Diem
	Type: Variable [3]		80% Capital(1): 3,653,641	8.8380	
	< 60% of Base: False		20% ROE(2): 913,410	0.5600	
	Interest Rate: 7.3200 %		Insurance Cost(3): 15,679	0.4344	
	Chase Rate: 8.2500 %		Taxes Cost(3): 74,113	2.0532	
	Amortization Rate: 7.3200 %		Home Office(3): 5,309	0.1471	
	Interest Only: False		Replacement(3&4): 24,867	0.0000	
Yearly Payment: 348,392		Total FRVS PD:	12.0327		

(1) 80% Capital (\$3,653,641) amortized at 7.3200% for 20 years Principal & Interest of \$348,392 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8380

(2) 20% ROE (\$913,410) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5600

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 182	Effective PBS Limitation 5,187,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.4157	45.4157	2.6821	42.7336
Patient Care				
Direct Care	90.1568	90.1568	5.3244	84.8324
Indirect Care	42.6332	42.6332	2.5178	40.1154
Property	11.0300	12.0327	0.7106	11.3221
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.0066
Supplemental Rate Add-on				\$8.8324
Totals	189.2357	190.2384	11.2349	207.8425

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 226009-00 - 2012/07 215.46

Port St. Lucie Nursing & Restorative Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7300 Oleander Avenue Port St. Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1982 Acquired Date: 3/1/1982 Entered Medicaid 3/1/1982 Med # Active Date: 1/1/2001 Previous Med # 206580	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 44,016 Medicare: 6,074 Medicaid: 33,223	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 75.47937% Occupancy: 66.99544% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 85.13865% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,492,411	3,042,748	1,408,738	419,274	0	6,363,171
1a	Audit Adjustments						
2	Cost Per Diem	44.9210	91.5856	42.4025	12.6200		191.5291
3	Cost Per Diem Inflated	46.1206	93.2410	43.5349			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.1206	93.2410	43.5349	12.6200		195.5165
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9794	93.2410	43.5349	12.6200		192.3753
12/13	Medicaid Adjustment Rate		2.6727	1.2479			
14	Prospective Per Diem 11	42.9794	95.9137	44.7828	12.6200		196.2959
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226009-00 - 2012/07
215.46

Florida Agency For Health Care Administration
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Port St. Lucie Nursing & Restorative Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,800,000.00	Total Amount	Per Diem
RS to Start Calcs: 1982/01	Type: Variable [3]	80% Capital(1): 7,074,473	11.4085
Indexed Asset Value: 8,843,091	< 60% of Base: False	20% ROE(2): 1,768,618	0.7229
FRVS Base Asset: 5,130,000	Interest Rate: 7.3200 %	Insurance Cost(3): 15,963	0.3627
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 101,664	2.3097
ROE Factor: 0.024170	Amortization Rate: 7.3200 %	Home Office(3): 6,653	0.1511
	Interest Only: False	Replacement(3&4): 254,266	0.0000
	Yearly Payment: 674,585	Total FRVS PD:	14.9549

(1) 80% Capital (\$7,074,473) amortized at 7.3200% for 20 years Principal & Interest of \$674,585 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.4085

(2) 20% ROE (\$1,768,618) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7229

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed: 180	Effective PBS Limitation: 5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9794	42.9794	2.5382	40.4412
Patient Care				
Direct Care	95.9137	95.9137	5.6643	90.2494
Indirect Care	44.7828	44.7828	2.6447	42.1381
Property	12.6200	14.9549	0.8832	14.0717
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7313
Supplemental Rate Add-on				\$8.8324
Totals	196.2959	198.6308	11.7304	215.4641

***Medicaid Trend Adjustment :**



0 226017-00 - 2012/07

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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234.33

Plantation Nursing & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4250 NW 5th Street Plantation FL 33317 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1974 Acquired Date: 3/1/1974 Entered Medicaid 3/1/1974 Med # Active Date: 6/1/2000 Previous Med # 204307	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 152 Maximum: 55,480 Max Annualized: 55,480 Total Patient: 40,860 Medicare: 1,149 Medicaid: 31,444	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 76.95546% Occupancy: 73.64816% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 93.59302% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,332,221	3,015,715	1,667,556	355,632	0	6,371,124
1a	Audit Adjustments						
2	Cost Per Diem	42.3681	95.9075	53.0326	11.3100		202.6182
3	Cost Per Diem Inflated	43.9223	98.1639	54.9781			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.9223	98.1639	54.9781	11.3100		208.3743
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1302		57.1813			
7	Provider Target Rate	46.1838		58.5163			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9223	98.1639	54.9781	11.3100		208.3743
12/13	Medicaid Adjustment Rate		2.9768	1.6672			
14	Prospective Per Diem 11	43.9223	101.1407	56.6453	11.3100		213.0183
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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234.33

Florida Agency For Health Care Administration
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Plantation Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 1,030,000.00	Total Amount	Per Diem
RS to Start Calcs: 1974/01	Type: Fixed [2]	80% Capital(1): 4,062,526	10.1154
Indexed Asset Value 5,078,158	< 60% of Base: True	20% ROE(2): 1,015,632	0.5213
FRVS Base Asset: 2,107,125	Interest Rate: 13.1250 %	Insurance Cost(3): 59,061	1.4454
Occup Adj Factor: 0.9000	Chase Rate: 12.5000 %	Taxes Cost(3): 70,196	1.7180
ROE Factor 0.025630	Amortization Rate: 12.5000 %	Home Office(3): 20,541	0.5027
	Interest Only: True	Replacement(3&4): 2,124	0.0000
	Yearly Payment: 505,083	Total FRVS PD:	14.3028

(1) 80% Capital (\$4,062,526) amortized at 12.5000% for 20 years Interest of \$505,083 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$10.1154

(2) 20% ROE (\$1,015,632) times the ROE factor (0.025630) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$0.5213

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 152	Effective PBS Limitation 4,332,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9223	43.9223	2.5939	41.3284
Patient Care				
Direct Care	101.1407	101.1407	5.9730	95.1677
Indirect Care	56.6453	56.6453	3.3453	53.3000
Property	11.3100	14.3028	0.8447	13.4581
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$22.2463
Supplemental Rate Add-on				\$8.8324
Totals	213.0183	216.0111	12.7569	234.3329

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
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0 226033-00 - 2012/07

215.68

Martin Nursing and Restorative Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6001 SE Tower Road Stuart FL 34997 County: Martin [43] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/16/1997 Acquired Date: 10/16/1997 Entered Medicaid 10/16/1997 Med # Active Date: 11/1/2000 Previous Med # 213349	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,441 Medicare: 10,682 Medicaid: 19,270	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 52.88000% Occupancy: 83.19863% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 105.72988% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	872,829	1,737,851	957,243	478,667	0	4,046,590
1a	Audit Adjustments						
2	Cost Per Diem	45.2947	90.1843	49.6753	24.8400		209.9943
3	Cost Per Diem Inflated	46.5043	91.8144	51.0019			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5043	91.8144	51.0019	24.8400		214.1606
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6115		50.1876			
7	Provider Target Rate	44.6297		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.6297	91.8144	51.0019	13.6500		201.0960
12/13	Medicaid Adjustment Rate		0.2975	0.1652			
14	Prospective Per Diem 11	44.6297	92.1119	51.1671	13.6500		201.5587
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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215.68

Martin Nursing and Restorative Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/16/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,134,000.00		Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	Variable [3]	80% Capital(1):	4,324,080	10.6041
Indexed Asset Value	5,405,100	< 60% of Base:	False	20% ROE(2):	1,081,020	0.6628
FRVS Base Asset:	4,444,920	Interest Rate:	7.5000 %	Insurance Cost(3):	2,872	0.0788
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	116,620	3.2002
ROE Factor	0.024170	Amortization Rate:	7.5000 %	Home Office(3):	6,384	0.1752
		Interest Only:	False	Replacement(3&4):	187,416	0.0000
		Yearly Payment:	418,014	Total FRVS PD:		14.7211

(1) 80% Capital (\$4,324,080) amortized at 7.5000% for 20 years Principal & Interest of \$418,014 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6041

(2) 20% ROE (\$1,081,020) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6628

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.6297	44.6297	2.6357	41.9940
Patient Care				
Direct Care	92.1119	92.1119	5.4398	86.6721
Indirect Care	51.1671	51.1671	3.0218	48.1453
Property	13.6500	14.7211	0.8694	13.8517
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.1802
Supplemental Rate Add-on				\$8.8324
Totals	201.5587	202.6298	11.9667	215.6757

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
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0 226041-00 - 2012/07
203.77

The Manor At Blue Water Bay

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1500 North White Point Rd. Niceville FL 32578 County: Okaloosa [46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/8/1993 Acquired Date: 1/8/1993 Entered Medicaid 2/2/1993 Med # Active Date: 1/1/2001 Previous Med # 205401	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,566 Medicare: 13,100 Medicaid: 20,204	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 48.60703% Occupancy: 94.89954% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.59954% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	884,926	1,636,615	1,001,191	384,886	0	3,907,618
1a	Audit Adjustments						
2	Cost Per Diem	43.7995	81.0045	49.5541	19.0500		193.4081
3	Cost Per Diem Inflated	45.4062	82.9103	51.3720			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.4062	82.9103	51.3720	19.0500		198.7385
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6384		49.9080			
7	Provider Target Rate	41.5872		51.0732			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.5872	82.9103	51.0732	13.6500		189.2207
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.5872	82.9103	51.0732	13.6500		189.2207
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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203.77

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 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Manor At Blue Water Bay

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/2/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 6,500,000.00			Total Amount	Per Diem
RS to Start Calcs: 1993/01	Type: Variable [3]		80% Capital(1): 4,446,096	11.8486	
Indexed Asset Value 5,557,620	< 60% of Base: False		20% ROE(2): 1,111,524	0.7227	
FRVS Base Asset: 1,930,980	Interest Rate: 8.6200 %		Insurance Cost(3): 50,601	1.2174	
Occup Adj Factor: 0.9000	Chase Rate: 7.7500 %		Taxes Cost(3): 47,941	1.1534	
ROE Factor 0.025630	Amortization Rate: 8.6200 %		Home Office(3): 0	0.0000	
	Interest Only: False		Replacement(3&4): 0	0.0000	
	Yearly Payment: 467,071		Total FRVS PD:	14.9421	

(1) 80% Capital (\$4,446,096) amortized at 8.6200% for 20 years Principal & Interest of \$467,071 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.8486

(2) 20% ROE (\$1,111,524) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7227

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 32,183
Comparison Date: 8/1/1992	Current RS PBS: 50,254
Comparison Bed 60	Effective PBS Limitation 1,930,980

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.5872	41.5872	2.4560	39.1312
Patient Care				
Direct Care	82.9103	82.9103	4.8964	78.0139
Indirect Care	51.0732	51.0732	3.0162	48.0570
Property	13.6500	14.9421	0.8824	14.0597
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6760
Supplemental Rate Add-on				\$8.8324
Totals	189.2207	190.5128	11.2510	203.7702

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 226068-00 - 2012/07
217.00

Cathedral Gerontology Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
333 East Ashley Street Jacksonville FL 32202 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1970 Acquired Date: 3/1/1970 Entered Medicaid 3/1/1970 Med # Active Date: 5/31/2000 Previous Med # 207764	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,531 Medicare: 5,643 Medicaid: 31,716	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 76.36705% Occupancy: 94.81964% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.49800% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,558,837	2,738,061	1,318,122	287,664	0	5,902,684
1a	Audit Adjustments						
2	Cost Per Diem	49.1499	86.3306	41.5602	9.0700		186.1107
3	Cost Per Diem Inflated	50.8008	88.2248	42.9562			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.8008	88.2248	42.9562	9.0700		191.0518
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.4671		46.3317			
7	Provider Target Rate	62.9021		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	88.2248	42.9562	9.0700		187.7290
12/13	Medicaid Adjustment Rate		2.6170	1.2742			
14	Prospective Per Diem 11	47.4780	90.8418	44.2304	9.0700		191.6202
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226068-00 - 2012/07
217.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Cathedral Gerontology Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,087,900.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	4,759,205	12.1181
Indexed Asset Value	5,949,006	< 60% of Base:	False	20% ROE(2):	1,189,801	0.7672
FRVS Base Asset:	3,420,000	Interest Rate:	8.0000 %	Insurance Cost(3):	41,025	0.9878
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025420	Amortization Rate:	8.0000 %	Home Office(3):	66,940	1.6118
		Interest Only:	False	Replacement(3&4):	47,338	0.0000
		Yearly Payment:	477,695	Total FRVS PD:		15.4849

(1) 80% Capital (\$4,759,205) amortized at 8.0000% for 20 years Principal & Interest of \$477,695 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.1181

(2) 20% ROE (\$1,189,801) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7672

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	90.8418	90.8418	5.3648	85.4770
Indirect Care	44.2304	44.2304	2.6121	41.6183
Property	9.0700	15.4849	0.9145	14.5704
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7798
Supplemental Rate Add-on				\$8.8324
Fire Sprinkler Component	\$2.1796	\$2.1796	\$0.1287	\$2.0509
Totals	193.7998	200.2147	11.8240	217.0029

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 226335-00 - 2012/07 218.75

Broward Nursing and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1330 South Andrew Avenue Ft. Lauderdale FL 33316 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 6/1/2000 Previous Med # 200140	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 198 Maximum: 72,270 Max Annualized: 72,270 Total Patient: 48,427 Medicare: 2,956 Medicaid: 37,711	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.87185% Occupancy: 67.00844% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 85.15518% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,685,831	3,166,789	1,665,735	452,909	0	6,971,264
1a	Audit Adjustments						
2	Cost Per Diem	44.7040	83.9752	44.1711	12.0100		184.8603
3	Cost Per Diem Inflated	46.3439	85.9509	45.7915			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.3439	85.9509	45.7915	12.0100		190.0963
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6838		50.3858			
7	Provider Target Rate	47.7737		51.5621			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.3439	85.9509	45.7915	12.0100		190.0963
12/13	Medicaid Adjustment Rate		2.6951	1.4358			
14	Prospective Per Diem 11	46.3439	88.6460	47.2273	12.0100		194.2272
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226335-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

218.75

Broward Nursing and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 8,553,849 FRVS Base Asset: 5,007,861 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	794,480.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	6,843,079	13.0803
	< 60% of Base:	True	20% ROE(2):	1,710,770	0.6741
	Interest Rate:	9.5000 %	Insurance Cost(3):	91,791	1.8955
	Chase Rate:	12.5000 %	Taxes Cost(3):	100,109	2.0672
	Amortization Rate:	12.5000 %	Home Office(3):	15,252	0.3149
	Interest Only:	True	Replacement(3&4):	47,718	0.0000
Yearly Payment:	850,782	Total FRVS PD:		18.0320	

(1) 80% Capital (\$6,843,079) amortized at 12.5000% for 20 years Interest of \$850,782 divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = \$13.0803

(2) 20% ROE (\$1,710,770) times the ROE factor (0.025630) divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = \$0.6741

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 198	Effective PBS Limitation	5,643,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.3439	46.3439	2.7369	43.6070
Patient Care				
Direct Care	88.6460	88.6460	5.2351	83.4109
Indirect Care	47.2273	47.2273	2.7891	44.4382
Property	12.0100	18.0320	1.0649	16.9671
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.4928
Supplemental Rate Add-on				\$8.8324
Totals	194.2272	200.2492	11.8260	218.7484

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 226351-00 - 2012/07

203.40

Ocean View Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2810 S. Atlantic Avenue New Smyrna Beach FL 32069 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1980 Acquired Date: 9/1/1980 Entered Medicaid 9/1/1980 Med # Active Date: 6/1/2000 Previous Med # 205877	02/01/2010-01/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 239 Maximum: 87,235 Max Annualized: 87,235 Total Patient: 53,543 Medicare: 6,234 Medicaid: 35,607	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.50169% Occupancy: 61.37789% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 77.99980% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22248089 Semester Index: 1.28710041 Cost: 1.05285933 Target: 1.01634256 DC FY Index: 1.17483274 DC Sem Index: 1.21100000 DC Inflation: 1.03078503 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,317,712	2,969,328	1,490,761	494,225	24,634	6,296,660
1a	Audit Adjustments						
2	Cost Per Diem	37.0071	83.3917	41.8671	13.8800	0.6918	176.8377
3	Cost Per Diem Inflated	38.9633	85.9589	44.0802			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.9633	85.9589	44.0802	13.8800	0.6918	183.5742
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.6945		46.3317			
7	Provider Target Rate	39.5979		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.9633	85.9589	44.0802	13.6500	0.6918	183.3442
12/13	Medicaid Adjustment Rate		1.5958	0.8183			
14	Prospective Per Diem 11	38.9633	87.5547	44.8985	13.6500	0.6918	185.7583
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226351-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

203.40

Ocean View Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
Year of Phase-In/ Full:	Amount: 2,780,000.00		
RS to Start Calcs: 1980/07	Type: Variable [3]	80% Capital(1): 6,995,227	9.6679
Indexed Asset Value 8,744,034	< 60% of Base: False	20% ROE(2): 1,748,807	0.6032
FRVS Base Asset: 3,619,305	Interest Rate: 9.0700 %	Insurance Cost(3): 103,031	1.9243
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 66,175	1.2359
ROE Factor 0.027080	Amortization Rate: 9.0700 %	Home Office(3): 17,326	0.3236
	Interest Only: False	Replacement(3&4): 157,081	0.0000
	Yearly Payment: 759,038	Total FRVS PD:	13.7549

(1) 80% Capital (\$6,995,227) amortized at 9.0700% for 20 years Principal & Interest of \$759,038 divided by annual available days (87,235) divided by Occup. Adj. (0.9000) = \$9.6679

(2) 20% ROE (\$1,748,807) times the ROE factor (0.027080) divided by annual available days (87,235) divided by Occup. Adj. (0.9000) = \$0.6032

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 179	Effective PBS Limitation 5,101,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.9633	38.9633	2.3010	36.6623
Patient Care				
Direct Care	87.5547	87.5547	5.1707	82.3840
Indirect Care	44.8985	44.8985	2.6516	42.2469
Property	13.6500	13.7549	0.8061	12.8439
ROE	0.6918	0.4781	0.0409	0.6509
ROE Adjustment	-0.4781	-0.4781	-0.0282	-0.4499
Quality Assess-Medicaid Share				\$20.2249
Supplemental Rate Add-on				\$8.8324
Totals	185.2802	185.1714	10.9421	203.3954

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 226360-00 - 2012/07

215.07

South Heritage Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
718 Lakeview Avenue South St. Petersburg FL 33705 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 1/1/2001 Previous Med # 220817	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 74 Maximum: 27,010 Max Annualized: 27,010 Total Patient: 20,876 Medicare: 991 Medicaid: 19,453	Superior: 0 Standard: 165 Conditional: 19 Total: 184
	Medicaid Utilization 93.18356% Occupancy: 77.28989% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 98.22098% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	902,486	1,408,854	1,025,853	392,172	0	3,729,365
1a	Audit Adjustments						
2	Cost Per Diem	46.3932	72.4235	52.7350	20.1600		191.7117
3	Cost Per Diem Inflated	48.3836	74.3577	54.9975			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.3836	74.3577	54.9975	20.1600		197.8988
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		56.1471			
7	Provider Target Rate	48.7494		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.3836	74.3577	54.9975	13.6500		191.3888
12/13	Medicaid Adjustment Rate		3.0006	2.2193			
14	Prospective Per Diem 11	48.3836	77.3583	57.2168	13.6500		196.6087
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226360-00 - 2012/07
215.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

South Heritage Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	None [1]	80% Capital(1):	1,346,904	6.8887
Indexed Asset Value	1,683,630	< 60% of Base:	True	20% ROE(2):	336,726	0.3578
FRVS Base Asset:	933,403	Interest Rate:	12.5000 %	Insurance Cost(3):	102,041	4.8880
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	19,076	0.9138
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	3,855	0.0000
		Yearly Payment:	167,457	Total FRVS PD:		13.0483

(1) 80% Capital (\$1,346,904) amortized at 12.5000% for 20 years Interest of \$167,457 divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = \$6.8887

(2) 20% ROE (\$336,726) times the ROE factor (0.025830) divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = \$0.3578

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	75	Effective PBS Limitation	2,137,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.3836	48.3836	2.8574	45.5262
Patient Care				
Direct Care	77.3583	77.3583	4.5685	72.7898
Indirect Care	57.2168	57.2168	3.3790	53.8378
Property	13.6500	13.0483	0.7706	12.2777
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.8034
Supplemental Rate Add-on				\$8.8324
Totals	196.6087	196.0070	11.5755	215.0673

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 226602-00 - 2012/07

192.01

Treasure Isle Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1735 North Treasure Drive North Bay Village FL 33141 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 1/1/1984 Med # Active Date: 1/1/2001 Previous Med # 220337	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 176 Maximum: 64,240 Max Annualized: 64,240 Total Patient: 59,383 Medicare: 4,538 Medicaid: 52,482	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 88.37883% Occupancy: 92.43929% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.47302% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,771,173	3,822,915	2,064,133	1,135,186	0	8,793,407
1a	Audit Adjustments						
2	Cost Per Diem	33.7482	72.8424	39.3303	21.6300		167.5509
3	Cost Per Diem Inflated	35.1961	74.7877	41.0177			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.1961	74.7877	41.0177	21.6300		172.6315
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.1961	74.7877	41.0177	13.6500		164.6515
12/13	Medicaid Adjustment Rate		3.2290	1.7710			
14	Prospective Per Diem 11	35.1961	78.0167	42.7887	13.6500		169.6515
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 226602-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

192.01

Treasure Isle Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	None [1]	80% Capital(1):	4,761,948	10.2401
Indexed Asset Value	5,952,435	< 60% of Base:	True	20% ROE(2):	1,190,487	0.5319
FRVS Base Asset:	3,238,794	Interest Rate:	12.5000 %	Insurance Cost(3):	240,756	4.0543
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	81,920	1.3795
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	116,156	0.0000
		Yearly Payment:	592,041	Total FRVS PD:		16.2058

(1) 80% Capital (\$4,761,948) amortized at 12.5000% for 20 years Interest of \$592,041 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$10.2401

(2) 20% ROE (\$1,190,487) times the ROE factor (0.025830) divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$0.5319

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	176	Effective PBS Limitation	5,016,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.1961	35.1961	2.0786	33.1175
Patient Care				
Direct Care	78.0167	78.0167	4.6074	73.4093
Indirect Care	42.7887	42.7887	2.5270	40.2617
Property	13.6500	16.2058	0.9571	15.2487
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.1408
Supplemental Rate Add-on				\$8.8324
Totals	169.6515	172.2073	10.1701	192.0104

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227226-00 - 2012/07

159.81

Fair Havens Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
201 Curtiss Parkway Miami Springs FL 33166 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 7/24/2000 Previous Med # 200417	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 269 Maximum: 98,185 Max Annualized: 98,185 Total Patient: 97,113 Medicare: 19,757 Medicaid: 59,716	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.49125% Occupancy: 98.90819% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 125.69379% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.28710041
		Cost: 1.05432042	Target: 1.01634256
		DC FY Index: 1.17400000	DC Sem Index: 1.21100000
		DC Inflation: 1.03151618	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,479,985	3,739,870	2,115,535	985,314	0	9,320,704
1a	Audit Adjustments						
2	Cost Per Diem	41.5297	62.6276	35.4266	16.5000		156.0839
3	Cost Per Diem Inflated	43.7856	64.6014	37.3510			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.7856	64.6014	37.3510	16.5000		162.2380
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9794	64.6014	37.3510	13.6500		158.5818
12/13	Medicaid Adjustment Rate		0.8351	0.4829			
14	Prospective Per Diem 11	42.9794	65.4365	37.8339	13.6500		159.8998
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227226-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

159.81

Fair Havens Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable [3]	80% Capital(1):	7,099,456	7.6200
Indexed Asset Value	8,874,320	< 60% of Base:	False	20% ROE(2):	1,774,864	0.5544
FRVS Base Asset:	4,456,011	Interest Rate:	8.1900 %	Insurance Cost(3):	96,543	0.9941
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	149,379	1.5382
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	10,263	0.1057
		Interest Only:	False	Replacement(3&4):	12,959	0.0000
		Yearly Payment:	673,349	Total FRVS PD:		10.8124

(1) 80% Capital (\$7,099,456) amortized at 7.2500% for 20 years Principal & Interest of \$673,349 divided by annual available days (98,185) divided by Occup. Adj. (0.9000) = \$7.6200

(2) 20% ROE (\$1,774,864) times the ROE factor (0.027600) divided by annual available days (98,185) divided by Occup. Adj. (0.9000) = \$0.5544

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 267	Effective PBS Limitation	7,609,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9794	42.9794	2.5382	40.4412
Patient Care				
Direct Care	65.4365	65.4365	3.8645	61.5720
Indirect Care	37.8339	37.8339	2.2343	35.5996
Property	13.6500	10.8124	0.6385	10.1739
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.1942
Supplemental Rate Add-on				\$8.8324
Totals	159.8998	157.0622	9.2755	159.8133

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227251-00 - 2012/07
220.71

Alpine Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3456 21st Avenue South St. Petersburg FL 33711 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/1/1983 Acquired Date: 2/1/1983 Entered Medicaid 2/1/1983 Med # Active Date: 1/1/2001 Previous Med # 220680	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 57 Maximum: 20,805 Max Annualized: 20,805 Total Patient: 17,440 Medicare: 1,449 Medicaid: 15,347	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
	Medicaid Utilization 87.99885% Occupancy: 83.82601% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.52715% Weighted Low Occ Adjustment Factor: 100.00000%		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	729,126	1,104,789	843,834	463,019	0	3,140,768
1a	Audit Adjustments						
2	Cost Per Diem	47.5094	71.9873	54.9836	30.1700		204.6503
3	Cost Per Diem Inflated	49.5477	73.9098	57.3426			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.5477	73.9098	57.3426	30.1700		210.9701
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6022		56.1471			
7	Provider Target Rate	50.7602		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.5477	73.9098	57.3426	13.6500		194.4501
12/13	Medicaid Adjustment Rate		3.1595	2.4513			
14	Prospective Per Diem 11	49.5477	77.0693	59.7939	13.6500		200.0609
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227251-00 - 2012/07
220.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Alpine Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	None [1]	80% Capital(1):	1,659,807	11.0209
Indexed Asset Value	2,074,759	< 60% of Base:	True	20% ROE(2):	414,952	0.5724
FRVS Base Asset:	747,623	Interest Rate:	12.5000 %	Insurance Cost(3):	68,687	3.9385
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	16,152	0.9261
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	206,360	Total FRVS PD:		16.4579

(1) 80% Capital (\$1,659,807) amortized at 12.5000% for 20 years Interest of \$206,360 divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = \$11.0209

(2) 20% ROE (\$414,952) times the ROE factor (0.025830) divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = \$0.5724

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 57	Effective PBS Limitation	1,624,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.5477	49.5477	2.9261	46.6216
Patient Care				
Direct Care	77.0693	77.0693	4.5515	72.5178
Indirect Care	59.7939	59.7939	3.5312	56.2627
Property	13.6500	16.4579	0.9719	15.4860
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.9882
Supplemental Rate Add-on				\$8.8324
Totals	200.0609	202.8688	11.9807	220.7087

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227561-00 - 2012/07

223.28

Lady Lake Specialty Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
630 Griffen Avenue Lady Lake FL 32159 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/29/1999 Acquired Date: 3/30/1999 Entered Medicaid 3/30/1999 Med # Active Date: 9/20/2000 Previous Med # 220710	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 145 Maximum: 52,925 Max Annualized: 52,925 Total Patient: 47,735 Medicare: 23,045 Medicaid: 15,395	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 32.25097% Occupancy: 90.19367% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.61927% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	754,909	1,387,468	994,805	478,938	8,614	3,624,734
1a	Audit Adjustments						
2	Cost Per Diem	49.0360	90.1246	64.6187	31.1100	0.5595	235.4488
3	Cost Per Diem Inflated	50.3455	91.7536	66.3444			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.3455	91.7536	66.3444	31.1100	0.5595	240.1130
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3637		57.8639			
7	Provider Target Rate	49.4928		59.2148			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	91.7536	56.1342	13.6500	0.5595	209.5753
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	91.7536	56.1342	13.6500	0.5595	209.5753
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227561-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

223.28

Lady Lake Specialty Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/30/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,742,850.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	Variable [3]	80% Capital(1):	5,492,512	14.3958
Indexed Asset Value	6,865,640	< 60% of Base:	False	20% ROE(2):	1,373,128	0.6968
FRVS Base Asset:	4,594,920	Interest Rate:	11.1200 %	Insurance Cost(3):	96,600	2.0237
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	90,047	1.8864
ROE Factor	0.024170	Amortization Rate:	11.1200 %	Home Office(3):	45,646	0.9562
		Interest Only:	False	Replacement(3&4):	288,364	0.0000
		Yearly Payment:	685,708	Total FRVS PD:		19.9589

(1) 80% Capital (\$5,492,512) amortized at 11.1200% for 20 years Principal & Interest of \$685,708 divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = \$14.3958

(2) 20% ROE (\$1,373,128) times the ROE factor (0.024170) divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = \$0.6968

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	91.7536	91.7536	5.4187	86.3349
Indirect Care	56.1342	56.1342	3.3151	52.8191
Property	13.6500	19.9589	1.1787	18.7802
ROE	0.5595	0.1766	0.0104	0.1662
ROE Adjustment	-0.1766	-0.1766	-0.0104	-0.1662
Quality Assess-Medicaid Share				\$11.8394
Supplemental Rate Add-on				\$8.8324
Totals	209.3987	215.3247	12.7164	223.2801

***Medicaid Trend Adjustment :**



0 227579-00 - 2012/07
229.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Wilton Manors Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2675 North Andrews Ave Wilton Manors FL 33311 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 221821	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 147 Maximum: 48,870 Max Annualized: 53,655 Total Patient: 41,727 Medicare: 6,943 Medicaid: 27,400	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.66492% Occupancy: 85.38367% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.50666% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,643,113	2,446,524	1,516,763	449,360	42,557	6,098,317
1a	Audit Adjustments						
2	Cost Per Diem	59.9676	89.2892	55.3563	16.4000	1.5532	222.5663
3	Cost Per Diem Inflated	63.2251	92.1033	58.3633			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	63.2251	92.1033	58.3633	16.4000	1.5532	231.6449
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.9205		51.8486			
7	Provider Target Rate	55.1794		53.0591			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	92.1033	53.0591	13.6500	1.5532	212.5804
12/13	Medicaid Adjustment Rate		1.6231	0.9351			
14	Prospective Per Diem 11	52.2148	93.7264	53.9942	13.6500	1.5532	215.1386
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227579-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

229.20

Wilton Manors Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
				Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 3,161,900.00			
RS to Start Calcs:	1982/01	Type: Variable [3]	80% Capital(1):	4,973,417	10.9218
Indexed Asset Value	6,216,771	< 60% of Base: False	20% ROE(2):	1,243,354	0.7106
FRVS Base Asset:	1,515,062	Interest Rate: 10.4900 %	Insurance Cost(3):	87,493	2.0968
Occup Adj Factor:	0.9000	Chase Rate: 6.7500 %	Taxes Cost(3):	195,939	4.6957
ROE Factor	0.027600	Amortization Rate: 8.7500 %	Home Office(3):	40,581	0.9725
		Interest Only: False	Replacement(3&4):	53,352	0.0000
		Yearly Payment: 527,408	Total FRVS PD:		19.3974

(1) 80% Capital (\$4,973,417) amortized at 8.7500% for 20 years Principal & Interest of \$527,408 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$10.9218

(2) 20% ROE (\$1,243,354) times the ROE factor (0.027600) divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$0.7106

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 118	Effective PBS Limitation	3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	93.7264	93.7264	5.5352	88.1912
Indirect Care	53.9942	53.9942	3.1887	50.8055
Property	13.6500	19.3974	0.8061	12.8439
ROE	1.5532	1.2147	0.0917	1.4615
ROE Adjustment	-1.2147	-1.2147	-0.0717	-1.1430
Quality Assess-Medicaid Share				\$19.0813
Supplemental Rate Add-on				\$8.8324
Totals	213.9239	219.3328	12.6336	229.2040

***Medicaid Trend Adjustment :**



0 227587-00 - 2012/07
218.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Rockledge NH, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
587 Barton Blvd. Rockledge FL 32955 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 221058	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 107 Maximum: 39,055 Max Annualized: 39,055 Total Patient: 33,259 Medicare: 7,277 Medicaid: 17,748	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 53.36300% Occupancy: 85.15939% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.22164% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	902,637	1,494,813	1,016,245	475,114	10,778	3,899,587
1a	Audit Adjustments						
2	Cost Per Diem	50.8585	84.2243	57.2597	26.7700	0.6073	219.7198
3	Cost Per Diem Inflated	52.2167	85.7466	58.7889			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.2167	85.7466	58.7889	26.7700	0.6073	224.1295
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2523		52.8786			
7	Provider Target Rate	50.4022		54.1131			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9425	85.7466	54.1131	13.6500	0.6073	204.0595
12/13	Medicaid Adjustment Rate		0.3244	0.2047			
14	Prospective Per Diem 11	49.9425	86.0710	54.3178	13.6500	0.6073	204.5886
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227587-00 - 2012/07

218.75

Rockledge NH, LLC

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 2,964,283.00		
RS to Start Calcs: 1982/01		Type: Variable [3]	80% Capital(1): 2,776,450	8.3765
Indexed Asset Value 3,470,562		< 60% of Base: False	20% ROE(2): 694,112	0.4773
FRVS Base Asset: 992,144		Interest Rate: 10.4900 %	Insurance Cost(3): 54,711	1.6450
Occup Adj Factor: 0.9000		Chase Rate: 6.7500 %	Taxes Cost(3): 42,342	1.2731
ROE Factor 0.024170		Amortization Rate: 8.7500 %	Home Office(3): 25,851	0.7773
		Interest Only: False	Replacement(3&4): 64,014	0.0000
		Yearly Payment: 294,430	Total FRVS PD:	12.5492

(1) 80% Capital (\$2,776,450) amortized at 8.7500% for 20 years Principal & Interest of \$294,430 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$8.3765

(2) 20% ROE (\$694,112) times the ROE factor (0.024170) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.4773

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 75	Effective PBS Limitation 2,137,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	86.0710	86.0710	5.0831	80.9879
Indirect Care	54.3178	54.3178	3.2078	51.1100
Property	13.6500	12.5492	0.8061	12.8439
ROE	0.6073	0.5048	0.0359	0.5714
ROE Adjustment	-0.5048	-0.5048	-0.0298	-0.4750
Quality Assess-Medicaid Share				\$17.8817
Supplemental Rate Add-on				\$8.8324
Totals	204.0838	202.8805	12.0525	218.7454

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227625-00 - 2012/07 230.45

Greenbriar Rehab & Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
210 21st Avenue West Bradenton FL 34205 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 223204	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 49.98994% Occupancy: 90.76712% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.34802% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,878 Medicare: 4,053 Medicaid: 9,937	Superior: 0 Standard: 184 Conditional: 0 Total: 184		
			Inflation		
			FY Index: 1.25362148		
			Semester Index: 1.28710041		
			Cost: 1.02670577		
			Target: 1.01634256		
			DC FY Index: 1.18950000		
			DC Sem Index: 1.21100000		
			DC Inflation: 1.01807482		
			PS Target: 1.02334651		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	532,627	841,566	652,751	153,527	6,366	2,186,837
1a	Audit Adjustments						
2	Cost Per Diem	53.6004	84.6901	65.6889	15.4500	0.6406	220.0700
3	Cost Per Diem Inflated	55.0318	86.2209	67.4432			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.0318	86.2209	67.4432	15.4500	0.6406	224.7865
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.9921		59.3933			
7	Provider Target Rate	55.2526		60.7799			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	55.0318	86.2209	60.7799	13.6500	0.6406	216.3232
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	55.0318	86.2209	60.7799	13.6500	0.6406	216.3232
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227625-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

230.45

Greenbriar Rehab & Nursing Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 1,976,183.00		
RS to Start Calcs: 1982/01		Type: Fixed [2]	80% Capital(1): 1,872,649	11.6521
Indexed Asset Value 2,340,811		< 60% of Base: False	20% ROE(2): 468,162	0.5741
FRVS Base Asset: 788,632		Interest Rate: 10.8500 %	Insurance Cost(3): 49,499	2.4901
Occup Adj Factor: 0.9000		Chase Rate: 9.5000 %	Taxes Cost(3): 32,844	1.6523
ROE Factor 0.024170		Amortization Rate: 10.8500 %	Home Office(3): 16,730	0.8416
		Interest Only: False	Replacement(3&4): 16,785	0.0000
		Yearly Payment: 229,662	Total FRVS PD:	17.2102

(1) 80% Capital (\$1,872,649) amortized at 10.8500% for 20 years Principal & Interest of \$229,662 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$11.6521

(2) 20% ROE (\$468,162) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5741

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 60	Effective PBS Limitation 1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	55.0318	55.0318	3.2500	51.7818
Patient Care				
Direct Care	86.2209	86.2209	5.0919	81.1290
Indirect Care	60.7799	60.7799	3.5895	57.1904
Property	13.6500	17.2102	0.8061	12.8439
ROE	0.6406	0.1665	0.0378	0.6028
ROE Adjustment	-0.1665	-0.1665	-0.0098	-0.1567
Quality Assess-Medicaid Share				\$18.2229
Supplemental Rate Add-on				\$8.8324
Totals	216.1567	219.2428	12.7655	230.4465

***Medicaid Trend Adjustment :**



0 227633-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

212.43

Apollo Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1000 24th Street North St. Petersburg FL 33713 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 220671	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 32,730 Medicare: 5,699 Medicaid: 22,021	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.28078% Occupancy: 90.57700% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.10640% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148	Semester Index: 1.28710041
		Cost: 1.02670577	Target: 1.01634256
		DC FY Index: 1.18950000	DC Sem Index: 1.21100000
		DC Inflation: 1.01807482	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	995,981	1,698,469	1,156,228	359,163	12,431	4,222,272
1a	Audit Adjustments						
2	Cost Per Diem	45.2287	77.1295	52.5057	16.3100	0.5645	191.7384
3	Cost Per Diem Inflated	46.4366	78.5236	53.9079			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.4366	78.5236	53.9079	16.3100	0.5645	195.7426
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.5379		56.1471			
7	Provider Target Rate	58.8812		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.4366	78.5236	53.9079	13.6500	0.5645	193.0826
12/13	Medicaid Adjustment Rate		1.5266	1.0480			
14	Prospective Per Diem 11	46.4366	80.0502	54.9559	13.6500	0.5645	195.6572
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227633-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

212.43

Apollo Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1982/01 Indexed Asset Value 3,507,017 FRVS Base Asset: 1,487,023 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,569,050.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,805,614	10.7702
	< 60% of Base:	False	20% ROE(2):	701,403	0.5213
	Interest Rate:	11.1200 %	Insurance Cost(3):	51,134	1.5623
	Chase Rate:	9.5000 %	Taxes Cost(3):	41,800	1.2771
	Amortization Rate:	11.1200 %	Home Office(3):	23,129	0.7067
	Interest Only:	False	Replacement(3&4):	7,834	0.0000
Yearly Payment:	350,264	Total FRVS PD:	14.8376		

(1) 80% Capital (\$2,805,614) amortized at 11.1200% for 20 years Principal & Interest of \$350,264 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$10.7702

(2) 20% ROE (\$701,403) times the ROE factor (0.024170) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.5213

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.4366	46.4366	2.7424	43.6942
Patient Care				
Direct Care	80.0502	80.0502	4.7275	75.3227
Indirect Care	54.9559	54.9559	3.2455	51.7104
Property	13.6500	14.8376	0.8763	13.9613
ROE	0.5645	0.5628	0.0332	0.5296
ROE Adjustment	-0.5628	-0.5628	-0.0332	-0.5296
Quality Assess-Medicaid Share				\$18.9044
Supplemental Rate Add-on				\$8.8324
Totals	195.0944	196.2803	11.5917	212.4254

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227641-00 - 2012/07 216.85

North Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1301 16th Street North St. Petersburg FL 33705 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 220795	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 45 Maximum: 17,641 Max Annualized: 16,425 Total Patient: 15,106 Medicare: 1,723 Medicaid: 9,340	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.82974% Occupancy: 85.63007% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.81978% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	524,938	766,354	593,840	107,970	9,275	2,002,377
1a	Audit Adjustments						
2	Cost Per Diem	56.2032	82.0507	63.5803	11.5600	0.9930	214.3872
3	Cost Per Diem Inflated	59.2562	84.6366	67.0340			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.2562	84.6366	67.0340	11.5600	0.9930	223.4798
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.0664		63.9326			
7	Provider Target Rate	58.3987		65.4252			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	57.2982	84.6366	65.4252	11.5600	0.9930	219.9130
12/13	Medicaid Adjustment Rate		1.1264	0.8707			
14	Prospective Per Diem 11	57.2982	85.7630	66.2959	11.5600	0.9930	221.9101
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227641-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

216.85

North Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 1,317,467.00		
RS to Start Calcs: 1982/01		Type: Variable [3]	80% Capital(1): 1,058,939	8.9431
Indexed Asset Value 1,323,674		< 60% of Base: False	20% ROE(2): 264,735	0.4943
FRVS Base Asset: 614,550		Interest Rate: 11.1200 %	Insurance Cost(3): 25,127	1.6634
Occup Adj Factor: 0.9000		Chase Rate: 9.5000 %	Taxes Cost(3): 20,499	1.3570
ROE Factor 0.027600		Amortization Rate: 11.1200 %	Home Office(3): 13,666	0.9047
		Interest Only: False	Replacement(3&4): 38,800	0.0000
		Yearly Payment: 132,202	Total FRVS PD:	13.3625

(1) 80% Capital (\$1,058,939) amortized at 11.1200% for 20 years Principal & Interest of \$132,202 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$8.9431

(2) 20% ROE (\$264,735) times the ROE factor (0.027600) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$0.4943

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 49	Effective PBS Limitation 1,396,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	57.2982	57.2982	3.3838	53.9144
Patient Care				
Direct Care	85.7630	85.7630	5.0649	80.6981
Indirect Care	66.2959	66.2959	3.9152	62.3807
Property	11.5600	13.3625	0.6827	10.8773
ROE	0.9930	0.8357	0.0586	0.9344
ROE Adjustment	-0.8357	-0.8357	-0.0494	-0.7863
Supplemental Rate Add-on				\$8.8324
Totals	221.0744	222.7196	13.0558	216.8510

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227650-00 - 2012/07

218.37

Lexington Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6300 46th Avenue North St. Petersburg FL 33709 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 220701	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 159 Maximum: 56,819 Max Annualized: 58,035 Total Patient: 50,536 Medicare: 13,190 Medicaid: 25,996	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.44056% Occupancy: 88.94208% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.02873% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.28710041
		Cost: 1.05432042	Target: 1.01634256
		DC FY Index: 1.17400000	DC Sem Index: 1.21100000
		DC Inflation: 1.03151618	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,156,262	2,162,472	1,467,581	424,255	25,496	5,236,066
1a	Audit Adjustments						
2	Cost Per Diem	44.4785	83.1848	56.4541	16.3200	0.9808	201.4182
3	Cost Per Diem Inflated	46.8946	85.8065	59.5207			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.8946	85.8065	59.5207	16.3200	0.9808	209.5226
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4992		57.4459			
7	Provider Target Rate	52.7015		58.7871			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.8946	85.8065	57.8638	13.6500	0.9808	205.1957
12/13	Medicaid Adjustment Rate		0.1391	0.0938			
14	Prospective Per Diem 11	46.8946	85.9456	57.9576	13.6500	0.9808	205.4286
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227650-00 - 2012/07
218.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lexington Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 3,623,017.00		
RS to Start Calcs: 1982/01		Type: Variable [3]	80% Capital(1): 4,178,229	8.4830
Indexed Asset Value 5,222,786		< 60% of Base: False	20% ROE(2): 1,044,557	0.5520
FRVS Base Asset: 1,243,324		Interest Rate: 10.4900 %	Insurance Cost(3): 86,578	1.7132
Occup Adj Factor: 0.9000		Chase Rate: 6.7500 %	Taxes Cost(3): 73,114	1.4468
ROE Factor 0.027600		Amortization Rate: 8.7500 %	Home Office(3): 45,960	0.9095
		Interest Only: False	Replacement(3&4): 42,997	0.0000
		Yearly Payment: 443,082	Total FRVS PD:	13.1045

(1) 80% Capital (\$4,178,229) amortized at 8.7500% for 20 years Principal & Interest of \$443,082 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$8.4830

(2) 20% ROE (\$1,044,557) times the ROE factor (0.027600) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.5520

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 102	Effective PBS Limitation 2,907,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.8946	46.8946	2.7694	44.1252
Patient Care				
Direct Care	85.9456	85.9456	5.0757	80.8699
Indirect Care	57.9576	57.9576	3.4228	54.5348
Property	13.6500	13.1045	0.8061	12.8439
ROE	0.9808	0.7194	0.0579	0.9229
ROE Adjustment	-0.7194	-0.7194	-0.0425	-0.6769
Quality Assess-Medicaid Share				\$16.9157
Supplemental Rate Add-on				\$8.8324
Totals	204.7092	203.9023	12.0894	218.3679

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227765-00 - 2012/07

221.53

Park Meadows Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3250 SW 41st Place Gainesville FL 32608 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1981 Acquired Date: 1/1/1984 Entered Medicaid 1/1/1984 Med # Active Date: 9/20/2000 Previous Med # 220345	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 154 Maximum: 56,210 Max Annualized: 56,210 Total Patient: 47,350 Medicare: 6,757 Medicaid: 35,724	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 75.44667% Occupancy: 84.23768% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 107.05032% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,773,028	3,064,415	1,953,958	976,694	37,648	7,805,743
1a	Audit Adjustments						
2	Cost Per Diem	49.6313	85.7803	54.6959	27.3400	1.0539	218.5014
3	Cost Per Diem Inflated	52.3273	88.4838	57.6670			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.3273	88.4838	57.6670	27.3400	1.0539	226.8720
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1656		50.0615			
7	Provider Target Rate	51.3368		51.2303			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	88.4838	51.2303	13.6500	1.0539	201.8960
12/13	Medicaid Adjustment Rate		2.5331	1.4666			
14	Prospective Per Diem 11	47.4780	91.0169	52.6969	13.6500	1.0539	205.8957
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227765-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

221.53

Park Meadows Health & Rehab Center

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
				Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 3,659,683.00			
RS to Start Calcs:	1984/01	Type: Variable [3]	80% Capital(1):	2,973,948	5.3639
Indexed Asset Value	3,717,435	< 60% of Base: False	20% ROE(2):	743,487	0.4056
FRVS Base Asset:	2,058,220	Interest Rate: 8.5100 %	Insurance Cost(3):	78,443	1.6567
Occup Adj Factor:	0.9000	Chase Rate: 4.7500 %	Taxes Cost(3):	67,679	1.4293
ROE Factor	0.027600	Amortization Rate: 6.7500 %	Home Office(3):	40,349	0.8521
		Interest Only: False	Replacement(3&4):	13,832	0.0000
		Yearly Payment: 271,354	Total FRVS PD:		9.7076

(1) 80% Capital (\$2,973,948) amortized at 6.7500% for 20 years Principal & Interest of \$271,354 divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = \$5.3639

(2) 20% ROE (\$743,487) times the ROE factor (0.027600) divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = \$0.4056

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 179	Effective PBS Limitation	5,101,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	91.0169	91.0169	5.3752	85.6417
Indirect Care	52.6969	52.6969	3.1121	49.5848
Property	13.6500	9.7076	0.8061	12.8439
ROE	1.0539	0.7082	0.0622	0.9917
ROE Adjustment	-0.7082	-0.7082	-0.0418	-0.6664
Quality Assess-Medicaid Share				\$19.6235
Supplemental Rate Add-on				\$8.8324
Totals	205.1875	200.8994	12.1177	221.5257

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227773-00 - 2012/07

223.48

New Horizon Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
635 SE 17th Street Ocala FL 34471 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 220531	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 159 Maximum: 58,035 Max Annualized: 58,035 Total Patient: 42,560 Medicare: 7,896 Medicaid: 25,746	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.49342% Occupancy: 73.33506% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 93.19512% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,358,214	2,255,875	1,569,852	555,856	3,220	5,743,017
1a	Audit Adjustments						
2	Cost Per Diem	52.7544	87.6204	60.9746	21.5900	0.1251	223.0645
3	Cost Per Diem Inflated	54.1632	89.2041	62.6030			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.1632	89.2041	62.6030	21.5900	0.1251	227.6854
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.5607		56.5729			
7	Provider Target Rate	52.7645		57.8937			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	89.2041	56.1342	13.6500	0.1251	206.5914
12/13	Medicaid Adjustment Rate		1.0531	0.6627			
14	Prospective Per Diem 11	47.4780	90.2572	56.7969	13.6500	0.1251	208.3072
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227773-00 - 2012/07
223.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

New Horizon Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 5,269,833.00		
RS to Start Calcs: 1982/01		Type: Variable [3]	80% Capital(1): 5,174,130	12.3673
Indexed Asset Value 6,467,662		< 60% of Base: False	20% ROE(2): 1,293,532	0.5986
FRVS Base Asset: 1,178,042		Interest Rate: 11.1200 %	Insurance Cost(3): 76,799	1.8045
Occup Adj Factor: 0.9000		Chase Rate: 9.5000 %	Taxes Cost(3): 63,502	1.4921
ROE Factor 0.024170		Amortization Rate: 11.1200 %	Home Office(3): 33,925	0.7971
		Interest Only: False	Replacement(3&4): 28,151	0.0000
		Yearly Payment: 645,960	Total FRVS PD:	17.0596

(1) 80% Capital (\$5,174,130) amortized at 11.1200% for 20 years Principal & Interest of \$645,960 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$12.3673

(2) 20% ROE (\$1,293,532) times the ROE factor (0.024170) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.5986

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 89	Effective PBS Limitation	2,536,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	90.2572	90.2572	5.3303	84.9269
Indirect Care	56.7969	56.7969	3.3542	53.4427
Property	13.6500	17.0596	0.8061	12.8439
ROE	0.1251	0.0000	0.0074	0.1177
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6433
Supplemental Rate Add-on				\$8.8324
Totals	208.3072	211.5917	12.3019	223.4810

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227838-00 - 2012/07

199.12

First Coast Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7723 Jasper Avenue Jacksonville FL 32211 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 1/1/1984 Med # Active Date: 1/1/2001 Previous Med # 221856	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 34,031 Medicare: 2,145 Medicaid: 28,075	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 82.49831% Occupancy: 93.23562% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.48501% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	988,867	2,106,613	1,150,684	716,474	0	4,962,638
1a	Audit Adjustments						
2	Cost Per Diem	35.2223	75.0352	40.9861	25.5200		176.7636
3	Cost Per Diem Inflated	36.7334	77.0391	42.7445			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.7334	77.0391	42.7445	25.5200		182.0370
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		50.9938			
7	Provider Target Rate	43.9259		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.7334	77.0391	42.7445	13.6500		170.1670
12/13	Medicaid Adjustment Rate		2.8166	1.5628			
14	Prospective Per Diem 11	36.7334	79.8557	44.3073	13.6500		174.5464
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227838-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

199.12

First Coast Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	None [1]	80% Capital(1):	3,568,820	13.5069
Indexed Asset Value	4,461,025	< 60% of Base:	True	20% ROE(2):	892,205	0.7015
FRVS Base Asset:	2,041,803	Interest Rate:	12.5000 %	Insurance Cost(3):	120,503	3.5410
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	26,967	0.7924
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	52,211	0.0000
		Yearly Payment:	443,702	Total FRVS PD:		18.5418

(1) 80% Capital (\$3,568,820) amortized at 12.5000% for 20 years Interest of \$443,702 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$13.5069

(2) 20% ROE (\$892,205) times the ROE factor (0.025830) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.7015

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.7334	36.7334	2.1694	34.5640
Patient Care				
Direct Care	79.8557	79.8557	4.7160	75.1397
Indirect Care	44.3073	44.3073	2.6166	41.6907
Property	13.6500	18.5418	1.0950	17.4468
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.4472
Supplemental Rate Add-on				\$8.8324
Totals	174.5464	179.4382	10.5970	199.1208

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 227871-00 - 2012/07

186.36

Avers Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
606 NE 7th Street Trenton FL 32693 County: Gilchrist [21] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1981 Acquired Date: 3/1/1981 Entered Medicaid 3/1/1982 Med # Active Date: 10/1/2000 Previous Med # 221619	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,043 Medicare: 9,241 Medicaid: 24,480	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 59.64476% Occupancy: 93.70548% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.08212% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	919,545	1,881,046	874,765	258,509	0	3,933,865
1a	Audit Adjustments						
2	Cost Per Diem	37.5631	76.8401	35.7339	10.5600		160.6971
3	Cost Per Diem Inflated	39.0577	78.7700	37.1557			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.0577	78.7700	37.1557	10.5600		165.5434
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.1228		46.3317			
7	Provider Target Rate	41.0595		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.0577	78.7700	37.1557	10.5600		165.5434
12/13	Medicaid Adjustment Rate		0.8547	0.4032			
14	Prospective Per Diem 11	39.0577	79.6247	37.5589	10.5600		166.8013
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227871-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

186.36

Avers Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,621,085.00		Total Amount	Per Diem
RS to Start Calcs:	1981/01	Type:	Fixed [2]	80% Capital(1):	3,265,699	10.6016
Indexed Asset Value	4,082,124	< 60% of Base:	False	20% ROE(2):	816,425	0.5350
FRVS Base Asset:	2,024,741	Interest Rate:	11.5000 %	Insurance Cost(3):	37,758	0.9200
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	62,004	1.5107
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	634	0.0154
		Interest Only:	False	Replacement(3&4):	207,072	0.0000
		Yearly Payment:	417,917	Total FRVS PD:		13.5827

(1) 80% Capital (\$3,265,699) amortized at 11.5000% for 20 years Principal & Interest of \$417,917 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6016

(2) 20% ROE (\$816,425) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5350

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.0577	39.0577	2.3066	36.7511
Patient Care				
Direct Care	79.6247	79.6247	4.7024	74.9223
Indirect Care	37.5589	37.5589	2.2181	35.3408
Property	10.5600	13.5827	0.8021	12.7806
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7362
Supplemental Rate Add-on				\$8.8324
Totals	166.8013	169.8240	10.0292	186.3634

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 228001-00 - 2012/07
249.35

Heritage Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2201 N.E. 170th Street North Miami Beach FL 33160 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 225282	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 32,075 Medicare: 4,676 Medicaid: 18,913	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.96493% Occupancy: 88.76436% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.80288% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,040,580	1,836,362	1,123,393	228,469	19,709	4,248,513
1a	Audit Adjustments						
2	Cost Per Diem	55.0193	97.0952	59.3979	12.0800	1.0421	224.6345
3	Cost Per Diem Inflated	58.0080	100.1553	62.6244			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.0080	100.1553	62.6244	12.0800	1.0421	233.9098
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.8651		61.3003			
7	Provider Target Rate	59.2160		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	58.0080	100.1553	62.6244	12.0800	1.0421	233.9098
12/13	Medicaid Adjustment Rate		1.0101	0.6316			
14	Prospective Per Diem 11	58.0080	101.1654	63.2560	12.0800	1.0421	235.5515
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228001-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

249.35

Heritage Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:	Amount:	2,634,917.00		
RS to Start Calcs: 1982/01	Type:	Variable [3]	80% Capital(1):	3,523,451
Indexed Asset Value 4,404,314	< 60% of Base:	False	20% ROE(2):	880,863
FRVS Base Asset: 1,345,871	Interest Rate:	10.4900 %	Insurance Cost(3):	50,940
Occup Adj Factor: 0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	52,578
ROE Factor 0.027600	Amortization Rate:	8.7500 %	Home Office(3):	31,041
	Interest Only:	False	Replacement(3&4):	31,709
	Yearly Payment:	373,645	Total FRVS PD:	16.4320

(1) 80% Capital (\$3,523,451) amortized at 8.7500% for 20 years Principal & Interest of \$373,645 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$11.4892

(2) 20% ROE (\$880,863) times the ROE factor (0.027600) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.7476

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	58.0080	58.0080	3.4258	54.5822
Patient Care				
Direct Care	101.1654	101.1654	5.9745	95.1909
Indirect Care	63.2560	63.2560	3.7357	59.5203
Property	12.0800	16.4320	0.7134	11.3666
ROE	1.0421	0.7189	0.0615	0.9806
ROE Adjustment	-0.7189	-0.7189	-0.0425	-0.6764
Quality Assess-Medicaid Share				\$19.5530
Supplemental Rate Add-on				\$8.8324
Totals	234.8326	238.8614	13.8684	249.3496

***Medicaid Trend Adjustment :**



0 228320-00 - 2012/07
229.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Gardens Court

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3803 PGA Boulevard Palm Beach Gardens FL 3341 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/25/1996 Acquired Date: 3/13/1997 Entered Medicaid 3/13/1997 Med # Active Date: 5/1/2001 Previous Med # 213713	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,520 Medicare: 16,786 Medicaid: 12,972	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	688,189	1,167,410	822,057	409,785	0	3,087,441
1a	Audit Adjustments						
2	Cost Per Diem	53.0519	89.9946	63.3716	31.5900		238.0081
3	Cost Per Diem Inflated	54.9981	92.1119	65.6963			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.9981	92.1119	65.6963	31.5900		244.3963
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.1033		60.8556			
7	Provider Target Rate	66.6232		62.2764			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	92.1119	59.7055	13.6500		217.6822
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	92.1119	59.7055	13.6500		217.6822
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228320-00 - 2012/07
229.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Gardens Court

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/13/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/01 Indexed Asset Value 5,384,895 FRVS Base Asset: 4,325,640 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,200,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,307,916	10.4366
	< 60% of Base:	False	20% ROE(2):	1,076,979	0.7002
	Interest Rate:	7.3400 %	Insurance Cost(3):	26,238	0.7387
	Chase Rate:	8.2500 %	Taxes Cost(3):	170,752	4.8072
	Amortization Rate:	7.3400 %	Home Office(3):	41,265	1.1617
	Interest Only:	False	Replacement(3&4):	87,044	0.0000
Yearly Payment:	411,409	Total FRVS PD:	17.8444		

(1) 80% Capital (\$4,307,916) amortized at 7.3400% for 20 years Principal & Interest of \$411,409 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.4366

(2) 20% ROE (\$1,076,979) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7002

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,325,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	92.1119	92.1119	5.4398	86.6721
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	17.8444	1.0538	16.7906
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.0727
Supplemental Rate Add-on				\$8.8324
Totals	217.6822	221.8766	13.1032	229.6785

***Medicaid Trend Adjustment :**



0 228338-00 - 2012/07

205.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center of Melbourne

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
606 East Sheridan Street Melbourne FL 32901 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1990 Acquired Date: 2/1/1990 Entered Medicaid 2/1/1990 Med # Active Date: 2/28/2001 Previous Med # 202088	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,751 Medicare: 14,248 Medicaid: 13,126	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 33.02055% Occupancy: 90.75571% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.33351% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	535,852	1,073,677	754,771	177,070	0	2,541,370
1a	Audit Adjustments						
2	Cost Per Diem	40.8237	81.7977	57.5020	13.4900		193.6134
3	Cost Per Diem Inflated	42.9220	84.2561	60.4576			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.9220	84.2561	60.4576	13.4900		201.1257
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.3867		48.2597			
7	Provider Target Rate	56.6798		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9220	84.2561	49.3864	13.4900		190.0545
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.9220	84.2561	49.3864	13.4900		190.0545
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228338-00 - 2012/07
205.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center of Melbourne

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,085,472.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed [2]	80% Capital(1):	4,767,352	12.5943
Indexed Asset Value	5,959,190	< 60% of Base:	False	20% ROE(2):	1,191,838	0.8127
FRVS Base Asset:	1,801,380	Interest Rate:	8.5000 %	Insurance Cost(3):	10,073	0.2534
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	67,809	1.7058
ROE Factor	0.026880	Amortization Rate:	8.5000 %	Home Office(3):	38,844	0.9772
		Interest Only:	False	Replacement(3&4):	150,640	0.0000
		Yearly Payment:	496,466	Total FRVS PD:		16.3434

(1) 80% Capital (\$4,767,352) amortized at 8.5000% for 20 years Principal & Interest of \$496,466 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.5943

(2) 20% ROE (\$1,191,838) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8127

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9220	42.9220	2.5348	40.3872
Patient Care				
Direct Care	84.2561	84.2561	4.9759	79.2802
Indirect Care	49.3864	49.3864	2.9166	46.4698
Property	13.4900	16.3434	0.9652	15.3782
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.6855
Supplemental Rate Add-on				\$8.8324
Totals	190.0545	192.9079	11.3925	205.0333

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 228401-00 - 2012/07
187.87

Park Ridge Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
730 College Street Jacksonville FL 32204 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1979 Acquired Date: 4/1/1979 Entered Medicaid 11/1/1980 Med # Active Date: 7/16/2001 Previous Med # 202908	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 29,036 Medicare: 3,738 Medicaid: 22,014	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 75.81623% Occupancy: 76.49105% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 97.20579% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	761,812	1,645,734	887,580	209,793	0	3,504,919
1a	Audit Adjustments						
2	Cost Per Diem	34.6058	74.7585	40.3189	9.5300		159.2132
3	Cost Per Diem Inflated	36.4856	77.1146	42.5090			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.4856	77.1146	42.5090	9.5300		165.6392
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.5633		46.3317			
7	Provider Target Rate	45.6037		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.4856	77.1146	42.5090	9.5300		165.6392
12/13	Medicaid Adjustment Rate		2.2397	1.2346			
14	Prospective Per Diem 11	36.4856	79.3543	43.7436	9.5300		169.1135
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228401-00 - 2012/07

187.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Park Ridge Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1979/01 Indexed Asset Value 2,503,951 FRVS Base Asset: 1,293,889 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,230,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,003,161	6.7899
	< 60% of Base:	False	20% ROE(2):	500,790	0.4046
	Interest Rate:	10.0000 %	Insurance Cost(3):	20,131	0.6933
	Chase Rate:	9.5000 %	Taxes Cost(3):	38,039	1.3101
	Amortization Rate:	10.0000 %	Home Office(3):	8,781	0.3024
	Interest Only:	False	Replacement(3&4):	44,534	0.0000
Yearly Payment:	231,971	Total FRVS PD:		9.5003	

(1) 80% Capital (\$2,003,161) amortized at 10.0000% for 20 years Principal & Interest of \$231,971 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$6.7899

(2) 20% ROE (\$500,790) times the ROE factor (0.027600) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.4046

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.4856	36.4856	2.1547	34.3309
Patient Care				
Direct Care	79.3543	79.3543	4.6864	74.6679
Indirect Care	43.7436	43.7436	2.5834	41.1602
Property	9.5300	9.5003	0.5611	8.9392
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9432
Supplemental Rate Add-on				\$8.8324
Totals	169.1135	169.0838	9.9856	187.8738

***Medicaid Trend Adjustment :**



0 228567-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

185.70

Bear Creek Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8041 State Road 52 Hudson FL 34667 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1981 Acquired Date: 9/1/1981 Entered Medicaid 9/1/1981 Med # Active Date: 10/1/2000 Previous Med # 222461	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,920 Medicare: 10,994 Medicaid: 22,490	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 56.33768% Occupancy: 91.14155% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.82384% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	840,840	1,704,890	932,420	295,968	0	3,774,118
1a	Audit Adjustments						
2	Cost Per Diem	37.3873	75.8066	41.4593	13.1600		167.8132
3	Cost Per Diem Inflated	38.8749	77.7105	43.1089			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.8749	77.7105	43.1089	13.1600		172.8543
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0169		48.2597			
7	Provider Target Rate	40.9512		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.8749	77.7105	43.1089	13.1600		172.8543
12/13	Medicaid Adjustment Rate		0.5541	0.3074			
14	Prospective Per Diem 11	38.8749	78.2646	43.4163	13.1600		173.7158
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228567-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

185.70

Bear Creek Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/1/2000 Year of Phase-In/ Full: RS to Start Calcs: 1981/07 Indexed Asset Value 2,916,474 FRVS Base Asset: 1,625,866 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	4,286,753.00		
	Type:	Fixed [2]		
	< 60% of Base:	False	80% Capital(1):	2,333,179
	Interest Rate:	11.5000 %	20% ROE(2):	583,295
	Chase Rate:	8.5000 %	Insurance Cost(3):	48,110
	Amortization Rate:	11.5000 %	Taxes Cost(3):	24,215
	Interest Only:	False	Home Office(3):	685
Yearly Payment:	298,581	Replacement(3&4):	216,725	
		Total FRVS PD:	9.7856	

(1) 80% Capital (\$2,333,179) amortized at 11.5000% for 20 years Principal & Interest of \$298,581 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5744

(2) 20% ROE (\$583,295) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3822

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.8749	38.8749	2.2958	36.5791
Patient Care				
Direct Care	78.2646	78.2646	4.6220	73.6426
Indirect Care	43.4163	43.4163	2.5640	40.8523
Property	13.1600	9.7856	0.5779	9.2077
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5861
Supplemental Rate Add-on				\$8.8324
Totals	173.7158	170.3414	10.0597	185.7002

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 228575-00 - 2012/07

198.09

Royal Oak Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
37300 Royal Oak Lane Dade City FL 33525 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1981 Acquired Date: 5/1/1981 Entered Medicaid 5/1/1981 Med # Active Date: 10/1/2000 Previous Med # 222542	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,905 Medicare: 2,836 Medicaid: 27,682	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 71.15281% Occupancy: 88.82420% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.87893% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,289,113	2,154,579	1,039,825	434,331	0	4,917,848
1a	Audit Adjustments						
2	Cost Per Diem	46.5686	77.8332	37.5632	15.6900		177.6550
3	Cost Per Diem Inflated	48.4215	79.7880	39.0578			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4215	79.7880	39.0578	15.6900		182.9573
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.6388		48.2597			
7	Provider Target Rate	42.6109		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.6109	79.7880	39.0578	13.6500		175.1067
12/13	Medicaid Adjustment Rate		1.8987	0.9295			
14	Prospective Per Diem 11	42.6109	81.6867	39.9873	13.6500		177.9349
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228575-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

198.09

Royal Oak Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,458,223.00		Total Amount	Per Diem
RS to Start Calcs:	1981/01	Type:	Fixed [2]	80% Capital(1):	3,336,834	10.8326
Indexed Asset Value	4,171,043	< 60% of Base:	False	20% ROE(2):	834,209	0.5466
FRVS Base Asset:	2,272,821	Interest Rate:	11.5000 %	Insurance Cost(3):	78,475	2.0171
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	34,443	0.8853
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	567	0.0146
		Interest Only:	False	Replacement(3&4):	163,283	0.0000
		Yearly Payment:	427,020	Total FRVS PD:		14.2962

(1) 80% Capital (\$3,336,834) amortized at 11.5000% for 20 years Principal & Interest of \$427,020 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8326

(2) 20% ROE (\$834,209) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5466

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.6109	42.6109	2.5165	40.0944
Patient Care				
Direct Care	81.6867	81.6867	4.8241	76.8626
Indirect Care	39.9873	39.9873	2.3615	37.6258
Property	13.6500	14.2962	0.8443	13.4519
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2214
Supplemental Rate Add-on				\$8.8324
Totals	177.9349	178.5811	10.5464	198.0885

***Medicaid Trend Adjustment :**



0 228591-00 - 2012/07
198.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heather Hill Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6630 Kentucky Avenue New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1979 Acquired Date: 5/1/1979 Entered Medicaid 5/1/1979 Med # Active Date: 10/1/2000 Previous Med # 222372	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 33,583 Medicare: 3,316 Medicaid: 23,908	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 71.19078% Occupancy: 76.67351% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 97.43768% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	972,944	1,801,869	1,114,249	281,158	0	4,170,220
1a	Audit Adjustments						
2	Cost Per Diem	40.6953	75.3668	46.6057	11.7600		174.4278
3	Cost Per Diem Inflated	42.3145	77.2597	48.4601			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.3145	77.2597	48.4601	11.7600		179.7943
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	77.2597	48.4601	11.7600		178.3337
12/13	Medicaid Adjustment Rate		1.8418	1.1553			
14	Prospective Per Diem 11	40.8539	79.1015	49.6154	11.7600		181.3308
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228591-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

198.58

Heather Hill Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,091,900.00		Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Fixed [2]	80% Capital(1):	2,347,600	7.6212
Indexed Asset Value	2,934,500	< 60% of Base:	False	20% ROE(2):	586,900	0.3846
FRVS Base Asset:	1,706,576	Interest Rate:	11.5000 %	Insurance Cost(3):	38,136	1.1356
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	33,614	1.0009
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	535	0.0159
		Interest Only:	False	Replacement(3&4):	197,806	0.0000
		Yearly Payment:	300,426	Total FRVS PD:		10.1582

(1) 80% Capital (\$2,347,600) amortized at 11.5000% for 20 years Principal & Interest of \$300,426 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.6212

(2) 20% ROE (\$586,900) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3846

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	79.1015	79.1015	4.6715	74.4300
Indirect Care	49.6154	49.6154	2.9301	46.6853
Property	11.7600	10.1582	0.5999	9.5583
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6298
Supplemental Rate Add-on				\$8.8324
Totals	181.3308	179.7290	10.6142	198.5770

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 228621-00 - 2012/07 261.74

Inn at Sarasota Bay Club

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1303 N. Tamiami Trail Sarasota Fl 34236 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 2/22/2001 Acquired Date: 2/22/2001 Entered Medicaid 6/20/2001 Med # Active Date: 6/20/2001 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,059 Medicare: 11,430 Medicaid: 3,193	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 16.75324% Occupancy: 87.02739% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.59552% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	178,010	411,929	273,242	122,579	0	985,760
1a	Audit Adjustments						
2	Cost Per Diem	55.7501	129.0100	85.5753	38.3899		308.7253
3	Cost Per Diem Inflated	58.7785	133.0759	90.2238			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.7785	133.0759	90.2238	38.3899		320.4681
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.4609		95.7740			
7	Provider Target Rate	59.8258		98.0100			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	58.7785	107.8514	74.1906	13.6500		254.4705
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	58.7785	107.8514	74.1906	13.6500		254.4705
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228621-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

261.74

Inn at Sarasota Bay Club

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/20/2001 Year of Phase-In/ Full: RS to Start Calcs: 2001/01 Indexed Asset Value 2,614,778 FRVS Base Asset: 2,417,520 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,453,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,091,822	9.5103
	< 60% of Base:	False	20% ROE(2):	522,956	0.7323
	Interest Rate:	6.5200 %	Insurance Cost(3):	48,910	2.5662
	Chase Rate:	4.7500 %	Taxes Cost(3):	103,183	5.4139
	Amortization Rate:	6.5200 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	73,064	0.0000
Yearly Payment:	187,448	Total FRVS PD:	18.2227		

(1) 80% Capital (\$2,091,822) amortized at 6.5200% for 20 years Principal & Interest of \$187,448 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.5103

(2) 20% ROE (\$522,956) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7323

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	40,292
Comparison Date: 7/1/2000	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,417,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	58.7785	58.7785	3.4713	55.3072
Patient Care				
Direct Care	107.8514	107.8514	6.3693	101.4821
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	13.6500	18.2227	1.0762	17.1465
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.1625
Supplemental Rate Add-on				\$8.8324
Totals	254.4705	259.0432	15.2983	261.7398

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 228702-00 - 2012/07

181.90

Winter Haven Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
202 Avenue "O" NE Winter Haven FL 33881 County: Polk [53] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 1/1/2001 Previous Med # 220825	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 144 Maximum: 52,560 Max Annualized: 52,560 Total Patient: 48,398 Medicare: 5,233 Medicaid: 37,595	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.67883% Occupancy: 92.08143% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.01826% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,204,403	2,581,382	1,490,437	896,641	0	6,172,863
1a	Audit Adjustments						
2	Cost Per Diem	32.0363	68.6629	39.6446	23.8500		164.1938
3	Cost Per Diem Inflated	33.4107	70.4966	41.3455			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.4107	70.4966	41.3455	23.8500		169.1028
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.4107	70.4966	41.3455	13.6500		158.9028
12/13	Medicaid Adjustment Rate		2.1952	1.2874			
14	Prospective Per Diem 11	33.4107	72.6918	42.6329	13.6500		162.3854
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228702-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

181.90

Winter Haven Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed [2]	80% Capital(1):	3,308,316	8.6626
Indexed Asset Value	4,135,395	< 60% of Base:	False	20% ROE(2):	827,079	0.4516
FRVS Base Asset:	1,887,440	Interest Rate:	11.0000 %	Insurance Cost(3):	180,654	3.7327
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	31,542	0.6517
ROE Factor	0.025830	Amortization Rate:	11.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	218,076	0.0000
		Yearly Payment:	409,777	Total FRVS PD:		13.4986

(1) 80% Capital (\$3,308,316) amortized at 11.0000% for 20 years Principal & Interest of \$409,777 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$8.6626

(2) 20% ROE (\$827,079) times the ROE factor (0.025830) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$0.4516

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 144	Effective PBS Limitation	4,104,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.4107	33.4107	1.9731	31.4376
Patient Care				
Direct Care	72.6918	72.6918	4.2929	68.3989
Indirect Care	42.6329	42.6329	2.5178	40.1151
Property	13.6500	13.4986	0.7972	12.7014
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4150
Supplemental Rate Add-on				\$8.8324
Totals	162.3854	162.2340	9.5810	181.9004

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 228711-00 - 2012/07 171.97

Woodland Terrace of Citrus County

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
124 W. Norvell Bryant Hwy Hernando FL 34442 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/10/2001 Acquired Date: 5/10/2001 Entered Medicaid 7/12/2001 Med # Active Date: 7/12/2001 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,440 Medicare: 4,544 Medicaid: 27,370	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.00645% Occupancy: 99.17808% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 126.03676% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	827,784	1,856,433	863,644	758,970	0	4,306,831
1a	Audit Adjustments						
2	Cost Per Diem	30.2442	67.8273	31.5544	27.7300		157.3559
3	Cost Per Diem Inflated	31.8871	69.9650	33.2684			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	31.8871	69.9650	33.2684	27.7300		162.8505
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3594		46.3317			
7	Provider Target Rate	47.4417		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	31.8871	69.9650	33.2684	13.6500		148.7705
12/13	Medicaid Adjustment Rate		1.0237	0.4868			
14	Prospective Per Diem 11	31.8871	70.9887	33.7552	13.6500		150.2810
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228711-00 - 2012/07
171.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Woodland Terrace of Citrus County

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/12/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	2001/01	Type:	Variable [3]	80% Capital(1):	4,317,386	10.3877
Indexed Asset Value	5,396,732	< 60% of Base:	False	20% ROE(2):	1,079,346	0.7557
FRVS Base Asset:	5,396,732	Interest Rate:	8.1900 %	Insurance Cost(3):	44,831	1.0320
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	100,090	2.3041
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	21,003	0.4835
		Interest Only:	False	Replacement(3&4):	22,607	0.0000
		Yearly Payment:	409,483	Total FRVS PD:		14.9630

(1) 80% Capital (\$4,317,386) amortized at 7.2500% for 20 years Principal & Interest of \$409,483 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.3877

(2) 20% ROE (\$1,079,346) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7557

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	40,292
Comparison Date: 7/1/2000	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,835,040

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	31.8871	31.8871	1.8831	30.0040
Patient Care				
Direct Care	70.9887	70.9887	4.1924	66.7963
Indirect Care	33.7552	33.7552	1.9935	31.7617
Property	13.6500	14.9630	0.8837	14.0793
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4956
Supplemental Rate Add-on				\$8.8324
Totals	150.2810	151.5940	8.9527	171.9693

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 228788-00 - 2012/07

235.19

East Ridge Retirement Village, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
19301 SW 87th Avenue Miami Fl 33157 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/15/1962 Acquired Date: 10/15/1976 Entered Medicaid 7/12/2001 Med # Active Date: 7/12/2001 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,590 Medicare: 2,538 Medicaid: 2,594	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 13.24145% Occupancy: 89.45205% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.67681% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	159,052	247,751	232,121	21,712	0	660,636
1a	Audit Adjustments						
2	Cost Per Diem	61.3153	95.5093	89.4838	8.3701		254.6785
3	Cost Per Diem Inflated	64.6460	98.5194	94.3446			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	64.6460	98.5194	94.3446	8.3701		265.8801
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.8166		77.3420			
7	Provider Target Rate	61.2131		79.1477			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	61.2131	98.5194	74.1906	8.3701		242.2932
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	61.2131	98.5194	74.1906	8.3701		242.2932
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228788-00 - 2012/07
235.19

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

East Ridge Retirement Village, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/12/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1976/07	Type:	None [1]	80% Capital(1):	1,517,232	5.1384
Indexed Asset Value	1,896,540	< 60% of Base:	True	20% ROE(2):	379,308	0.5311
FRVS Base Asset:	0	Interest Rate:	6.7500 %	Insurance Cost(3):	17,811	0.9092
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	1,207	0.0616
ROE Factor	0.027600	Amortization Rate:	6.7500 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	538,987	0.0000
		Yearly Payment:	101,278	Total FRVS PD:		6.6403

- (1) 80% Capital (\$1,517,232) amortized at 6.7500% for 20 years Interest of \$101,278 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$5.1384
- (2) 20% ROE (\$379,308) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5311
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	31,609
Comparison Date: 1/1/1992	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,896,540

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	61.2131	61.2131	3.6150	57.5981
Patient Care				
Direct Care	98.5194	98.5194	5.8182	92.7012
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	8.3701	6.6403	0.3922	6.2481
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	242.2932	240.5634	14.2069	235.1889

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 228940-00 - 2012/07 191.47

Cypress Cove Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
700 SE 8th Avenue Crystal River FL 34429 County: Citrus [9] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1983 Acquired Date: 5/1/1983 Entered Medicaid 5/1/1983 Med # Active Date: 10/1/2000 Previous Med # 222313	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,071 Medicare: 9,150 Medicaid: 19,978	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.13255% Occupancy: 89.20320% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.36056% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	751,596	1,544,731	807,089	316,052	0	3,419,468
1a	Audit Adjustments						
2	Cost Per Diem	37.6212	77.3216	40.3989	15.8200		171.1617
3	Cost Per Diem Inflated	39.1181	79.2636	42.0063			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.1181	79.2636	42.0063	15.8200		176.2080
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9214		46.3317			
7	Provider Target Rate	42.9001		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.1181	79.2636	42.0063	13.6500		174.0380
12/13	Medicaid Adjustment Rate		0.1010	0.0535			
14	Prospective Per Diem 11	39.1181	79.3646	42.0598	13.6500		174.1925
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228940-00 - 2012/07
191.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Cypress Cove Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,794,096.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	3,700,114	12.0119
Indexed Asset Value	4,625,143	< 60% of Base:	False	20% ROE(2):	925,029	0.6061
FRVS Base Asset:	2,736,744	Interest Rate:	11.5000 %	Insurance Cost(3):	63,629	1.6285
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	25,811	0.6606
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	658	0.0168
		Interest Only:	False	Replacement(3&4):	148,985	0.0000
		Yearly Payment:	473,509	Total FRVS PD:	14.9239	

- (1) 80% Capital (\$3,700,114) amortized at 11.5000% for 20 years Principal & Interest of \$473,509 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.0119
- (2) 20% ROE (\$925,029) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6061
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.1181	39.1181	2.3102	36.8079
Patient Care				
Direct Care	79.3646	79.3646	4.6870	74.6776
Indirect Care	42.0598	42.0598	2.4839	39.5759
Property	13.6500	14.9239	0.8814	14.0425
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5294
Supplemental Rate Add-on				\$8.8324
Totals	174.1925	175.4664	10.3625	191.4657

***Medicaid Trend Adjustment :**



0 228958-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

191.60

Brooksville Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1114 Chatman Boulevard Brooksville FL 34601 County: Hernando [27] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1976 Acquired Date: 10/1/1976 Entered Medicaid 10/1/1976 Med # Active Date: 10/1/2000 Previous Med # 221627	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 50,472 Medicare: 9,463 Medicaid: 32,748	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.88350% Occupancy: 76.82192% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 97.62627% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,255,995	2,547,932	1,325,084	412,625	0	5,541,636
1a	Audit Adjustments						
2	Cost Per Diem	38.3533	77.8042	40.4631	12.6000		169.2206
3	Cost Per Diem Inflated	39.8793	79.7583	42.0731			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.8793	79.7583	42.0731	12.6000		174.3107
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.1236		46.3317			
7	Provider Target Rate	39.0137		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.0137	79.7583	42.0731	12.6000		173.4451
12/13	Medicaid Adjustment Rate		1.3355	0.7045			
14	Prospective Per Diem 11	39.0137	81.0938	42.7776	12.6000		175.4851
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228958-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

191.60

Brooksville Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,455,867.00		Total Amount	Per Diem
RS to Start Calcs:	1976/07	Type:	Fixed [2]	80% Capital(1):	4,193,022	9.0747
Indexed Asset Value	5,241,277	< 60% of Base:	False	20% ROE(2):	1,048,255	0.4579
FRVS Base Asset:	2,777,784	Interest Rate:	11.5000 %	Insurance Cost(3):	61,507	1.2186
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	41,314	0.8186
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	825	0.0163
		Interest Only:	False	Replacement(3&4):	20,688	0.0000
		Yearly Payment:	536,588	Total FRVS PD:		11.5861

(1) 80% Capital (\$4,193,022) amortized at 11.5000% for 20 years Principal & Interest of \$536,588 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.0747

(2) 20% ROE (\$1,048,255) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4579

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.0137	39.0137	2.3040	36.7097
Patient Care				
Direct Care	81.0938	81.0938	4.7891	76.3047
Indirect Care	42.7776	42.7776	2.5263	40.2513
Property	12.6000	11.5861	0.6842	10.9019
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5984
Supplemental Rate Add-on				\$8.8324
Totals	175.4851	174.4712	10.3036	191.5984

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 228966-00 - 2012/07

198.20

Lake Harris Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 Lake Port Boulevard Leesburg FL 34748 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/16/1990 Acquired Date: 8/16/1990 Entered Medicaid 8/17/1990 Med # Active Date: 9/1/2001 Previous Med # 202452	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,469 Medicare: 14,050 Medicaid: 16,099	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 40.78897% Occupancy: 90.11187% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.51532% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	864,983	1,318,669	1,034,233	216,210	0	3,434,095
1a	Audit Adjustments						
2	Cost Per Diem	53.7290	81.9100	64.2421	13.4300		213.3111
3	Cost Per Diem Inflated	55.1639	83.3905	65.9577			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.1639	83.3905	65.9577	13.4300		217.9421
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.8019		57.1740			
7	Provider Target Rate	46.8712		58.5088			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.8712	83.3905	56.1342	13.4300		199.8259
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.8712	83.3905	56.1342	13.4300		199.8259
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228966-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

198.20

Lake Harris Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/17/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,995,013.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Variable [3]	80% Capital(1):	4,234,916	11.3566
Indexed Asset Value	5,293,645	< 60% of Base:	False	20% ROE(2):	1,058,729	0.6491
FRVS Base Asset:	1,810,440	Interest Rate:	8.7063 %	Insurance Cost(3):	38,726	0.9812
Occup Adj Factor:	0.9000	Chase Rate:	9.3042 %	Taxes Cost(3):	73,885	1.8720
ROE Factor	0.024170	Amortization Rate:	8.7063 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	109,018	0.0000
		Yearly Payment:	447,677	Total FRVS PD:		14.8589

(1) 80% Capital (\$4,234,916) amortized at 8.7063% for 20 years Principal & Interest of \$447,677 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3566

(2) 20% ROE (\$1,058,729) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6491

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,810,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.8712	46.8712	2.7681	44.1031
Patient Care				
Direct Care	83.3905	83.3905	4.9248	78.4657
Indirect Care	56.1342	56.1342	3.3151	52.8191
Property	13.4300	14.8589	0.8775	13.9814
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	199.8259	201.2548	11.8855	198.2017

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 229164-00 - 2012/07
206.07

Sylvan Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2770 Regency Oaks Blvd. Clearwater FL 33759 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/30/1991 Acquired Date: 8/30/1991 Entered Medicaid 10/7/1991 Med # Active Date: 9/1/2001 Previous Med # 203971	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,541 Medicare: 5,666 Medicaid: 4,279	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 20.83151% Occupancy: 93.79452% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.19527% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	243,458	359,862	275,741	49,209	0	928,270
1a	Audit Adjustments						
2	Cost Per Diem	56.8960	84.0996	64.4405	11.5001		216.9362
3	Cost Per Diem Inflated	58.4155	85.6197	66.1614			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.4155	85.6197	66.1614	11.5001		221.6967
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.9540		56.1471			
7	Provider Target Rate	51.1203		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.1203	85.6197	57.4579	11.5001		205.6980
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.1203	85.6197	57.4579	11.5001		205.6980
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 229164-00 - 2012/07
206.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Sylvan Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/7/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/07 Indexed Asset Value 2,388,536 FRVS Base Asset: 1,831,800 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,798,444.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,910,829	10.6549
	< 60% of Base:	False	20% ROE(2):	477,707	0.5858
	Interest Rate:	9.2500 %	Insurance Cost(3):	40,548	1.9740
	Chase Rate:	10.0000 %	Taxes Cost(3):	45,180	2.1995
	Amortization Rate:	9.2500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	111,480	0.0000
Yearly Payment:	210,008	Total FRVS PD:		15.4142	

(1) 80% Capital (\$1,910,829) amortized at 9.2500% for 20 years Principal & Interest of \$210,008 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.6549

(2) 20% ROE (\$477,707) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5858

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 1/1/1991	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,831,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.1203	51.1203	3.0190	48.1013
Patient Care				
Direct Care	85.6197	85.6197	5.0564	80.5633
Indirect Care	57.4579	57.4579	3.3933	54.0646
Property	11.5001	15.4142	0.9103	14.5039
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	205.6980	209.6121	12.3790	206.0655

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 229202-00 - 2012/07

210.03

Shell Point Village Retirement Community

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
15000 Shell Point Boulevard Ft. Myers Fl 33908 County: Lee [36] Region: South [2] Area: 8 Control Church Non-Profit [2] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1971 Acquired Date: 12/1/1971 Entered Medicaid 3/28/2001 Med # Active Date: 3/28/2001 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 219 Maximum: 79,935 Max Annualized: 79,935 Total Patient: 65,731 Medicare: 10,894 Medicaid: 3,640	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 5.53772% Occupancy: 82.23056% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.49965% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	155,547	384,282	240,882	146,292	0	927,003
1a	Audit Adjustments						
2	Cost Per Diem	42.7327	105.5720	66.1764	40.1901		254.6712
3	Cost Per Diem Inflated	44.5661	108.3914	69.0156			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5661	108.3914	69.0156	40.1901		262.1632
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1056		76.2286			
7	Provider Target Rate	50.2520		78.0083			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.5661	99.9145	59.7055	13.6500		217.8361
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.5661	99.9145	59.7055	13.6500		217.8361
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Shell Point Village Retirement Community

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/28/2001 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,790,765 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	32,441,914.00		
	Type:	Fixed [2]		
	< 60% of Base:	False	80% Capital(1):	3,032,612
	Interest Rate:	5.5300 %	20% ROE(2):	758,153
	Chase Rate:	6.8692 %	Insurance Cost(3):	351,000
	Amortization Rate:	5.5300 %	Taxes Cost(3):	35,215
	Interest Only:	False	Home Office(3):	0
Yearly Payment:	250,948	Replacement(3&4):	318,330	
		Total FRVS PD:	9.6360	

(1) 80% Capital (\$3,032,612) amortized at 5.5300% for 20 years Principal & Interest of \$250,948 divided by annual available days (79,935) divided by Occup. Adj. (0.9000) = \$3.4882

(2) 20% ROE (\$758,153) times the ROE factor (0.025830) divided by annual available days (79,935) divided by Occup. Adj. (0.9000) = \$0.2722

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 7/1/1971	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	1,846,980

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.5661	44.5661	2.6319	41.9342
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	9.6360	0.5691	9.0669
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	217.8361	213.8221	12.6276	210.0269

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 229288-00 - 2012/07
208.41

Gainesville Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1311 SW 16th Street Gainesville FL 32608 County: Alachua [1] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 7/1/1983 Med # Active Date: 3/7/2001 Previous Med # 212776	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 56,987 Medicare: 9,800 Medicaid: 39,809	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 69.85628% Occupancy: 86.73820% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.22801% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21220353 Semester Index: 1.28710041 Cost: 1.06178573 Target: 1.01634256 DC FY Index: 1.16916514 DC Sem Index: 1.21100000 DC Inflation: 1.03578182 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,602,926	3,146,806	1,625,252	971,340	0	7,346,324
1a	Audit Adjustments						
2	Cost Per Diem	40.2654	79.0476	40.8262	24.4000		184.5392
3	Cost Per Diem Inflated	42.7532	81.8761	43.3487			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.7532	81.8761	43.3487	24.4000		192.3780
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8891		46.3317			
7	Provider Target Rate	47.9838		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.7532	81.8761	43.3487	13.6500		181.6280
12/13	Medicaid Adjustment Rate		1.8290	0.9683			
14	Prospective Per Diem 11	42.7532	83.7051	44.3170	13.6500		184.4253
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 229288-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

208.41

Gainesville Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 8,695,122 FRVS Base Asset: 5,130,000 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,400,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	6,956,098	18.5890
	< 60% of Base:	False	20% ROE(2):	1,739,024	0.8947
	Interest Rate:	15.1230 %	Insurance Cost(3):	1,803	0.0316
	Chase Rate:	13.0000 %	Taxes Cost(3):	93,987	1.6493
	Amortization Rate:	15.0000 %	Home Office(3):	1,386	0.0243
	Interest Only:	False	Replacement(3&4):	34,572	0.0000
Yearly Payment:	1,099,166	Total FRVS PD:		21.1889	

(1) 80% Capital (\$6,956,098) amortized at 15.0000% for 20 years Principal & Interest of \$1,099,166 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$18.5890

(2) 20% ROE (\$1,739,024) times the ROE factor (0.030420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8947

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.7532	42.7532	2.5249	40.2283
Patient Care				
Direct Care	83.7051	83.7051	4.9433	78.7618
Indirect Care	44.3170	44.3170	2.6172	41.6998
Property	13.6500	21.1889	1.2513	19.9376
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9536
Supplemental Rate Add-on				\$8.8324
Totals	184.4253	191.9642	11.3367	208.4135

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 229610-00 - 2012/07
211.52

Lake View Care Center at Delrav

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5430 Linton Blvd DelRay Beach FL 33484 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 9/20/2001 Previous Med # 208124	04/01/2011-12/31/2011 Days In CR 275 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 33,000 Max Annualized: 43,800 Total Patient: 30,930 Medicare: 14,337 Medicaid: 12,764	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Medicaid Utilization 41.26738% Occupancy: 93.72727% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.10981% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	646,008	1,087,366	860,008	318,334	0	2,911,716
1a	Audit Adjustments						
2	Cost Per Diem	50.6117	85.1901	67.3776	24.9400		228.1194
3	Cost Per Diem Inflated	51.8306	86.6571	69.0003			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.8306	86.6571	69.0003	24.9400		232.4280
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7732		50.7382			
7	Provider Target Rate	43.7718		51.9228			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.7718	86.6571	51.9228	13.6500		196.0017
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.7718	86.6571	51.9228	13.6500		196.0017
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 229610-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

211.52

Lake View Care Center at Delrav

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,596,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	4,528,218	15.9047
Indexed Asset Value	5,660,272	< 60% of Base:	False	20% ROE(2):	1,132,054	0.6461
FRVS Base Asset:	3,420,000	Interest Rate:	12.7500 %	Insurance Cost(3):	46,449	1.5017
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	60,459	1.9547
ROE Factor	0.022500	Amortization Rate:	12.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	49,435	0.0000
		Yearly Payment:	626,965	Total FRVS PD:		20.0072

(1) 80% Capital (\$4,528,218) amortized at 12.7500% for 20 years Principal & Interest of \$626,965 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.9047

(2) 20% ROE (\$1,132,054) times the ROE factor (0.022500) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6461

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.7718	43.7718	2.5850	41.1868
Patient Care				
Direct Care	86.6571	86.6571	5.1177	81.5394
Indirect Care	51.9228	51.9228	3.0664	48.8564
Property	13.6500	20.0072	1.1816	18.8256
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.2798
Supplemental Rate Add-on				\$8.8324
Totals	196.0017	202.3589	11.9507	211.5204

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 229628-00 - 2012/07

214.68

Menorah House

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9945 Central Park Blvd Boca Raton FL 33428 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/14/1989 Acquired Date: 12/14/1989 Entered Medicaid 10/1/1990 Med # Active Date: 9/20/2001 Previous Med # 201413	04/01/2011-12/31/2011 Days In CR 275 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 33,000 Max Annualized: 43,800 Total Patient: 29,632 Medicare: 4,771 Medicaid: 19,530	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.90848% Occupancy: 89.79394% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.11128% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25683187 Semester Index: 1.28710041 Cost: 1.02408321 Target: 1.01634256 DC FY Index: 1.19049979 DC Sem Index: 1.21100000 DC Inflation: 1.01721984 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	993,335	1,542,440	1,165,297	353,298	0	4,054,370
1a	Audit Adjustments						
2	Cost Per Diem	50.8620	78.9780	59.6670	18.0900		207.5970
3	Cost Per Diem Inflated	52.0869	80.3380	61.1040			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.0869	80.3380	61.1040	18.0900		211.6189
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.5530		52.9134			
7	Provider Target Rate	43.5465		54.1487			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.5465	80.3380	54.1487	13.6500		191.6832
12/13	Medicaid Adjustment Rate		1.4378	0.9691			
14	Prospective Per Diem 11	43.5465	81.7758	55.1178	13.6500		194.0901
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 229628-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

214.68

Menorah House

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 5,960,346 FRVS Base Asset: 3,578,520 Occup Adj Factor: 0.9000 ROE Factor 0.022500	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,900,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,768,277	13.5302
	< 60% of Base:	False	20% ROE(2):	1,192,069	0.6804
	Interest Rate:	15.0000 %	Insurance Cost(3):	45,453	1.5339
	Chase Rate:	6.5000 %	Taxes Cost(3):	64,326	2.1708
	Amortization Rate:	9.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	48,859	0.0000
Yearly Payment:	533,359	Total FRVS PD:		17.9153	

(1) 80% Capital (\$4,768,277) amortized at 9.5000% for 20 years Principal & Interest of \$533,359 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.5302

(2) 20% ROE (\$1,192,069) times the ROE factor (0.022500) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6804

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.5465	43.5465	2.5717	40.9748
Patient Care				
Direct Care	81.7758	81.7758	4.8294	76.9464
Indirect Care	55.1178	55.1178	3.2551	51.8627
Property	13.6500	17.9153	1.0580	16.8573
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2045
Supplemental Rate Add-on				\$8.8324
Totals	194.0901	198.3554	11.7142	214.6781

***Medicaid Trend Adjustment :**



0 229849-00 - 2012/07

227.03

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
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Alexander Nininger State Veterans Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8401 West Cypress Drive Pembroke Pines Fl 33025	07/01/2010-06/30/2011	Number of Beds: 120	Superior: 0
County: Broward [6]	Days In CR 365	Maximum: 43,800	Standard: 184
Region: South [2] Area: 10	First Used: 2012/07	Max Annualized: 43,800	Conditional: 0
Control Government Non-Prof	Last Used: 2012/07	Total Patient: 42,691	Total: 184
Current Class South Large [4]	Unaudited [3]	Medicare: 2,592	Inflation
Class at 1/94: South Large [4]	Initial CR? False	Medicaid: 16,085	FY Index: 1.23415178
Operating Ex > 18 months [1]	Medicaid Utilization 37.67773%		Semester Index: 1.28710041
Open Date: 6/18/2001	Occupancy: 97.46804%		Cost: 1.04290285
Acquired Date: 6/18/2001	Statewide Low Occupancy Threshold: 78.68980%		Target: 1.01634256
Entered Medicaid 9/6/2001	Medicaid Low Occupancy Threshold: 41.03510%		DC FY Index: 1.17950000
Med # Active Date: 9/6/2001	Low Occupancy Adjustment Factor: 123.86363%		DC Sem Index: 1.21100000
Previous Med #	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02670623
			PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	729,131	1,707,291	814,418	270,711	0	3,521,551
1a	Audit Adjustments						
2	Cost Per Diem	45.3299	106.1418	50.6321	16.8300		218.9338
3	Cost Per Diem Inflated	47.2747	108.9764	52.8044			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.2747	108.9764	52.8044	16.8300		225.8855
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.1460		57.8487			
7	Provider Target Rate	58.4802		59.1993			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.2747	99.9145	52.8044	13.6500		213.6436
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.2747	99.9145	52.8044	13.6500		213.6436
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 229849-00 - 2012/07
227.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Alexander Nininger State Veterans Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/6/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	2001/01	Type:	None [1]	80% Capital(1):	4,295,814	7.0025
Indexed Asset Value	5,369,768	< 60% of Base:	True	20% ROE(2):	1,073,954	0.7037
FRVS Base Asset:	0	Interest Rate:	6.5000 %	Insurance Cost(3):	7,980	0.1869
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	6.5000 %	Home Office(3):	49,430	1.1579
		Interest Only:	True	Replacement(3&4):	11,234	0.0000
		Yearly Payment:	276,039	Total FRVS PD:		9.0510

- (1) 80% Capital (\$4,295,814) amortized at 6.5000% for 20 years Interest of \$276,039 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0025
- (2) 20% ROE (\$1,073,954) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7037
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	40,292
Comparison Date: 7/1/2000	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,835,040

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.2747	47.2747	2.7919	44.4828
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	52.8044	52.8044	3.1185	49.6859
Property	13.6500	9.0510	0.5345	8.5165
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.5002
Supplemental Rate Add-on				\$8.8324
Totals	213.6436	209.0446	12.3455	227.0317

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 250988-00 - 2012/07 235.98

HIALEAH SHORES NURSING AND REHAB CE

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8785 NW 32 AVE Miami FL 33147 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/20/1985 Acquired Date: 3/20/1985 Entered Medicaid 3/20/1985 Med # Active Date: 2/25/2000 Previous Med # 210722	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,862 Medicare: 11,162 Medicaid: 23,128	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,171,266	2,232,426	1,453,948	357,559	0	5,215,199
1a	Audit Adjustments						
2	Cost Per Diem	50.6428	96.5248	62.8653	15.4600		225.4929
3	Cost Per Diem Inflated	52.5006	98.7957	65.1715			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.5006	98.7957	65.1715	15.4600		231.9278
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.1505		61.4125			
7	Provider Target Rate	57.4614		62.8463			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	98.7957	59.7055	13.6500		224.3660
12/13	Medicaid Adjustment Rate		1.6107	0.9734			
14	Prospective Per Diem 11	52.2148	100.4064	60.6789	13.6500		226.9501
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 250988-00 - 2012/07
235.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

HIALEAH SHORES NURSING AND REHAB CE

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,375,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed [2]	80% Capital(1):	2,469,933	8.5424
Indexed Asset Value	3,087,416	< 60% of Base:	False	20% ROE(2):	617,483	0.4015
FRVS Base Asset:	1,751,491	Interest Rate:	15.0000 %	Insurance Cost(3):	55,413	1.5452
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	19,951	0.5563
ROE Factor	0.025630	Amortization Rate:	12.5000 %	Home Office(3):	11,015	0.3071
		Interest Only:	False	Replacement(3&4):	10,592	0.0000
		Yearly Payment:	336,743	Total FRVS PD:		11.3525

(1) 80% Capital (\$2,469,933) amortized at 12.5000% for 20 years Principal & Interest of \$336,743 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.5424

(2) 20% ROE (\$617,483) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4015

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	100.4064	100.4064	5.9297	94.4767
Indirect Care	60.6789	60.6789	3.5835	57.0954
Property	13.6500	11.3525	0.6704	10.6821
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.7655
Supplemental Rate Add-on				\$8.8324
Totals	226.9501	224.6526	13.2672	235.9833

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 251399-00 - 2012/07

191.66

Brandvwyne Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1801 North Lake Mariam Dri Winter Haven FL 33884 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/1983 Acquired Date: 4/1/1983 Entered Medicaid 4/1/1983 Med # Active Date: 8/1/2000 Previous Med # 219509	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,434 Medicare: 3,716 Medicaid: 32,341	Superior: 0 Standard: 160 Conditional: 24 Total: 184
	Medicaid Utilization 79.98467% Occupancy: 92.31507% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.31516% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,104,966	2,505,176	1,347,996	519,720	0	5,477,858
1a	Audit Adjustments						
2	Cost Per Diem	34.1661	77.4613	41.6807	16.0700		169.3781
3	Cost Per Diem Inflated	35.5255	79.4068	43.3391			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.5255	79.4068	43.3391	16.0700		174.3414
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1916		48.2597			
7	Provider Target Rate	46.2467		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.5255	79.4068	43.3391	13.6500		171.9214
12/13	Medicaid Adjustment Rate		2.3292	1.2713			
14	Prospective Per Diem 11	35.5255	81.7360	44.6104	13.6500		175.5219
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 251399-00 - 2012/07

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

191.66

Brandvwyne Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1999 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 3,614,453 FRVS Base Asset: 2,117,770 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	2,891,562	7.6482
	< 60% of Base:	True	20% ROE(2):	722,891	0.4737
	Interest Rate:	10.5000 %	Insurance Cost(3):	40,479	1.0011
	Chase Rate:	10.5000 %	Taxes Cost(3):	48,996	1.2118
	Amortization Rate:	10.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	112,281	0.0000
Yearly Payment:	301,492	Total FRVS PD:	10.3348		

(1) 80% Capital (\$2,891,562) amortized at 10.5000% for 20 years Interest of \$301,492 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.6482

(2) 20% ROE (\$722,891) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4737

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.5255	35.5255	2.0980	33.4275
Patient Care				
Direct Care	81.7360	81.7360	4.8271	76.9089
Indirect Care	44.6104	44.6104	2.6345	41.9759
Property	13.6500	10.3348	0.6103	9.7245
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.7863
Supplemental Rate Add-on				\$8.8324
Totals	175.5219	172.2067	10.1699	191.6555

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 251666-00 - 2012/07

183.22

Concordia Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
321 13th Avenue North St. Petersburg FL 33701 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1985 Acquired Date: 6/1/1985 Entered Medicaid 6/1/1985 Med # Active Date: 1/1/2001 Previous Med # 220833	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 39 Maximum: 14,235 Max Annualized: 14,235 Total Patient: 12,525 Medicare: 1,202 Medicaid: 10,385	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 82.91417% Occupancy: 87.98736% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.81545% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	481,361	759,657	474,834	193,369	0	1,909,221
1a	Audit Adjustments						
2	Cost Per Diem	46.3516	73.1494	45.7231	18.6200		183.8441
3	Cost Per Diem Inflated	48.3402	75.1029	47.6848			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.3402	75.1029	47.6848	18.6200		189.7479
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.3916		56.1471			
7	Provider Target Rate	58.7315		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.3402	75.1029	47.6848	13.6500		184.7779
12/13	Medicaid Adjustment Rate		2.7809	1.7657			
14	Prospective Per Diem 11	48.3402	77.8838	49.4505	13.6500		189.3245
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 251666-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

183.22

Concordia Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/1/2001 Year of Phase-In/ Full: RS to Start Calcs: 1985/01 Indexed Asset Value 620,672 FRVS Base Asset: 288,882 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	496,538	4.8186
	< 60% of Base:	True	20% ROE(2):	124,134	0.2503
	Interest Rate:	12.5000 %	Insurance Cost(3):	49,487	3.9511
	Chase Rate:	12.5000 %	Taxes Cost(3):	8,058	0.6434
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	1,788	0.0000
Yearly Payment:	61,733	Total FRVS PD:	9.6634		

- (1) 80% Capital (\$496,538) amortized at 12.5000% for 20 years Interest of \$61,733 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$4.8186
- (2) 20% ROE (\$124,134) times the ROE factor (0.025830) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$0.2503
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 39	Effective PBS Limitation	1,111,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.3402	48.3402	2.8548	45.4854
Patient Care				
Direct Care	77.8838	77.8838	4.5996	73.2842
Indirect Care	49.4505	49.4505	2.9204	46.5301
Property	13.6500	9.6634	0.5707	9.0927
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	189.3245	185.3379	10.9455	183.2248

***Medicaid Trend Adjustment :**



0 251721-00 - 2012/07
197.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Oakhurst Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1501 SE 24th Road Ocala FL 34471 County: Marion[42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1984 Acquired Date: 5/1/1984 Entered Medicaid 5/1/1984 Med # Active Date: 10/1/2001 Previous Med # 201707	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,000 Medicare: 25,972 Medicaid: 24,500	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 40.16393% Occupancy: 92.84627% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.99022% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.28710041 Cost: 1.06421564 Target: 1.01634256 DC FY Index: 1.16783181 DC Sem Index: 1.21100000 DC Inflation: 1.03696439 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	861,561	2,031,731	1,133,309	344,470	0	4,371,071
1a	Audit Adjustments						
2	Cost Per Diem	35.1658	82.9278	46.2575	14.0600		178.4111
3	Cost Per Diem Inflated	37.4240	85.9932	49.2280			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.4240	85.9932	49.2280	14.0600		186.7052
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.4290		50.4006			
7	Provider Target Rate	39.3262		51.5773			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.4240	85.9932	49.2280	13.6500		186.2952
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.4240	85.9932	49.2280	13.6500		186.2952
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 251721-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

197.27

Oakhurst Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 6,600,000.00		
RS to Start Calcs: 1984/01		Type: Variable [3]	80% Capital(1): 5,984,258	11.9217
Indexed Asset Value 7,480,322		< 60% of Base: False	20% ROE(2): 1,496,064	0.7854
FRVS Base Asset: 2,363,839		Interest Rate: 10.8833 %	Insurance Cost(3): 16,621	0.2725
Occup Adj Factor: 0.9000		Chase Rate: 8.2500 %	Taxes Cost(3): 74,027	1.2136
ROE Factor 0.031040		Amortization Rate: 10.2500 %	Home Office(3): 56,847	0.9319
		Interest Only: False	Replacement(3&4): 101,534	0.0000
		Yearly Payment: 704,929	Total FRVS PD:	15.1251

(1) 80% Capital (\$5,984,258) amortized at 10.2500% for 20 years Principal & Interest of \$704,929 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.9217

(2) 20% ROE (\$1,496,064) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7854

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.4240	37.4240	2.2101	35.2139
Patient Care				
Direct Care	85.9932	85.9932	5.0785	80.9147
Indirect Care	49.2280	49.2280	2.9072	46.3208
Property	13.6500	15.1251	0.8061	12.8439
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.1441
Supplemental Rate Add-on				\$8.8324
Totals	186.2952	187.7703	11.0019	197.2698

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 251739-00 - 2012/07

169.27

Bradford Terrace, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
808 S. Colley Road Starke FL 32091 County: Bradford [4] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1981 Acquired Date: 2/1/1981 Entered Medicaid 5/1/1983 Med # Active Date: 9/1/2001 Previous Med # 251691	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,545 Medicare: 3,590 Medicaid: 33,543	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.84123% Occupancy: 97.13470% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.44002% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	955,931	2,171,483	964,932	545,745	0	4,638,091
1a	Audit Adjustments						
2	Cost Per Diem	28.4987	64.7373	28.7670	16.2700		138.2730
3	Cost Per Diem Inflated	30.0468	66.7776	30.3296			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	30.0468	66.7776	30.3296	16.2700		143.4240
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	30.0468	66.7776	30.3296	13.6500		140.8040
12/13	Medicaid Adjustment Rate		2.1667	0.9841			
14	Prospective Per Diem 11	30.0468	68.9443	31.3137	13.6500		143.9548
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 251739-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

169.27

Bradford Terrace, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/30/1992 Year of Phase-In/ Full: RS to Start Calcs: 1981/01 Indexed Asset Value 5,390,478 FRVS Base Asset: 3,086,187 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,500,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,312,382	15.5297
	< 60% of Base:	False	20% ROE(2):	1,078,096	0.7548
	Interest Rate:	13.1600 %	Insurance Cost(3):	30,920	0.7268
	Chase Rate:	13.0000 %	Taxes Cost(3):	27,895	0.6557
	Amortization Rate:	13.1600 %	Home Office(3):	11,331	0.2663
	Interest Only:	False	Replacement(3&4):	523,156	0.0000
Yearly Payment:	612,182	Total FRVS PD:	17.9333		

(1) 80% Capital (\$4,312,382) amortized at 13.1600% for 20 years Principal & Interest of \$612,182 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.5297

(2) 20% ROE (\$1,078,096) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7548

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	30.0468	30.0468	1.7745	28.2723
Patient Care				
Direct Care	68.9443	68.9443	4.0716	64.8727
Indirect Care	31.3137	31.3137	1.8493	29.4644
Property	13.6500	17.9333	1.0591	16.8742
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.9585
Supplemental Rate Add-on				\$8.8324
Totals	143.9548	148.2381	8.7545	169.2745

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252018-00 - 2012/07
234.71

Avante at Melbourne, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1420 South Oak Street Melbourne FL 32901 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1968 Acquired Date: 10/1/2000 Entered Medicaid 10/1/1980 Med # Active Date: 10/1/2000 Previous Med # 206024	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 31,414 Medicare: 2,394 Medicaid: 23,504	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 74.82014% Occupancy: 78.24159% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 99.43041% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,145,020	2,189,724	1,255,789	141,494	0	4,732,027
1a	Audit Adjustments						
2	Cost Per Diem	48.7160	93.1639	53.4287	6.0200		201.3286
3	Cost Per Diem Inflated	50.9201	95.7332	55.8460			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.9201	95.7332	55.8460	6.0200		208.5193
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9006		58.6884			
7	Provider Target Rate	49.0189		60.0586			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.0189	95.7332	55.8460	6.0200		206.6181
12/13	Medicaid Adjustment Rate		2.6731	1.5594			
14	Prospective Per Diem 11	49.0189	98.4063	57.4054	6.0200		210.8506
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

234.71

Avante at Melbourne, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	2000/07	Type:	None [1]	80% Capital(1):	2,495,830	8.5872
Indexed Asset Value	3,119,788	< 60% of Base:	True	20% ROE(2):	623,958	0.4515
FRVS Base Asset:	2,937,689	Interest Rate:	12.5000 %	Insurance Cost(3):	52,678	1.6769
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	41,830	1.3316
ROE Factor	0.026150	Amortization Rate:	12.5000 %	Home Office(3):	21,971	0.6994
		Interest Only:	True	Replacement(3&4):	33,161	0.0000
		Yearly Payment:	310,300	Total FRVS PD:		12.7466

(1) 80% Capital (\$2,495,830) amortized at 12.5000% for 20 years Interest of \$310,300 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$8.5872

(2) 20% ROE (\$623,958) times the ROE factor (0.026150) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.4515

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.0189	49.0189	2.8949	46.1240
Patient Care				
Direct Care	98.4063	98.4063	5.8116	92.5947
Indirect Care	57.4054	57.4054	3.3902	54.0152
Property	6.0200	12.7466	0.7528	11.9938
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.1456
Supplemental Rate Add-on				\$8.8324
Totals	210.8506	217.5772	12.8495	234.7057

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252034-00 - 2012/07

223.14

Avante at Ormond Beach, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
170 North Kings Road Ormond Beach FL 32807 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1968 Acquired Date: 9/1/1968 Entered Medicaid 10/1/1980 Med # Active Date: 10/1/2000 Previous Med # 214175	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 133 Maximum: 48,545 Max Annualized: 48,545 Total Patient: 37,760 Medicare: 5,493 Medicaid: 21,895	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.98464% Occupancy: 77.78350% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 98.84827% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,166,517	2,048,001	1,382,212	114,073	0	4,710,803
1a	Audit Adjustments						
2	Cost Per Diem	53.2778	93.5374	63.1291	5.2100		215.1543
3	Cost Per Diem Inflated	55.6883	96.1170	65.9853			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.6883	96.1170	65.9853	5.2100		223.0006
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.7500		56.6022			
7	Provider Target Rate	41.7014		57.9237			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.7014	96.1170	56.1342	5.2100		199.1626
12/13	Medicaid Adjustment Rate		0.8634	0.5042			
14	Prospective Per Diem 11	41.7014	96.9804	56.6384	5.2100		200.5302
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

223.14

Avante at Ormond Beach, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1992 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,539,265 FRVS Base Asset: 1,879,268 Occup Adj Factor: 0.9000 ROE Factor 0.026150	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	675,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,831,412	8.0572
	< 60% of Base:	True	20% ROE(2):	707,853	0.4237
	Interest Rate:	9.7500 %	Insurance Cost(3):	59,408	1.5733
	Chase Rate:	12.5000 %	Taxes Cost(3):	29,129	0.7714
	Amortization Rate:	12.5000 %	Home Office(3):	30,979	0.8204
	Interest Only:	True	Replacement(3&4):	36,549	0.0000
Yearly Payment:	352,022	Total FRVS PD:	11.6460		

(1) 80% Capital (\$2,831,412) amortized at 12.5000% for 20 years Interest of \$352,022 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$8.0572

(2) 20% ROE (\$707,853) times the ROE factor (0.026150) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$0.4237

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 133	Effective PBS Limitation	3,790,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.7014	41.7014	2.4627	39.2387
Patient Care				
Direct Care	96.9804	96.9804	5.7273	91.2531
Indirect Care	56.6384	56.6384	3.3449	53.2935
Property	5.2100	11.6460	0.6878	10.9582
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5602
Supplemental Rate Add-on				\$8.8324
Totals	200.5302	206.9662	12.2227	223.1361

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 252042-00 - 2012/07
220.62

Avante at Mt. Dora, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3050 Brown Avenue Mount Dora FL 32757 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1963 Acquired Date: 6/1/1963 Entered Medicaid 10/1/1980 Med # Active Date: 10/1/2000 Previous Med # 206032	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 39,427 Medicare: 11,248 Medicaid: 21,584	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.74421% Occupancy: 93.11998% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.33806% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	973,796	1,961,487	1,249,148	99,934	0	4,284,365
1a	Audit Adjustments						
2	Cost Per Diem	45.1166	90.8769	57.8738	4.6300		198.4973
3	Cost Per Diem Inflated	47.1579	93.3831	60.4923			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.1579	93.3831	60.4923	4.6300		205.6633
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4209		57.1073			
7	Provider Target Rate	46.4813		58.4406			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.4813	93.3831	56.1342	4.6300		200.6286
12/13	Medicaid Adjustment Rate		0.4984	0.2996			
14	Prospective Per Diem 11	46.4813	93.8815	56.4338	4.6300		201.4266
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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220.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Avante at Mt. Dora, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1992 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,932,575 FRVS Base Asset: 1,561,653 Occup Adj Factor: 0.9000 ROE Factor 0.026150	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	2,346,060	7.6544
	< 60% of Base:	True	20% ROE(2):	586,515	0.4025
	Interest Rate:	12.5000 %	Insurance Cost(3):	54,210	1.3749
	Chase Rate:	12.5000 %	Taxes Cost(3):	26,019	0.6599
	Amortization Rate:	12.5000 %	Home Office(3):	31,649	0.8027
	Interest Only:	True	Replacement(3&4):	105,922	0.0000
Yearly Payment:	291,680	Total FRVS PD:	10.8944		

(1) 80% Capital (\$2,346,060) amortized at 12.5000% for 20 years Interest of \$291,680 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$7.6544

(2) 20% ROE (\$586,515) times the ROE factor (0.026150) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.4025

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 116	Effective PBS Limitation	3,306,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.4813	46.4813	2.7450	43.7363
Patient Care				
Direct Care	93.8815	93.8815	5.5443	88.3372
Indirect Care	56.4338	56.4338	3.3328	53.1010
Property	4.6300	10.8944	0.6434	10.2510
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.3598
Supplemental Rate Add-on				\$8.8324
Totals	201.4266	207.6910	12.2655	220.6177

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252051-00 - 2012/07

198.29

San Jose Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9355 San Jose Boulevard Jacksonville FL 32257 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/20/1985 Acquired Date: 12/20/1985 Entered Medicaid 12/20/1985 Med # Active Date: 12/1/2001 Previous Med # 208761	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,111 Medicare: 5,409 Medicaid: 33,444	Superior: 0 Standard: 153 Conditional: 31 Total: 184
	Medicaid Utilization 79.41868% Occupancy: 96.14384% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.18081% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,428,456	2,511,180	1,531,646	266,883	0	5,738,165
1a	Audit Adjustments						
2	Cost Per Diem	42.7119	75.0861	45.7973	7.9800		171.5753
3	Cost Per Diem Inflated	44.5444	77.0914	47.7621			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5444	77.0914	47.7621	7.9800		177.3779
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	77.0914	47.4134	7.9800		171.2133
12/13	Medicaid Adjustment Rate		2.1216	1.3048			
14	Prospective Per Diem 11	38.7285	79.2130	48.7182	7.9800		174.6397
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

198.29

San Jose Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2001 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 4,968,479 FRVS Base Asset: 3,051,972 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,339,377.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,974,783	9.9333
	< 60% of Base:	False	20% ROE(2):	993,696	0.6511
	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8647
	Chase Rate:	4.7500 %	Taxes Cost(3):	64,925	1.5418
	Amortization Rate:	7.7500 %	Home Office(3):	20,747	0.4927
	Interest Only:	False	Replacement(3&4):	92,516	0.0000
Yearly Payment:	391,571	Total FRVS PD:		13.4836	

(1) 80% Capital (\$3,974,783) amortized at 7.7500% for 20 years Principal & Interest of \$391,571 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9333

(2) 20% ROE (\$993,696) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6511

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,259
Comparison Date: 1/1/1985	Current RS PBS:	50,254
Comparison Bed 108	Effective PBS Limitation	3,051,972

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	79.2130	79.2130	4.6781	74.5349
Indirect Care	48.7182	48.7182	2.8771	45.8411
Property	7.9800	13.4836	0.7963	12.6873
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9499
Supplemental Rate Add-on				\$8.8324
Totals	174.6397	180.1433	10.6387	198.2869

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252069-00 - 2012/07

209.19

Bradenton Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6305 Cortez Road West Bradenton FL 34210 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/29/1999 Acquired Date: 11/29/1999 Entered Medicaid 12/9/1999 Med # Active Date: 12/1/2001 Previous Med # 221961	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 105 Maximum: 38,325 Max Annualized: 38,325 Total Patient: 35,625 Medicare: 12,198 Medicaid: 16,630	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 46.68070% Occupancy: 92.95499% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.12838% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	791,711	1,477,883	952,283	172,619	0	3,394,496
1a	Audit Adjustments						
2	Cost Per Diem	47.6074	88.8685	57.2630	10.3800		204.1189
3	Cost Per Diem Inflated	49.6499	91.2418	59.7197			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.6499	91.2418	59.7197	10.3800		210.9914
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	91.2418	49.3864	10.3800		191.8621
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.8539	91.2418	49.3864	10.3800		191.8621
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

209.19

Bradenton Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/9/1999 Year of Phase-In/ Full: RS to Start Calcs: 1999/07 Indexed Asset Value 4,804,596 FRVS Base Asset: 4,078,830 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,325,786.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,843,677	10.9779
	< 60% of Base:	False	20% ROE(2):	960,919	0.7196
	Interest Rate:	10.6343 %	Insurance Cost(3):	31,863	0.8944
	Chase Rate:	4.7500 %	Taxes Cost(3):	77,905	2.1868
	Amortization Rate:	7.7500 %	Home Office(3):	23,964	0.6727
	Interest Only:	False	Replacement(3&4):	52,897	0.0000
Yearly Payment:	378,655	Total FRVS PD:	15.4514		

(1) 80% Capital (\$3,843,677) amortized at 7.7500% for 20 years Principal & Interest of \$378,655 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = \$10.9779

(2) 20% ROE (\$960,919) times the ROE factor (0.025830) divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = \$0.7196

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	50,254
Comparison Bed 105	Effective PBS Limitation	4,078,830

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	91.2418	91.2418	5.3884	85.8534
Indirect Care	49.3864	49.3864	2.9166	46.4698
Property	10.3800	15.4514	0.9125	14.5389
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.0525
Supplemental Rate Add-on				\$8.8324
Totals	191.8621	196.9335	11.6302	209.1882

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 252077-00 - 2012/07

191.32

Brandon Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1465 Oakfield Drive Brandon FL 33511 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/7/1997 Acquired Date: 5/7/1997 Entered Medicaid 5/7/1997 Med # Active Date: 12/1/2001 Previous Med # 213136	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,518 Medicare: 18,664 Medicaid: 19,879	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 47.88044% Occupancy: 94.78995% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.46028% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	816,896	1,470,269	1,030,091	203,163	0	3,520,419
1a	Audit Adjustments						
2	Cost Per Diem	41.0934	73.9609	51.8180	10.2200		177.0923
3	Cost Per Diem Inflated	42.8564	75.9361	54.0411			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.8564	75.9361	54.0411	10.2200		183.0536
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	75.9361	49.3864	10.2200		176.3964
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.8539	75.9361	49.3864	10.2200		176.3964
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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191.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

Brandon Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/7/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,680,764.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Fixed [2]	80% Capital(1):	4,114,955	10.2836
Indexed Asset Value	5,143,694	< 60% of Base:	False	20% ROE(2):	1,028,739	0.6741
FRVS Base Asset:	4,237,016	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8771
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	75,857	1.8271
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	29,605	0.7131
		Interest Only:	False	Replacement(3&4):	48,402	0.0000
		Yearly Payment:	405,380	Total FRVS PD:	14.3750	

(1) 80% Capital (\$4,114,955) amortized at 7.7500% for 20 years Principal & Interest of \$405,380 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2836

(2) 20% ROE (\$1,028,739) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6741

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	50,254
Comparison Bed 116	Effective PBS Limitation	4,237,016

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	75.9361	75.9361	4.4845	71.4516
Indirect Care	49.3864	49.3864	2.9166	46.4698
Property	10.2200	14.3750	0.8489	13.5261
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.6000
Supplemental Rate Add-on				\$8.8324
Totals	176.3964	180.5514	10.6627	191.3211

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252107-00 - 2012/07
207.24

Coral Trace Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
216 Santa Barbara Blvd Cape Coral FL 33991 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/3/1987 Acquired Date: 11/3/1987 Entered Medicaid 11/3/1987 Med # Active Date: 12/1/2001 Previous Med # 209945	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,520 Medicare: 11,276 Medicaid: 21,524	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.46356% Occupancy: 90.22831% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.66329% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	968,976	1,724,574	1,282,026	175,636	0	4,151,212
1a	Audit Adjustments						
2	Cost Per Diem	45.0184	80.1233	59.5626	8.1600		192.8643
3	Cost Per Diem Inflated	46.9498	82.2631	62.1180			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.9498	82.2631	62.1180	8.1600		199.4909
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.3933			
7	Provider Target Rate	42.9794		51.5698			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9794	82.2631	51.5698	8.1600		184.9723
12/13	Medicaid Adjustment Rate		0.4131	0.2590			
14	Prospective Per Diem 11	42.9794	82.6762	51.8288	8.1600		185.6444
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252107-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

207.24

Coral Trace Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,232,534.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed [2]	80% Capital(1):	4,736,134	11.8360
Indexed Asset Value	5,920,167	< 60% of Base:	False	20% ROE(2):	1,184,033	0.7758
FRVS Base Asset:	3,503,400	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9214
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	72,011	1.8221
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	24,961	0.6316
		Interest Only:	False	Replacement(3&4):	64,867	0.0000
		Yearly Payment:	466,575	Total FRVS PD:		15.9869

(1) 80% Capital (\$4,736,134) amortized at 7.7500% for 20 years Principal & Interest of \$466,575 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.8360

(2) 20% ROE (\$1,184,033) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7758

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	1/1/1987	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9794	42.9794	2.5382	40.4412
Patient Care				
Direct Care	82.6762	82.6762	4.8826	77.7936
Indirect Care	51.8288	51.8288	3.0608	48.7680
Property	8.1600	15.9869	0.9441	15.0428
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.3589
Supplemental Rate Add-on				\$8.8324
Totals	185.6444	193.4713	11.4257	207.2369

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252115-00 - 2012/07 196.83

Countryside Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3825 Countryside Blvd. Palm Harbour FL 34684 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 10/19/1987 Med # Active Date: 12/1/2001 Previous Med # 209872	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,905 Medicare: 8,755 Medicaid: 30,983	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.93628% Occupancy: 95.67351% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.58312% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,277,833	2,184,856	1,544,594	251,582	0	5,258,865
1a	Audit Adjustments						
2	Cost Per Diem	41.2430	70.5179	49.8530	8.1200		169.7339
3	Cost Per Diem Inflated	43.0124	72.4012	51.9918			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.0124	72.4012	51.9918	8.1200		175.5254
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	72.4012	49.3864	8.1200		170.7615
12/13	Medicaid Adjustment Rate		1.9496	1.3299			
14	Prospective Per Diem 11	40.8539	74.3508	50.7163	8.1200		174.0410
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252115-00 - 2012/07

196.83

Countryside Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/19/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,852,736.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed [2]	80% Capital(1):	4,418,936	11.0433
Indexed Asset Value	5,523,670	< 60% of Base:	False	20% ROE(2):	1,104,734	0.7239
FRVS Base Asset:	3,503,400	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8690
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	59,715	1.4250
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	24,032	0.5735
		Interest Only:	False	Replacement(3&4):	85,688	0.0000
		Yearly Payment:	435,326	Total FRVS PD:		14.6347

(1) 80% Capital (\$4,418,936) amortized at 7.7500% for 20 years Principal & Interest of \$435,326 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.0433

(2) 20% ROE (\$1,104,734) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7239

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	1/1/1987	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	74.3508	74.3508	4.3909	69.9599
Indirect Care	50.7163	50.7163	2.9951	47.7212
Property	8.1200	14.6347	0.8643	13.7704
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1077
Supplemental Rate Add-on				\$8.8324
Totals	174.0410	180.5557	10.6630	196.8328

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252123-00 - 2012/07
200.87

University Hills Health and Rehab.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10040 Hillview Road Pensacola FL 32514 County: Escambia [17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1982 Acquired Date: 8/1/1982 Entered Medicaid 8/1/1982 Med # Active Date: 12/1/2001 Previous Med # 207624	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,063 Medicare: 2,730 Medicaid: 26,972	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.77339% Occupancy: 84.61872% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 107.53455% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,153,042	2,023,841	1,256,631	298,310	0	4,731,824
1a	Audit Adjustments						
2	Cost Per Diem	42.7496	75.0349	46.5902	11.0600		175.4347
3	Cost Per Diem Inflated	44.5837	77.0388	48.5891			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5837	77.0388	48.5891	11.0600		181.2716
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.7385		46.3317			
7	Provider Target Rate	39.6429		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.6429	77.0388	47.4134	11.0600		175.1551
12/13	Medicaid Adjustment Rate		1.9737	1.2147			
14	Prospective Per Diem 11	39.6429	79.0125	48.6281	11.0600		178.3435
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252123-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

200.87

University Hills Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,105,912.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	4,382,434	10.9521
Indexed Asset Value	5,478,043	< 60% of Base:	False	20% ROE(2):	1,095,609	0.7179
FRVS Base Asset:	3,249,000	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9825
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	41,576	1.1218
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	18,576	0.5012
		Interest Only:	False	Replacement(3&4):	31,413	0.0000
		Yearly Payment:	431,730	Total FRVS PD:		14.2755

(1) 80% Capital (\$4,382,434) amortized at 7.7500% for 20 years Principal & Interest of \$431,730 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9521

(2) 20% ROE (\$1,095,609) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7179

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.6429	39.6429	2.3412	37.3017
Patient Care				
Direct Care	79.0125	79.0125	4.6662	74.3463
Indirect Care	48.6281	48.6281	2.8718	45.7563
Property	11.0600	14.2755	0.8431	13.4324
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2040
Supplemental Rate Add-on				\$8.8324
Totals	178.3435	181.5590	10.7223	200.8731

***Medicaid Trend Adjustment :**



0 252158-00 - 2012/07
200.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Deltona Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1851 Elkcarn Boulevard Deltona FL 32725 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1983 Acquired Date: 9/1/1983 Entered Medicaid 9/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207471	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,021 Medicare: 6,029 Medicaid: 25,711	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.18607% Occupancy: 95.93835% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.91968% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,066,604	2,045,323	1,114,205	236,284	0	4,462,416
1a	Audit Adjustments						
2	Cost Per Diem	41.4843	79.5505	43.3357	9.1900		173.5605
3	Cost Per Diem Inflated	43.2641	81.6750	45.1949			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2641	81.6750	45.1949	9.1900		179.3240
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	81.6750	45.1949	9.1900		174.7884
12/13	Medicaid Adjustment Rate		1.0278	0.5687			
14	Prospective Per Diem 11	38.7285	82.7028	45.7636	9.1900		176.3849
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252158-00 - 2012/07
200.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Deltona Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,702,508.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	4,552,213	11.3764
Indexed Asset Value	5,690,266	< 60% of Base:	False	20% ROE(2):	1,138,053	0.7457
FRVS Base Asset:	3,100,660	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8666
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	71,650	1.7051
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	23,152	0.5510
		Interest Only:	False	Replacement(3&4):	44,938	0.0000
		Yearly Payment:	448,456	Total FRVS PD:		15.2448

- (1) 80% Capital (\$4,552,213) amortized at 7.7500% for 20 years Principal & Interest of \$448,456 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3764
- (2) 20% ROE (\$1,138,053) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7457
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	82.7028	82.7028	4.8842	77.8186
Indirect Care	45.7636	45.7636	2.7026	43.0610
Property	9.1900	15.2448	0.9003	14.3445
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6058
Supplemental Rate Add-on				\$8.8324
Totals	176.3849	182.4397	10.7743	200.1036

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252166-00 - 2012/07 199.71

Destin Healthcare and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
195 Mattie M. Kelly Blvd. Destin FL 32541 County: Okaloosa [46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/14/1994 Acquired Date: 8/11/1994 Entered Medicaid 8/11/1994 Med # Active Date: 12/1/2001 Previous Med # 211150	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 119 Maximum: 43,435 Max Annualized: 43,435 Total Patient: 39,084 Medicare: 6,899 Medicaid: 22,354	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.19476% Occupancy: 89.98273% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.35120% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	899,707	1,765,906	1,071,067	185,762	0	3,922,442
1a	Audit Adjustments						
2	Cost Per Diem	40.2481	78.9973	47.9139	8.3100		175.4693
3	Cost Per Diem Inflated	41.9749	81.1070	49.9695			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9749	81.1070	49.9695	8.3100		181.3614
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	81.1070	47.4134	8.3100		175.5589
12/13	Medicaid Adjustment Rate		0.6565	0.3838			
14	Prospective Per Diem 11	38.7285	81.7635	47.7972	8.3100		176.5992
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252166-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

199.71

Destin Healthcare and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/11/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,618,367.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Fixed [2]	80% Capital(1):	4,355,963	10.9774
Indexed Asset Value	5,444,954	< 60% of Base:	False	20% ROE(2):	1,088,991	0.7196
FRVS Base Asset:	2,976,160	Interest Rate:	10.6343 %	Insurance Cost(3):	36,111	0.9239
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	54,344	1.3904
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	20,643	0.5282
		Interest Only:	False	Replacement(3&4):	84,445	0.0000
		Yearly Payment:	429,123	Total FRVS PD:		14.5395

(1) 80% Capital (\$4,355,963) amortized at 7.7500% for 20 years Principal & Interest of \$429,123 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$10.9774

(2) 20% ROE (\$1,088,991) times the ROE factor (0.025830) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.7196

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	1/1/1994	Current RS PBS:	50,254
Comparison Bed	88	Effective PBS Limitation	2,976,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	81.7635	81.7635	4.8287	76.9348
Indirect Care	47.7972	47.7972	2.8227	44.9745
Property	8.3100	14.5395	0.8587	13.6808
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8495
Supplemental Rate Add-on				\$8.8324
Totals	176.5992	182.8287	10.7973	199.7133

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252174-00 - 2012/07

190.23

Heron Pointe Health and Rehab.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1445 Howell Avenue Brooksville FL 34601 County: Hernando [27] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1984 Acquired Date: 11/1/1984 Entered Medicaid 11/1/1984 Med # Active Date: 12/1/2001 Previous Med # 207900	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,252 Medicare: 4,433 Medicaid: 28,639	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 69.42451% Occupancy: 94.18265% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.68851% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,117,319	2,062,306	1,251,760	240,568	0	4,671,953
1a	Audit Adjustments						
2	Cost Per Diem	39.0139	72.0104	43.7082	8.4000		163.1325
3	Cost Per Diem Inflated	40.6877	73.9335	45.5834			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.6877	73.9335	45.5834	8.4000		168.6046
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		48.8334			
7	Provider Target Rate	38.7285		49.9735			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	73.9335	45.5834	8.4000		166.6454
12/13	Medicaid Adjustment Rate		1.6156	0.9961			
14	Prospective Per Diem 11	38.7285	75.5491	46.5795	8.4000		169.2571
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252174-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

190.23

Heron Pointe Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,980,521.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	2,819,705	7.0467
Indexed Asset Value	3,524,631	< 60% of Base:	False	20% ROE(2):	704,926	0.4619
FRVS Base Asset:	2,054,536	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8827
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	56,268	1.3640
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	18,813	0.4561
		Interest Only:	False	Replacement(3&4):	42,595	0.0000
		Yearly Payment:	277,780	Total FRVS PD:		10.2114

(1) 80% Capital (\$2,819,705) amortized at 7.7500% for 20 years Principal & Interest of \$277,780 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0467

(2) 20% ROE (\$704,926) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4619

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	75.5491	75.5491	4.4617	71.0874
Indirect Care	46.5795	46.5795	2.7508	43.8287
Property	8.4000	10.2114	0.6031	9.6083
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4302
Supplemental Rate Add-on				\$8.8324
Totals	169.2571	171.0685	10.1028	190.2283

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 252182-00 - 2012/07
208.76

Magnolia Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1507 South Tuttle Ave Sarasota FL 34239 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/14/1994 Acquired Date: 9/14/1994 Entered Medicaid 9/14/1994 Med # Active Date: 12/1/2001 Previous Med # 211443	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,980 Medicare: 5,036 Medicaid: 29,250	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 69.67604% Occupancy: 95.84475% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.80073% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,217,739	2,221,891	1,431,003	274,658	0	5,145,291
1a	Audit Adjustments						
2	Cost Per Diem	41.6321	75.9621	48.9232	9.3900		175.9074
3	Cost Per Diem Inflated	43.4182	77.9908	51.0221			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4182	77.9908	51.0221	9.3900		181.8211
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8288		50.1876			
7	Provider Target Rate	44.8520		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.4182	77.9908	51.0221	9.3900		181.8211
12/13	Medicaid Adjustment Rate		1.7264	1.1294			
14	Prospective Per Diem 11	43.4182	79.7172	52.1515	9.3900		184.6769
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252182-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

208.76

Magnolia Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/14/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/07 Indexed Asset Value 5,449,027 FRVS Base Asset: 4,058,400 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,964,729.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,359,222	10.8941
	< 60% of Base:	False	20% ROE(2):	1,089,805	0.7141
	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8674
	Chase Rate:	4.7500 %	Taxes Cost(3):	117,818	2.8065
	Amortization Rate:	7.7500 %	Home Office(3):	20,863	0.4970
	Interest Only:	False	Replacement(3&4):	29,480	0.0000
Yearly Payment:	429,444	Total FRVS PD:	15.7791		

(1) 80% Capital (\$4,359,222) amortized at 7.7500% for 20 years Principal & Interest of \$429,444 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8941

(2) 20% ROE (\$1,089,805) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7141

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4182	43.4182	2.5641	40.8541
Patient Care				
Direct Care	79.7172	79.7172	4.7078	75.0094
Indirect Care	52.1515	52.1515	3.0799	49.0716
Property	9.3900	15.7791	0.9319	14.8472
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1441
Supplemental Rate Add-on				\$8.8324
Totals	184.6769	191.0660	11.2837	208.7588

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252191-00 - 2012/07
199.51

Emerald Shores Health and Rehab.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
626 North Tyndall Parkway Callaway Fl 32404 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/30/2000 Acquired Date: 8/30/2000 Entered Medicaid 8/30/2000 Med # Active Date: 12/1/2001 Previous Med # 229466	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 77 Maximum: 28,105 Max Annualized: 28,105 Total Patient: 25,564 Medicare: 8,640 Medicaid: 12,726	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 49.78094% Occupancy: 90.95891% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.59174% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	617,703	927,882	779,854	107,662	0	2,433,101
1a	Audit Adjustments						
2	Cost Per Diem	48.5387	72.9123	61.2804	8.4600		191.1914
3	Cost Per Diem Inflated	50.6211	74.8595	63.9095			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.6211	74.8595	63.9095	8.4600		197.8501
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.9930		50.9938			
7	Provider Target Rate	45.0201		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.0201	74.8595	52.1843	8.4600		180.5239
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.0201	74.8595	52.1843	8.4600		180.5239
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252191-00 - 2012/07

199.51

Emerald Shores Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/30/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,094,140.00		Total Amount	Per Diem
RS to Start Calcs:	2000/07	Type:	Fixed [2]	80% Capital(1):	2,777,825	10.8187
Indexed Asset Value	3,472,281	< 60% of Base:	False	20% ROE(2):	694,456	0.7092
FRVS Base Asset:	3,068,373	Interest Rate:	10.6343 %	Insurance Cost(3):	23,366	0.9140
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	34,997	1.3690
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	16,999	0.6650
		Interest Only:	False	Replacement(3&4):	9,927	0.0000
		Yearly Payment:	273,654	Total FRVS PD:		14.4759

(1) 80% Capital (\$2,777,825) amortized at 7.7500% for 20 years Principal & Interest of \$273,654 divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = \$10.8187

(2) 20% ROE (\$694,456) times the ROE factor (0.025830) divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = \$0.7092

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	39,849
Comparison Date:	1/1/2000	Current RS PBS:	50,254
Comparison Bed	77	Effective PBS Limitation	3,068,373

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.0201	45.0201	2.6587	42.3614
Patient Care				
Direct Care	74.8595	74.8595	4.4210	70.4385
Indirect Care	52.1843	52.1843	3.0818	49.1025
Property	8.4600	14.4759	0.8549	13.6210
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1537
Supplemental Rate Add-on				\$8.8324
Totals	180.5239	186.5398	11.0164	199.5095

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252204-00 - 2012/07
193.11

Englewood Healthcare & Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1111 Drury Lane Englewood FL 34224 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1983 Acquired Date: 9/1/1983 Entered Medicaid 9/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207438	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,843 Medicare: 10,864 Medicaid: 21,192	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.55809% Occupancy: 88.68265% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.69903% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	829,124	1,545,246	967,767	209,801	0	3,551,938
1a	Audit Adjustments						
2	Cost Per Diem	39.1244	72.9165	45.6666	9.9000		167.6075
3	Cost Per Diem Inflated	40.8029	74.8638	47.6258			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.8029	74.8638	47.6258	9.9000		173.1925
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8029	74.8638	47.6258	9.9000		173.1925
12/13	Medicaid Adjustment Rate		0.3839	0.2442			
14	Prospective Per Diem 11	40.8029	75.2477	47.8700	9.9000		173.8206
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252204-00 - 2012/07
193.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Englewood Healthcare & Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,801,353.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	4,231,919	10.5759
Indexed Asset Value	5,289,899	< 60% of Base:	False	20% ROE(2):	1,057,980	0.6932
FRVS Base Asset:	3,190,349	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9375
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	62,112	1.5991
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	23,074	0.5940
		Interest Only:	False	Replacement(3&4):	425,661	0.0000
		Yearly Payment:	416,903	Total FRVS PD:		14.3997

(1) 80% Capital (\$4,231,919) amortized at 7.7500% for 20 years Principal & Interest of \$416,903 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5759

(2) 20% ROE (\$1,057,980) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6932

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8029	40.8029	2.4097	38.3932
Patient Care				
Direct Care	75.2477	75.2477	4.4439	70.8038
Indirect Care	47.8700	47.8700	2.8270	45.0430
Property	9.9000	14.3997	0.8504	13.5493
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.4879
Supplemental Rate Add-on				\$8.8324
Totals	173.8206	178.3203	10.5310	193.1096

***Medicaid Trend Adjustment :**



0 252212-00 - 2012/07

207.11

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Evans Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3735 Evans Avenue Ft Myers FL 33901 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/3/1998 Acquired Date: 12/3/1998 Entered Medicaid 12/14/1998 Med # Active Date: 12/1/2001 Previous Med # 214094	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,726 Medicare: 7,222 Medicaid: 21,344	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.15276% Occupancy: 95.26484% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.06377% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	921,332	1,772,327	1,002,416	174,594	0	3,870,669
1a	Audit Adjustments						
2	Cost Per Diem	43.1659	83.0363	46.9648	8.1800		181.3470
3	Cost Per Diem Inflated	45.0178	85.2539	48.9797			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.0178	85.2539	48.9797	8.1800		187.4314
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9794	85.2539	48.9797	8.1800		185.3930
12/13	Medicaid Adjustment Rate		0.1106	0.0635			
14	Prospective Per Diem 11	42.9794	85.3645	49.0432	8.1800		185.5671
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252212-00 - 2012/07
207.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Evans Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/14/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,725,244.00		Total Amount	Per Diem
RS to Start Calcs:	1998/07	Type:	Fixed [2]	80% Capital(1):	3,775,277	9.4347
Indexed Asset Value	4,719,096	< 60% of Base:	False	20% ROE(2):	943,819	0.6184
FRVS Base Asset:	3,977,610	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8727
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	72,485	1.7372
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	23,165	0.5552
		Interest Only:	False	Replacement(3&4):	30,072	0.0000
		Yearly Payment:	371,917	Total FRVS PD:		13.2182

- (1) 80% Capital (\$3,775,277) amortized at 7.7500% for 20 years Principal & Interest of \$371,917 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4347
- (2) 20% ROE (\$943,819) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6184
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,882
Comparison Date: 1/1/1998	Current RS PBS:	50,254
Comparison Bed 105	Effective PBS Limitation	3,977,610

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9794	42.9794	2.5382	40.4412
Patient Care				
Direct Care	85.3645	85.3645	5.0413	80.3232
Indirect Care	49.0432	49.0432	2.8963	46.1469
Property	8.1800	13.2182	0.7806	12.4376
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9282
Supplemental Rate Add-on				\$8.8324
Totals	185.5671	190.6053	11.2564	207.1095

***Medicaid Trend Adjustment :**



0 252221-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

196.21

Fletcher Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
518 West Fletcher Ave Tampa FL 33612 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/19/1998 Acquired Date: 5/19/1998 Entered Medicaid 5/19/1998 Med # Active Date: 12/1/2001 Previous Med # 213730	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,864 Medicare: 12,157 Medicaid: 21,031	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 50.23648% Occupancy: 95.57991% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.46417% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	852,231	1,567,901	1,102,513	181,708	0	3,704,353
1a	Audit Adjustments						
2	Cost Per Diem	40.5226	74.5519	52.4232	8.6400		176.1377
3	Cost Per Diem Inflated	42.2611	76.5429	54.6723			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2611	76.5429	54.6723	8.6400		182.1163
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	76.5429	49.3864	8.6400		175.4232
12/13	Medicaid Adjustment Rate		0.0204	0.0131			
14	Prospective Per Diem 11	40.8539	76.5633	49.3995	8.6400		175.4567
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252221-00 - 2012/07
196.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Fletcher Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/19/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,950,925.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Fixed [2]	80% Capital(1):	4,392,066	10.9761
Indexed Asset Value	5,490,083	< 60% of Base:	False	20% ROE(2):	1,098,017	0.7195
FRVS Base Asset:	4,493,400	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8698
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	75,909	1.8132
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	28,306	0.6761
		Interest Only:	False	Replacement(3&4):	179,094	0.0000
		Yearly Payment:	432,679	Total FRVS PD:		15.0547

- (1) 80% Capital (\$4,392,066) amortized at 7.7500% for 20 years Principal & Interest of \$432,679 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9761
- (2) 20% ROE (\$1,098,017) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7195
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,493,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	76.5633	76.5633	4.5216	72.0417
Indirect Care	49.3995	49.3995	2.9174	46.4821
Property	8.6400	15.0547	0.8891	14.1656
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2429
Supplemental Rate Add-on				\$8.8324
Totals	175.4567	181.8714	10.7408	196.2059

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252239-00 - 2012/07

211.05

Fort Pierce Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
611 South 13th Street Ft. Pierce FL 34950 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1984 Acquired Date: 6/1/1984 Entered Medicaid 6/1/1984 Med # Active Date: 12/1/2001 Previous Med # 207870	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 171 Maximum: 62,415 Max Annualized: 62,415 Total Patient: 53,865 Medicare: 3,512 Medicaid: 47,882	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 88.89260% Occupancy: 86.30137% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.67288% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,188,797	3,681,470	2,445,095	572,669	0	8,888,031
1a	Audit Adjustments						
2	Cost Per Diem	45.7123	76.8863	51.0650	11.9600		185.6236
3	Cost Per Diem Inflated	47.6735	78.9396	53.2558			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.6735	78.9396	53.2558	11.9600		191.8289
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.6975			
7	Provider Target Rate	42.9794		51.8811			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9794	78.9396	51.8811	11.9600		185.7601
12/13	Medicaid Adjustment Rate		3.4539	2.2700			
14	Prospective Per Diem 11	42.9794	82.3935	54.1511	11.9600		191.4840
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252239-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

211.05

Fort Pierce Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 5,389,699 FRVS Base Asset: 3,267,919 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	967,160.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,311,759	9.5431
	< 60% of Base:	True	20% ROE(2):	1,077,940	0.4957
	Interest Rate:	12.5000 %	Insurance Cost(3):	51,891	0.9634
	Chase Rate:	12.5000 %	Taxes Cost(3):	63,220	1.1737
	Amortization Rate:	12.5000 %	Home Office(3):	25,221	0.4682
	Interest Only:	True	Replacement(3&4):	130,680	0.0000
Yearly Payment:	536,070	Total FRVS PD:		12.6441	

(1) 80% Capital (\$4,311,759) amortized at 12.5000% for 20 years Interest of \$536,070 divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = \$9.5431

(2) 20% ROE (\$1,077,940) times the ROE factor (0.025830) divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = \$0.4957

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 171	Effective PBS Limitation	4,873,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9794	42.9794	2.5382	40.4412
Patient Care				
Direct Care	82.3935	82.3935	4.8659	77.5276
Indirect Care	54.1511	54.1511	3.1980	50.9531
Property	11.9600	12.6441	0.7467	11.8974
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.3976
Supplemental Rate Add-on				\$8.8324
Totals	191.4840	192.1681	11.3488	211.0493

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252247-00 - 2012/07 180.95

Sea Breeze Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1937 Jenks Avenue Panama City FL 32405 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1979 Acquired Date: 12/1/1979 Entered Medicaid 6/1/1980 Med # Active Date: 12/1/2001 Previous Med # 205591	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,437 Medicare: 5,682 Medicaid: 28,902	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.28651% Occupancy: 90.03881% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.42246% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,217,510	2,022,157	1,069,688	566,768	0	4,876,123
1a	Audit Adjustments						
2	Cost Per Diem	42.1255	69.9660	37.0109	19.6100		168.7124
3	Cost Per Diem Inflated	43.9328	71.8345	38.5988			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.9328	71.8345	38.5988	19.6100		173.9761
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	71.8345	38.5988	13.6500		162.8118
12/13	Medicaid Adjustment Rate		1.8819	1.0112			
14	Prospective Per Diem 11	38.7285	73.7164	39.6100	13.6500		165.7049
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252247-00 - 2012/07
180.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Sea Breeze Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2001 Year of Phase-In/ Full: RS to Start Calcs: 1979/07 Indexed Asset Value 3,066,376 FRVS Base Asset: 1,814,519 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,500,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,453,101	7.2064
	< 60% of Base:	False	20% ROE(2):	613,275	0.4018
	Interest Rate:	10.0000 %	Insurance Cost(3):	36,415	0.9234
	Chase Rate:	13.0000 %	Taxes Cost(3):	40,274	1.0212
	Amortization Rate:	10.0000 %	Home Office(3):	19,263	0.4884
	Interest Only:	False	Replacement(3&4):	169,911	0.0000
Yearly Payment:	284,076	Total FRVS PD:		10.0412	

(1) 80% Capital (\$2,453,101) amortized at 10.0000% for 20 years Principal & Interest of \$284,076 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.2064

(2) 20% ROE (\$613,275) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4018

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	73.7164	73.7164	4.3534	69.3630
Indirect Care	39.6100	39.6100	2.3392	37.2708
Property	13.6500	10.0412	0.5930	9.4482
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5921
Supplemental Rate Add-on				\$8.8324
Totals	165.7049	162.0961	9.5728	180.9478

***Medicaid Trend Adjustment :**



0 252255-00 - 2012/07

219.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Harbor Beach Nursing and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1615 South Miami Road Ft. Lauderdale FL 33316 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 12/1/1984 Acquired Date: 12/1/1984 Entered Medicaid 5/1/1986 Med # Active Date: 12/1/2001 Previous Med # 209007	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 59 Maximum: 21,535 Max Annualized: 21,535 Total Patient: 19,832 Medicare: 2,068 Medicaid: 15,188	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
Medicaid Utilization 76.58330% Occupancy: 92.09194% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.03161% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	795,358	1,059,418	827,589	143,982	0	2,826,347
1a	Audit Adjustments						
2	Cost Per Diem	52.3675	69.7536	54.4897	9.4800		186.0908
3	Cost Per Diem Inflated	54.6142	71.6165	56.8275			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.6142	71.6165	56.8275	9.4800		192.5382
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		61.3003			
7	Provider Target Rate	53.5724		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.5724	71.6165	56.8275	9.4800		191.4964
12/13	Medicaid Adjustment Rate		2.1418	1.6995			
14	Prospective Per Diem 11	53.5724	73.7583	58.5270	9.4800		195.3377
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252255-00 - 2012/07
219.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Harbor Beach Nursing and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/28/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,822,258.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	2,216,886	11.2682
Indexed Asset Value	2,771,107	< 60% of Base:	False	20% ROE(2):	554,221	0.7386
FRVS Base Asset:	1,938,500	Interest Rate:	10.6343 %	Insurance Cost(3):	17,904	0.9028
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	55,013	2.7740
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	11,647	0.5873
		Interest Only:	False	Replacement(3&4):	27,030	0.0000
		Yearly Payment:	218,394	Total FRVS PD:		16.2709

(1) 80% Capital (\$2,216,886) amortized at 7.7500% for 20 years Principal & Interest of \$218,394 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$11.2682

(2) 20% ROE (\$554,221) times the ROE factor (0.025830) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.7386

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,413
Comparison Date: 1/1/1984	Current RS PBS:	50,254
Comparison Bed 59	Effective PBS Limitation	1,617,367

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.5724	53.5724	3.1638	50.4086
Patient Care				
Direct Care	73.7583	73.7583	4.3559	69.4024
Indirect Care	58.5270	58.5270	3.4564	55.0706
Property	9.4800	16.2709	0.9609	15.3100
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.5031
Supplemental Rate Add-on				\$8.8324
Totals	195.3377	202.1286	11.9370	219.5271

***Medicaid Trend Adjustment :**



0 252263-00 - 2012/07

205.89

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Health Center at Brentwood

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2333 North Brentwood Circle Lecanto FL 34461 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1984 Acquired Date: 4/1/1984 Entered Medicaid 4/1/1984 Med # Active Date: 12/1/2001 Previous Med # 211222	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,613 Medicare: 10,770 Medicaid: 17,373	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.74897% Occupancy: 95.00685% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.73591% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178	
		Semester Index: 1.28710041	
		Cost: 1.04290285	
		Target: 1.01634256	
		DC FY Index: 1.17950000	
		DC Sem Index: 1.21100000	
		DC Inflation: 1.02670623	
		PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	716,595	1,459,947	896,758	159,310	0	3,232,610
1a	Audit Adjustments						
2	Cost Per Diem	41.2476	84.0354	51.6179	9.1700		186.0709
3	Cost Per Diem Inflated	43.0172	86.2797	53.8325			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.0172	86.2797	53.8325	9.1700		192.2994
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.4565		49.0820			
7	Provider Target Rate	40.3777		50.2279			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.3777	86.2797	50.2279	9.1700		186.0553
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.3777	86.2797	50.2279	9.1700		186.0553
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252263-00 - 2012/07
205.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Health Center at Brentwood

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2001	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,919,568.00	Total Amount	Per Diem
RS to Start Calcs: 1984/01	Type: Fixed [2]	80% Capital(1): 4,324,927	10.8083
Indexed Asset Value 5,406,159	< 60% of Base: False	20% ROE(2): 1,081,232	0.7085
FRVS Base Asset: 1,710,000	Interest Rate: 10.6343 %	Insurance Cost(3): 36,415	0.8751
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %	Taxes Cost(3): 64,251	1.5440
ROE Factor 0.025830	Amortization Rate: 7.7500 %	Home Office(3): 23,806	0.5721
	Interest Only: False	Replacement(3&4): 15,807	0.0000
	Yearly Payment: 426,065	Total FRVS PD:	14.5080

(1) 80% Capital (\$4,324,927) amortized at 7.7500% for 20 years Principal & Interest of \$426,065 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8083

(2) 20% ROE (\$1,081,232) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7085

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 60	Effective PBS Limitation 1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.3777	40.3777	2.3846	37.9931
Patient Care				
Direct Care	86.2797	86.2797	5.0954	81.1843
Indirect Care	50.2279	50.2279	2.9663	47.2616
Property	9.1700	14.5080	0.8568	13.6512
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9658
Supplemental Rate Add-on				\$8.8324
Totals	186.0553	191.3933	11.3031	205.8884

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252271-00 - 2012/07

212.68

Heritage Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1026 Albee Farm Road Venice FL 34292 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/29/1983 Acquired Date: 12/29/1983 Entered Medicaid 12/29/1983 Med # Active Date: 12/1/2001 Previous Med # 207594	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,180 Medicare: 4,215 Medicaid: 28,334	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.31751% Occupancy: 89.45205% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.67681% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,192,868	2,266,757	1,606,949	297,507	0	5,364,081
1a	Audit Adjustments						
2	Cost Per Diem	42.1002	80.0013	56.7145	10.5000		189.3160
3	Cost Per Diem Inflated	43.9064	82.1378	59.1477			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.9064	82.1378	59.1477	10.5000		195.6919
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9794	82.1378	51.3593	10.5000		186.9765
12/13	Medicaid Adjustment Rate		2.0623	1.2895			
14	Prospective Per Diem 11	42.9794	84.2001	52.6488	10.5000		190.3283
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252271-00 - 2012/07
212.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heritage Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/23/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,099,608.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	4,412,965	11.0284
Indexed Asset Value	5,516,206	< 60% of Base:	False	20% ROE(2):	1,103,241	0.7229
FRVS Base Asset:	3,249,000	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9294
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	73,308	1.8711
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	21,620	0.5518
		Interest Only:	False	Replacement(3&4):	14,502	0.0000
		Yearly Payment:	434,738	Total FRVS PD:		15.1036

(1) 80% Capital (\$4,412,965) amortized at 7.7500% for 20 years Principal & Interest of \$434,738 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.0284

(2) 20% ROE (\$1,103,241) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7229

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9794	42.9794	2.5382	40.4412
Patient Care				
Direct Care	84.2001	84.2001	4.9726	79.2275
Indirect Care	52.6488	52.6488	3.1093	49.5395
Property	10.5000	15.1036	0.8920	14.2116
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4275
Supplemental Rate Add-on				\$8.8324
Totals	190.3283	194.9319	11.5121	212.6797

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252280-00 - 2012/07
209.11

Heritage Healthcare and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
777 Ninth Street North Naples FL 34102 County: Collier [11] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 11/1/1981 Acquired Date: 11/1/1981 Entered Medicaid 10/1/1982 Med # Active Date: 12/1/2001 Previous Med # 207004	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 97 Maximum: 35,405 Max Annualized: 35,405 Total Patient: 33,436 Medicare: 6,545 Medicaid: 21,445	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.13746% Occupancy: 94.43864% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.01382% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	902,306	1,766,264	990,012	202,226	0	3,860,808
1a	Audit Adjustments						
2	Cost Per Diem	42.0754	82.3625	46.1652	9.4300		180.0331
3	Cost Per Diem Inflated	43.8806	84.5621	48.1458			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8806	84.5621	48.1458	9.4300		186.0185
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		61.3003			
7	Provider Target Rate	53.5724		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.8806	84.5621	48.1458	9.4300		186.0185
12/13	Medicaid Adjustment Rate		1.3449	0.7657			
14	Prospective Per Diem 11	43.8806	85.9070	48.9115	9.4300		188.1291
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252280-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

209.11

Heritage Healthcare and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/23/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,333,936.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed [2]	80% Capital(1):	3,685,652	11.3948
Indexed Asset Value	4,607,065	< 60% of Base:	False	20% ROE(2):	921,413	0.7469
FRVS Base Asset:	3,220,500	Interest Rate:	10.6343 %	Insurance Cost(3):	29,435	0.8803
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	33,369	0.9980
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	18,700	0.5593
		Interest Only:	False	Replacement(3&4):	476,719	0.0000
		Yearly Payment:	363,088	Total FRVS PD:		14.5793

(1) 80% Capital (\$3,685,652) amortized at 7.7500% for 20 years Principal & Interest of \$363,088 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$11.3948

(2) 20% ROE (\$921,413) times the ROE factor (0.025830) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$0.7469

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 113	Effective PBS Limitation	3,220,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.8806	43.8806	2.5914	41.2892
Patient Care				
Direct Care	85.9070	85.9070	5.0734	80.8336
Indirect Care	48.9115	48.9115	2.8886	46.0229
Property	9.4300	14.5793	0.8610	13.7183
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4093
Supplemental Rate Add-on				\$8.8324
Totals	188.1291	193.2784	11.4144	209.1057

***Medicaid Trend Adjustment :**



0 252298-00 - 2012/07
191.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heritage Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3101 Ginger Drive Tallahassee FL 32308 County: Leon [37] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1983 Acquired Date: 10/1/1983 Entered Medicaid 10/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207501	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,164 Medicare: 7,397 Medicaid: 43,638	Superior: 0 Standard: 154 Conditional: 30 Total: 184
	Medicaid Utilization 70.19819% Occupancy: 94.61796% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.24171% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,598,320	3,289,934	1,665,332	373,105	0	6,926,691
1a	Audit Adjustments						
2	Cost Per Diem	36.6268	75.3915	38.1624	8.5500		158.7307
3	Cost Per Diem Inflated	38.1982	77.4049	39.7997			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.1982	77.4049	39.7997	8.5500		163.9528
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.1982	77.4049	39.7997	8.5500		163.9528
12/13	Medicaid Adjustment Rate		1.4721	0.7569			
14	Prospective Per Diem 11	38.1982	78.8770	40.5566	8.5500		166.1818
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252298-00 - 2012/07
191.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heritage Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/26/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,364,391.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	6,648,663	11.0770
Indexed Asset Value	8,310,829	< 60% of Base:	False	20% ROE(2):	1,662,166	0.7261
FRVS Base Asset:	3,249,000	Interest Rate:	10.6343 %	Insurance Cost(3):	54,622	0.8787
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	90,839	1.4613
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	30,884	0.4968
		Interest Only:	False	Replacement(3&4):	95,865	0.0000
		Yearly Payment:	654,985	Total FRVS PD:		14.6399

(1) 80% Capital (\$6,648,663) amortized at 7.7500% for 20 years Principal & Interest of \$654,985 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.0770

(2) 20% ROE (\$1,662,166) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7261

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.1982	38.1982	2.2559	35.9423
Patient Care				
Direct Care	78.8770	78.8770	4.6582	74.2188
Indirect Care	40.5566	40.5566	2.3951	38.1615
Property	8.5500	14.6399	0.8646	13.7753
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1663
Supplemental Rate Add-on				\$8.8324
Totals	166.1818	172.2717	10.1738	191.0966

***Medicaid Trend Adjustment :**



0 252310-00 - 2012/07
200.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lake Mary Health and Rehab.Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
710 North Sun Drive Lake Mary Fl 32746 County: Seminole[59] Region: Central[3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/16/2000 Acquired Date: 10/16/2000 Entered Medicaid 11/8/2000 Med # Active Date: 12/1/2001 Previous Med # 225959	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,462 Medicare: 18,441 Medicaid: 17,107	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.25947% Occupancy: 94.66210% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.29780% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	692,642	1,405,711	882,172	207,679	0	3,188,204
1a	Audit Adjustments						
2	Cost Per Diem	40.4888	82.1717	51.5679	12.1400		186.3684
3	Cost Per Diem Inflated	42.2259	84.3662	53.7803			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2259	84.3662	53.7803	12.1400		192.5124
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	84.3662	49.3864	12.1400		186.7465
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.8539	84.3662	49.3864	12.1400		186.7465
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252310-00 - 2012/07

200.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lake Mary Health and Rehab.Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/8/2000 Year of Phase-In/ Full: RS to Start Calcs: 2000/07 Indexed Asset Value 5,416,649 FRVS Base Asset: 4,781,880 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,064,996.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,333,319	10.8293
	< 60% of Base:	False	20% ROE(2):	1,083,330	0.7099
	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8783
	Chase Rate:	4.7500 %	Taxes Cost(3):	96,457	2.3264
	Amortization Rate:	7.7500 %	Home Office(3):	29,026	0.7001
	Interest Only:	False	Replacement(3&4):	10,468	0.0000
Yearly Payment:	426,892	Total FRVS PD:	15.4440		

(1) 80% Capital (\$4,333,319) amortized at 7.7500% for 20 years Principal & Interest of \$426,892 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8293

(2) 20% ROE (\$1,083,330) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7099

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,849
Comparison Date: 1/1/2000	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,781,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	84.3662	84.3662	4.9824	79.3838
Indirect Care	49.3864	49.3864	2.9166	46.4698
Property	12.1400	15.4440	0.9121	14.5319
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.7092
Supplemental Rate Add-on				\$8.8324
Totals	186.7465	190.0505	11.2238	200.3683

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252328-00 - 2012/07

200.99

Wedgewood Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1010 Carpenters Way Lakeland FL 33809 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1999 Acquired Date: 1/1/1999 Entered Medicaid 3/26/1999 Med # Active Date: 12/1/2001 Previous Med # 214647	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,000 Medicare: 17,977 Medicaid: 16,789	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.97250% Occupancy: 91.32420% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.05595% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178	
		Semester Index: 1.28710041	
		Cost: 1.04290285	
		Target: 1.01634256	
		DC FY Index: 1.17950000	
		DC Sem Index: 1.21100000	
		DC Inflation: 1.02670623	
		PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	765,928	1,375,696	1,105,014	195,088	0	3,441,726
1a	Audit Adjustments						
2	Cost Per Diem	45.6208	81.9403	65.8177	11.6200		204.9988
3	Cost Per Diem Inflated	47.5781	84.1286	68.6415			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.5781	84.1286	68.6415	11.6200		211.9682
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		49.2101			
7	Provider Target Rate	40.8539		50.3590			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	84.1286	50.3590	11.6200		186.9615
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.8539	84.1286	50.3590	11.6200		186.9615
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252328-00 - 2012/07
200.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Wedgewood Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/26/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 4,128,040.00			Total Amount	Per Diem
RS to Start Calcs: 1999/01	Type: Fixed [2]		80% Capital(1): 4,263,245	10.6542	
Indexed Asset Value 5,329,056	< 60% of Base: False		20% ROE(2): 1,065,811	0.6984	
FRVS Base Asset: 4,594,920	Interest Rate: 10.6343 %		Insurance Cost(3): 36,415	0.9104	
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %		Taxes Cost(3): 98,072	2.4518	
ROE Factor 0.025830	Amortization Rate: 7.7500 %		Home Office(3): 30,680	0.7670	
	Interest Only: False		Replacement(3&4): 42,691	0.0000	
	Yearly Payment: 419,989		Total FRVS PD:	15.4818	

(1) 80% Capital (\$4,263,245) amortized at 7.7500% for 20 years Principal & Interest of \$419,989 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6542

(2) 20% ROE (\$1,065,811) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6984

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 38,291
Comparison Date: 7/1/1998	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	84.1286	84.1286	4.9684	79.1602
Indirect Care	50.3590	50.3590	2.9740	47.3850
Property	11.6200	15.4818	0.9143	14.5675
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.6027
Supplemental Rate Add-on				\$8.8324
Totals	186.9615	190.8233	11.2694	200.9890

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252336-00 - 2012/07

200.59

Largo Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9035 Bryan Dairy Rd. Largo FL 33777 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/2/1999 Acquired Date: 6/2/1999 Entered Medicaid 6/2/1999 Med # Active Date: 12/1/2001 Previous Med # 216119	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 158 Maximum: 57,670 Max Annualized: 57,670 Total Patient: 55,601 Medicare: 11,603 Medicaid: 34,512	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.07083% Occupancy: 96.41235% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.52204% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178	
		Semester Index: 1.28710041	
		Cost: 1.04290285	
		Target: 1.01634256	
		DC FY Index: 1.17950000	
		DC Sem Index: 1.21100000	
		DC Inflation: 1.02670623	
		PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,373,425	2,681,531	1,563,548	279,892	0	5,898,396
1a	Audit Adjustments						
2	Cost Per Diem	39.7956	77.6985	45.3045	8.1100		170.9086
3	Cost Per Diem Inflated	41.5029	79.7735	47.2482			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.5029	79.7735	47.2482	8.1100		176.6346
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	79.7735	47.2482	8.1100		175.9856
12/13	Medicaid Adjustment Rate		1.0833	0.6416			
14	Prospective Per Diem 11	40.8539	80.8568	47.8898	8.1100		177.7105
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252336-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

200.59

Largo Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,478,480.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	Fixed [2]	80% Capital(1):	5,703,408	10.8253
Indexed Asset Value	7,129,260	< 60% of Base:	False	20% ROE(2):	1,425,852	0.7096
FRVS Base Asset:	6,049,978	Interest Rate:	10.6343 %	Insurance Cost(3):	47,946	0.8623
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	109,773	1.9743
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	31,774	0.5715
		Interest Only:	False	Replacement(3&4):	64,074	0.0000
		Yearly Payment:	561,865	Total FRVS PD:	14.9430	

(1) 80% Capital (\$5,703,408) amortized at 7.7500% for 20 years Principal & Interest of \$561,865 divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = \$10.8253

(2) 20% ROE (\$1,425,852) times the ROE factor (0.025830) divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = \$0.7096

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	50,254
Comparison Bed 158	Effective PBS Limitation	6,049,978

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	80.8568	80.8568	4.7751	76.0817
Indirect Care	47.8898	47.8898	2.8282	45.0616
Property	8.1100	14.9430	0.8825	14.0605
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1132
Supplemental Rate Add-on				\$8.8324
Totals	177.7105	184.5435	10.8985	200.5906

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252344-00 - 2012/07 213.77

Heritage Park Rehab. and Healthcare

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2826 Cleveland Avenue Ft. Myers FL 33901 County: Lee[36] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/1/1981 Acquired Date: 11/1/1981 Entered Medicaid 10/1/1982 Med # Active Date: 12/1/2001 Previous Med # 211583	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,692 Medicare: 4,159 Medicaid: 27,494	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.94551% Occupancy: 95.18722% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.96512% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,294,837	2,212,687	1,286,072	187,509	0	4,981,105
1a	Audit Adjustments						
2	Cost Per Diem	47.0953	80.4789	46.7765	6.8200		181.1707
3	Cost Per Diem Inflated	49.1158	82.6282	48.7833			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.1158	82.6282	48.7833	6.8200		187.3473
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1011		50.1876			
7	Provider Target Rate	48.2007		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.2007	82.6282	48.7833	6.8200		186.4322
12/13	Medicaid Adjustment Rate		1.4822	0.8751			
14	Prospective Per Diem 11	48.2007	84.1104	49.6584	6.8200		188.7895
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252344-00 - 2012/07
213.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heritage Park Rehab. and Healthcare

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,912,669.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed [2]	80% Capital(1):	4,069,290	10.1695
Indexed Asset Value	5,086,612	< 60% of Base:	False	20% ROE(2):	1,017,322	0.6666
FRVS Base Asset:	3,026,911	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8734
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	71,335	1.7110
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	21,364	0.5124
		Interest Only:	False	Replacement(3&4):	53,299	0.0000
		Yearly Payment:	400,881	Total FRVS PD:		13.9329

(1) 80% Capital (\$4,069,290) amortized at 7.7500% for 20 years Principal & Interest of \$400,881 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1695

(2) 20% ROE (\$1,017,322) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6666

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 146	Effective PBS Limitation	4,161,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.2007	48.2007	2.8466	45.3541
Patient Care				
Direct Care	84.1104	84.1104	4.9673	79.1431
Indirect Care	49.6584	49.6584	2.9327	46.7257
Property	6.8200	13.9329	0.8228	13.1101
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6066
Supplemental Rate Add-on				\$8.8324
Totals	188.7895	195.9024	11.5694	213.7720

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252352-00 - 2012/07
189.23

Island Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
125 Alma Boulevard Merritt Island FL 32953 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207101	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,524 Medicare: 7,747 Medicaid: 25,563	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.08114% Occupancy: 92.52055% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.57629% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,046,932	1,804,666	1,144,909	200,414	0	4,196,921
1a	Audit Adjustments						
2	Cost Per Diem	40.9550	70.5968	44.7877	7.8400		164.1795
3	Cost Per Diem Inflated	42.7121	72.4822	46.7092			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.7121	72.4822	46.7092	7.8400		169.7435
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		49.1164			
7	Provider Target Rate	40.8539		50.2631			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	72.4822	46.7092	7.8400		167.8853
12/13	Medicaid Adjustment Rate		1.0667	0.6874			
14	Prospective Per Diem 11	40.8539	73.5489	47.3966	7.8400		169.6394
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252352-00 - 2012/07
189.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Island Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,854,663.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	2,953,820	7.3818
Indexed Asset Value	3,692,275	< 60% of Base:	False	20% ROE(2):	738,455	0.4839
FRVS Base Asset:	2,166,209	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8986
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	36,716	0.9060
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	23,318	0.5754
		Interest Only:	False	Replacement(3&4):	194,999	0.0000
		Yearly Payment:	290,992	Total FRVS PD:		10.2457

- (1) 80% Capital (\$2,953,820) amortized at 7.7500% for 20 years Principal & Interest of \$290,992 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.3818
- (2) 20% ROE (\$738,455) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4839
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	73.5489	73.5489	4.3436	69.2053
Indirect Care	47.3966	47.3966	2.7991	44.5975
Property	7.8400	10.2457	0.6051	9.6406
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5141
Supplemental Rate Add-on				\$8.8324
Totals	169.6394	172.0451	10.1605	189.2311

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252361-00 - 2012/07
201.64

North Florida Rehab. and Specialty Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6700 NW 10th Place Gainesville FL 32605 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1984 Acquired Date: 3/1/1984 Entered Medicaid 3/1/1984 Med # Active Date: 12/1/2001 Previous Med # 207730	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,117 Medicare: 15,662 Medicaid: 18,648	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 45.35350% Occupancy: 93.87443% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.29682% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	762,576	1,558,096	950,386	187,785	0	3,458,843
1a	Audit Adjustments						
2	Cost Per Diem	40.8932	83.5530	50.9645	10.0700		185.4807
3	Cost Per Diem Inflated	42.6476	85.7844	53.1510			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.6476	85.7844	53.1510	10.0700		191.6530
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		49.1626			
7	Provider Target Rate	38.7285		50.3104			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	85.7844	50.3104	10.0700		184.8933
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.7285	85.7844	50.3104	10.0700		184.8933
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252361-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

201.64

North Florida Rehab. and Specialty Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,231,418.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	4,259,332	10.6444
Indexed Asset Value	5,324,165	< 60% of Base:	False	20% ROE(2):	1,064,833	0.6977
FRVS Base Asset:	3,420,000	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8856
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	87,382	2.1252
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	27,623	0.6718
		Interest Only:	False	Replacement(3&4):	37,606	0.0000
		Yearly Payment:	419,603	Total FRVS PD:		15.0247

(1) 80% Capital (\$4,259,332) amortized at 7.7500% for 20 years Principal & Interest of \$419,603 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6444

(2) 20% ROE (\$1,064,833) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6977

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	85.7844	85.7844	5.0661	80.7183
Indirect Care	50.3104	50.3104	2.9712	47.3392
Property	10.0700	15.0247	0.8873	14.1374
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.1709
Supplemental Rate Add-on				\$8.8324
Totals	184.8933	189.8480	11.2118	201.6395

***Medicaid Trend Adjustment :**



0 252379-00 - 2012/07

185.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Shoal Creek Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
500 Hospital Drive Crestview Fl 32539 County: Okaloosa [46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/5/2000 Acquired Date: 4/5/2000 Entered Medicaid 4/27/2000 Med # Active Date: 12/1/2001 Previous Med # 223611	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,264 Medicare: 9,558 Medicaid: 26,639	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.03000% Occupancy: 96.49315% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.62472% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	947,499	1,875,031	1,097,093	270,386	0	4,190,009
1a	Audit Adjustments						
2	Cost Per Diem	35.5681	70.3867	41.1837	10.1500		157.2885
3	Cost Per Diem Inflated	37.0941	72.2665	42.9506			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.0941	72.2665	42.9506	10.1500		162.4612
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.0941	72.2665	42.9506	10.1500		162.4612
12/13	Medicaid Adjustment Rate		1.0593	0.6296			
14	Prospective Per Diem 11	37.0941	73.3258	43.5802	10.1500		164.1501
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252379-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

185.20

Shoal Creek Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/27/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,919,915.00		Total Amount	Per Diem
RS to Start Calcs:	2000/01	Type:	Fixed [2]	80% Capital(1):	4,341,734	10.8504
Indexed Asset Value	5,427,168	< 60% of Base:	False	20% ROE(2):	1,085,434	0.7112
FRVS Base Asset:	4,718,880	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8616
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	70,927	1.6782
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	21,696	0.5133
		Interest Only:	False	Replacement(3&4):	40,966	0.0000
		Yearly Payment:	427,721	Total FRVS PD:		14.6147

(1) 80% Capital (\$4,341,734) amortized at 7.7500% for 20 years Principal & Interest of \$427,721 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8504

(2) 20% ROE (\$1,085,434) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7112

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,324
Comparison Date: 7/1/1999	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,718,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.0941	37.0941	2.1907	34.9034
Patient Care				
Direct Care	73.3258	73.3258	4.3304	68.9954
Indirect Care	43.5802	43.5802	2.5737	41.0065
Property	10.1500	14.6147	0.8631	13.7516
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7134
Supplemental Rate Add-on				\$8.8324
Totals	164.1501	168.6148	9.9579	185.2027

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252387-00 - 2012/07

207.59

Governor's Creek Health and Rehab.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
803 Oak Street Green Cove Springs FL 32043 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207110	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,745 Medicare: 4,285 Medicaid: 32,615	Superior: 0 Standard: 165 Conditional: 19 Total: 184
	Medicaid Utilization 82.06064% Occupancy: 90.74201% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.31610% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,463,425	2,804,300	1,547,887	276,575	0	6,092,187
1a	Audit Adjustments						
2	Cost Per Diem	44.8697	85.9819	47.4594	8.4800		186.7910
3	Cost Per Diem Inflated	46.7947	88.2782	49.4955			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.7947	88.2782	49.4955	8.4800		193.0484
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	88.2782	47.4134	8.4800		182.9001
12/13	Medicaid Adjustment Rate		2.8553	1.5335			
14	Prospective Per Diem 11	38.7285	91.1335	48.9469	8.4800		187.2889
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

207.59

Governor's Creek Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,253,128.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	3,225,003	8.0595
Indexed Asset Value	4,031,254	< 60% of Base:	False	20% ROE(2):	806,251	0.5283
FRVS Base Asset:	2,253,887	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9162
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	28,287	0.7117
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	19,890	0.5004
		Interest Only:	False	Replacement(3&4):	75,994	0.0000
		Yearly Payment:	317,707	Total FRVS PD:		10.7161

(1) 80% Capital (\$3,225,003) amortized at 7.7500% for 20 years Principal & Interest of \$317,707 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.0595

(2) 20% ROE (\$806,251) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5283

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	91.1335	91.1335	5.3820	85.7515
Indirect Care	48.9469	48.9469	2.8906	46.0563
Property	8.4800	10.7161	0.6329	10.0832
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4222
Supplemental Rate Add-on				\$8.8324
Totals	187.2889	189.5250	11.1927	207.5869

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252395-00 - 2012/07

201.43

The Palms Rehab. and Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5405 Babcock Street NE Palm Bay FL 32905 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/11/1998 Acquired Date: 3/11/1998 Entered Medicaid 3/11/1998 Med # Active Date: 12/1/2001 Previous Med # 213578	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,428 Medicare: 7,110 Medicaid: 25,128	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.65463% Occupancy: 94.58448% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.19916% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	988,131	1,944,096	1,152,028	251,280	0	4,335,535
1a	Audit Adjustments						
2	Cost Per Diem	39.3239	77.3677	45.8464	10.0000		172.5380
3	Cost Per Diem Inflated	41.0110	79.4339	47.8133			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0110	79.4339	47.8133	10.0000		178.2582
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.4066			
7	Provider Target Rate	40.8539		49.5367			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	79.4339	47.8133	10.0000		178.1011
12/13	Medicaid Adjustment Rate		0.9521	0.5731			
14	Prospective Per Diem 11	40.8539	80.3860	48.3864	10.0000		179.6263
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252395-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

201.43

The Palms Rehab. and Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/11/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,806,562.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Fixed [2]	80% Capital(1):	4,328,266	10.8167
Indexed Asset Value	5,410,333	< 60% of Base:	False	20% ROE(2):	1,082,067	0.7090
FRVS Base Asset:	4,493,400	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8790
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	80,551	1.9444
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	23,265	0.5616
		Interest Only:	False	Replacement(3&4):	37,443	0.0000
		Yearly Payment:	426,394	Total FRVS PD:		14.9107

(1) 80% Capital (\$4,328,266) amortized at 7.7500% for 20 years Principal & Interest of \$426,394 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8167

(2) 20% ROE (\$1,082,067) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7090

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,493,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	80.3860	80.3860	4.7473	75.6387
Indirect Care	48.3864	48.3864	2.8575	45.5289
Property	10.0000	14.9107	0.8806	14.0301
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9615
Supplemental Rate Add-on				\$8.8324
Totals	179.6263	184.5370	10.8981	201.4328

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252409-00 - 2012/07 191.95

Grand Oaks Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3001 Palm Coast Parkway SE Palm Coast FL 32137 County: Flagler [18] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/16/1997 Acquired Date: 5/16/1997 Entered Medicaid 5/16/1997 Med # Active Date: 12/1/2001 Previous Med # 213047	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,381 Medicare: 19,264 Medicaid: 18,338	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 44.31502% Occupancy: 94.47717% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.06279% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	762,427	1,383,490	904,246	214,004	0	3,264,167
1a	Audit Adjustments						
2	Cost Per Diem	41.5763	75.4439	49.3100	11.6700		178.0002
3	Cost Per Diem Inflated	43.3600	77.4587	51.4255			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.3600	77.4587	51.4255	11.6700		183.9142
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.7744		46.3317			
7	Provider Target Rate	41.7263		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.7263	77.4587	47.4134	11.6700		178.2684
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.7263	77.4587	47.4134	11.6700		178.2684
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252409-00 - 2012/07
191.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Grand Oaks Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/16/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,165,066.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Fixed [2]	80% Capital(1):	4,322,304	10.8018
Indexed Asset Value	5,402,880	< 60% of Base:	False	20% ROE(2):	1,080,576	0.7080
FRVS Base Asset:	4,383,120	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8800
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	78,625	1.9000
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	29,801	0.7202
		Interest Only:	False	Replacement(3&4):	44,907	0.0000
		Yearly Payment:	425,807	Total FRVS PD:		15.0100

(1) 80% Capital (\$4,322,304) amortized at 7.7500% for 20 years Principal & Interest of \$425,807 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8018

(2) 20% ROE (\$1,080,576) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7080

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,383,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.7263	41.7263	2.4642	39.2621
Patient Care				
Direct Care	77.4587	77.4587	4.5745	72.8842
Indirect Care	47.4134	47.4134	2.8001	44.6133
Property	11.6700	15.0100	0.8864	14.1236
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.2341
Supplemental Rate Add-on				\$8.8324
Totals	178.2684	181.6084	10.7252	191.9497

***Medicaid Trend Adjustment :**



0 252417-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

177.32

Harts Harbor Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11565 Harts Road Jacksonville FL 32218 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1977 Acquired Date: 7/1/1977 Entered Medicaid 6/1/1982 Med # Active Date: 12/1/2001 Previous Med # 207080	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 64,064 Medicare: 6,234 Medicaid: 55,219	Superior: 0 Standard: 178 Conditional: 6 Total: 184
	Medicaid Utilization 86.19349% Occupancy: 97.50989% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.91680% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,988,236	4,263,481	2,373,709	567,099	0	9,192,525
1a	Audit Adjustments						
2	Cost Per Diem	36.0064	77.2104	42.9872	10.2700		166.4740
3	Cost Per Diem Inflated	37.5512	79.2724	44.8315			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.5512	79.2724	44.8315	10.2700		171.9251
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.5512	79.2724	44.8315	10.2700		171.9251
12/13	Medicaid Adjustment Rate		3.1225	1.7659			
14	Prospective Per Diem 11	37.5512	82.3949	46.5974	10.2700		176.8135
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252417-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

177.32

Harts Harbor Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,901,700.00		Total Amount	Per Diem
RS to Start Calcs:	1977/07	Type:	Fixed [2]	80% Capital(1):	3,806,649	6.2235
Indexed Asset Value	4,758,311	< 60% of Base:	False	20% ROE(2):	951,662	0.4157
FRVS Base Asset:	2,722,556	Interest Rate:	7.5000 %	Insurance Cost(3):	54,622	0.8526
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	47,475	0.7411
ROE Factor	0.025830	Amortization Rate:	7.5000 %	Home Office(3):	28,107	0.4387
		Interest Only:	False	Replacement(3&4):	371,406	0.0000
		Yearly Payment:	367,993	Total FRVS PD:		8.6716

(1) 80% Capital (\$3,806,649) amortized at 7.5000% for 20 years Principal & Interest of \$367,993 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$6.2235

(2) 20% ROE (\$951,662) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4157

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.5512	37.5512	2.2176	35.3336
Patient Care				
Direct Care	82.3949	82.3949	4.8660	77.5289
Indirect Care	46.5974	46.5974	2.7519	43.8455
Property	10.2700	8.6716	0.5121	8.1595
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.6198
Supplemental Rate Add-on				\$8.8324
Totals	176.8135	175.2151	10.3476	177.3197

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252425-00 - 2012/07 183.08

Marshall Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
207 Marshall Drive Perry FL 32347 County: Taylor [62] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1979 Acquired Date: 9/1/1979 Entered Medicaid 3/1/1984 Med # Active Date: 12/1/2001 Previous Med # 211061	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,785 Medicare: 5,697 Medicaid: 29,331	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 75.62460% Occupancy: 88.55023% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.53076% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,129,720	1,972,029	1,225,760	226,435	0	4,553,944
1a	Audit Adjustments						
2	Cost Per Diem	38.5162	67.2336	41.7906	7.7200		155.2604
3	Cost Per Diem Inflated	40.1687	69.0292	43.5835			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.1687	69.0292	43.5835	7.7200		160.5014
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	69.0292	43.5835	7.7200		159.0612
12/13	Medicaid Adjustment Rate		1.9900	1.2564			
14	Prospective Per Diem 11	38.7285	71.0192	44.8399	7.7200		162.3076
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252425-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

183.08

Marshall Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1979/07 Indexed Asset Value 3,533,563 FRVS Base Asset: 2,027,076 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,901,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,826,850	7.0645
	< 60% of Base:	False	20% ROE(2):	706,713	0.4631
	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9389
	Chase Rate:	4.7500 %	Taxes Cost(3):	34,999	0.9024
	Amortization Rate:	7.7500 %	Home Office(3):	18,369	0.4736
	Interest Only:	False	Replacement(3&4):	13,093	0.0000
Yearly Payment:	278,484	Total FRVS PD:	9.8425		

(1) 80% Capital (\$2,826,850) amortized at 7.7500% for 20 years Principal & Interest of \$278,484 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0645

(2) 20% ROE (\$706,713) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4631

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	71.0192	71.0192	4.1942	66.8250
Indirect Care	44.8399	44.8399	2.6481	42.1918
Property	7.7200	9.8425	0.5813	9.2612
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5278
Supplemental Rate Add-on				\$8.8324
Totals	162.3076	164.4301	9.7108	183.0795

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252433-00 - 2012/07
208.00

SeaView Nursing and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2401 NE 2nd Street Pompano Beach FL 33062 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/1/1983 Acquired Date: 8/1/1983 Entered Medicaid 8/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207489	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 83 Maximum: 30,295 Max Annualized: 30,295 Total Patient: 28,197 Medicare: 1,989 Medicaid: 24,254	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 86.01624% Occupancy: 93.07476% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.28059% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,133,022	1,701,428	1,237,143	186,998	0	4,258,591
1a	Audit Adjustments						
2	Cost Per Diem	46.7149	70.1504	51.0078	7.7100		175.5831
3	Cost Per Diem Inflated	48.7191	72.0239	53.1962			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.7191	72.0239	53.1962	7.7100		181.6492
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		61.3003			
7	Provider Target Rate	53.5724		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.7191	72.0239	53.1962	7.7100		181.6492
12/13	Medicaid Adjustment Rate		2.9183	2.1554			
14	Prospective Per Diem 11	48.7191	74.9422	55.3516	7.7100		186.7229
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252433-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

208.00

SeaView Nursing and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 2,196,570 FRVS Base Asset: 1,201,038 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,234,273.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,757,256	6.3492
	< 60% of Base:	False	20% ROE(2):	439,314	0.4162
	Interest Rate:	10.6343 %	Insurance Cost(3):	25,187	0.8933
	Chase Rate:	4.7500 %	Taxes Cost(3):	54,175	1.9213
	Amortization Rate:	7.7500 %	Home Office(3):	13,217	0.4687
	Interest Only:	False	Replacement(3&4):	67,549	0.0000
Yearly Payment:	173,114	Total FRVS PD:		10.0487	

(1) 80% Capital (\$1,757,256) amortized at 7.7500% for 20 years Principal & Interest of \$173,114 divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = \$6.3492

(2) 20% ROE (\$439,314) times the ROE factor (0.025830) divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = \$0.4162

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	83	Effective PBS Limitation	2,365,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.7191	48.7191	2.8772	45.8419
Patient Care				
Direct Care	74.9422	74.9422	4.4258	70.5164
Indirect Care	55.3516	55.3516	3.2689	52.0827
Property	7.7100	10.0487	0.5934	9.4553
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2754
Supplemental Rate Add-on				\$8.8324
Totals	186.7229	189.0616	11.1653	208.0041

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252441-00 - 2012/07

207.44

Plantation Bay Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4641 Old Canoe Creek Road St. Cloud FL 34769 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/20/1995 Acquired Date: 7/20/1995 Entered Medicaid 7/20/1995 Med # Active Date: 12/1/2001 Previous Med # 213080	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,524 Medicare: 6,535 Medicaid: 27,749	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.82641% Occupancy: 94.80366% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.47769% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178	
		Semester Index: 1.28710041	
		Cost: 1.04290285	
		Target: 1.01634256	
		DC FY Index: 1.17950000	
		DC Sem Index: 1.21100000	
		DC Inflation: 1.02670623	
		PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,215,806	2,277,474	1,443,225	262,228	0	5,198,733
1a	Audit Adjustments						
2	Cost Per Diem	43.8144	82.0741	52.0100	9.4500		187.3485
3	Cost Per Diem Inflated	45.6942	84.2660	54.2414			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.6942	84.2660	54.2414	9.4500		193.6516
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	84.2660	49.3864	9.4500		183.9563
12/13	Medicaid Adjustment Rate		1.5951	0.9349			
14	Prospective Per Diem 11	40.8539	85.8611	50.3213	9.4500		186.4863
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252441-00 - 2012/07
207.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Plantation Bay Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/20/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,216,969.00		Total Amount	Per Diem
RS to Start Calcs:	1995/07	Type:	Fixed [2]	80% Capital(1):	3,905,083	9.7591
Indexed Asset Value	4,881,354	< 60% of Base:	False	20% ROE(2):	976,271	0.6397
FRVS Base Asset:	3,595,112	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8770
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	69,536	1.6746
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	24,445	0.5887
		Interest Only:	False	Replacement(3&4):	48,547	0.0000
		Yearly Payment:	384,705	Total FRVS PD:		13.5391

(1) 80% Capital (\$3,905,083) amortized at 7.7500% for 20 years Principal & Interest of \$384,705 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7591

(2) 20% ROE (\$976,271) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6397

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,904
Comparison Date: 1/1/1995	Current RS PBS:	50,254
Comparison Bed 103	Effective PBS Limitation	3,595,112

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	85.8611	85.8611	5.0707	80.7904
Indirect Care	50.3213	50.3213	2.9718	47.3495
Property	9.4500	13.5391	0.7996	12.7395
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2876
Supplemental Rate Add-on				\$8.8324
Totals	186.4863	190.5754	11.2548	207.4406

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252450-00 - 2012/07

199.90

Rio Pinar Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7950 Lake Underhill Road Orlando FL 32822 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1987 Acquired Date: 2/1/1987 Entered Medicaid 2/1/1987 Med # Active Date: 12/1/2001 Previous Med # 209341	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 63,241 Medicare: 8,237 Medicaid: 45,132	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
	Medicaid Utilization 71.36510% Occupancy: 96.25723% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.32491% Weighted Low Occ Adjustment Factor: 100.00000%		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,664,313	3,644,635	1,835,378	829,977	0	7,974,303
1a	Audit Adjustments						
2	Cost Per Diem	36.8766	80.7550	40.6669	18.3900		176.6885
3	Cost Per Diem Inflated	38.4587	82.9117	42.4116			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.4587	82.9117	42.4116	18.3900		182.1720
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.4587	82.9117	42.4116	13.6500		177.4320
12/13	Medicaid Adjustment Rate		1.9928	1.0194			
14	Prospective Per Diem 11	38.4587	84.9045	43.4310	13.6500		180.4442
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252450-00 - 2012/07
199.90

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Rio Pinar Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/23/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount	Per Diem
RS to Start Calcs: 1987/01	Type: None [1]		80% Capital(1): 6,615,654	11.1050
Indexed Asset Value 8,269,567	< 60% of Base: True		20% ROE(2): 1,653,913	0.7225
FRVS Base Asset: 5,162,760	Interest Rate: 10.0000 %		Insurance Cost(3): 54,622	0.8637
Occup Adj Factor: 0.9000	Chase Rate: 10.0000 %		Taxes Cost(3): 120,461	1.9048
ROE Factor 0.025830	Amortization Rate: 10.0000 %		Home Office(3): 32,067	0.5071
	Interest Only: True		Replacement(3&4): 299,415	0.0000
	Yearly Payment: 656,638		Total FRVS PD:	15.1031

(1) 80% Capital (\$6,615,654) amortized at 10.0000% for 20 years Interest of \$656,638 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.1050

(2) 20% ROE (\$1,653,913) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7225

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,682
Comparison Date: 7/1/1986	Current RS PBS: 50,254
Comparison Bed 180	Effective PBS Limitation 5,162,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.4587	38.4587	2.2712	36.1875
Patient Care				
Direct Care	84.9045	84.9045	5.0142	79.8903
Indirect Care	43.4310	43.4310	2.5649	40.8661
Property	13.6500	15.1031	0.8919	14.2112
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9086
Supplemental Rate Add-on				\$8.8324
Totals	180.4442	181.8973	10.7422	199.8961

***Medicaid Trend Adjustment :**



0 252468-00 - 2012/07

200.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Rosewood Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3920 Rosewood Way Orlando FL 32808 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1984 Acquired Date: 11/1/1984 Entered Medicaid 11/1/1984 Med # Active Date: 12/1/2001 Previous Med # 208183	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,101 Medicare: 6,544 Medicaid: 30,815	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.19304% Occupancy: 96.12101% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.15180% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,366,669	2,355,258	1,332,058	283,498	0	5,337,483
1a	Audit Adjustments						
2	Cost Per Diem	44.3508	76.4322	43.2276	9.2000		173.2106
3	Cost Per Diem Inflated	46.2536	78.4734	45.0822			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2536	78.4734	45.0822	9.2000		179.0092
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.8565			
7	Provider Target Rate	40.8539		49.9971			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	78.4734	45.0822	9.2000		173.6095
12/13	Medicaid Adjustment Rate		2.0475	1.1763			
14	Prospective Per Diem 11	40.8539	80.5209	46.2585	9.2000		176.8333
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252468-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

200.06

Rosewood Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,140,025.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	4,650,266	11.6214
Indexed Asset Value	5,812,833	< 60% of Base:	False	20% ROE(2):	1,162,567	0.7618
FRVS Base Asset:	3,420,000	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8649
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	53,094	1.2611
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	22,823	0.5421
		Interest Only:	False	Replacement(3&4):	331,120	0.0000
		Yearly Payment:	458,116	Total FRVS PD:		15.0513

(1) 80% Capital (\$4,650,266) amortized at 7.7500% for 20 years Principal & Interest of \$458,116 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6214

(2) 20% ROE (\$1,162,567) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7618

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	80.5209	80.5209	4.7553	75.7656
Indirect Care	46.2585	46.2585	2.7319	43.5266
Property	9.2000	15.0513	0.8889	14.1624
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3321
Supplemental Rate Add-on				\$8.8324
Totals	176.8333	182.6846	10.7888	200.0603

***Medicaid Trend Adjustment :**



0 252476-00 - 2012/07

200.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

OAKTREE HEALTHCARE

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
650 Reed Canal Road South Daytona FL 32019 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 9/1/1981 Acquired Date: 9/1/1981 Entered Medicaid 9/1/1981 Med # Active Date: 12/1/2001 Previous Med # 206351	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 65 Maximum: 23,725 Max Annualized: 23,725 Total Patient: 20,202 Medicare: 781 Medicaid: 14,703	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.77992% Occupancy: 85.15068% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.21058% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	810,048	982,756	760,754	88,365	0	2,641,923
1a	Audit Adjustments						
2	Cost Per Diem	55.0941	66.8405	51.7414	6.0100		179.6860
3	Cost Per Diem Inflated	57.4578	68.6256	53.9613			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.4578	68.6256	53.9613	6.0100		186.0547
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0541		50.9938			
7	Provider Target Rate	47.1293		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.1293	68.6256	52.1843	6.0100		173.9492
12/13	Medicaid Adjustment Rate		1.7587	1.3373			
14	Prospective Per Diem 11	47.1293	70.3843	53.5216	6.0100		177.0452
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252476-00 - 2012/07
200.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

OAKTREE HEALTHCARE

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/21/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,004,676.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed [2]	80% Capital(1):	1,403,634	6.4759
Indexed Asset Value	1,754,543	< 60% of Base:	False	20% ROE(2):	350,909	0.4245
FRVS Base Asset:	915,383	Interest Rate:	10.6343 %	Insurance Cost(3):	19,725	0.9764
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	11,295	0.5591
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	10,754	0.5323
		Interest Only:	False	Replacement(3&4):	32,241	0.0000
		Yearly Payment:	138,277	Total FRVS PD:		8.9682

(1) 80% Capital (\$1,403,634) amortized at 7.7500% for 20 years Principal & Interest of \$138,277 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$6.4759

(2) 20% ROE (\$350,909) times the ROE factor (0.025830) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$0.4245

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 65	Effective PBS Limitation	1,852,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.1293	47.1293	2.7833	44.3460
Patient Care				
Direct Care	70.3843	70.3843	4.1567	66.2276
Indirect Care	53.5216	53.5216	3.1608	50.3608
Property	6.0100	8.9682	0.5296	8.4386
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$22.0051
Supplemental Rate Add-on				\$8.8324
Totals	177.0452	180.0034	10.6304	200.2105

***Medicaid Trend Adjustment :**



0 252484-00 - 2012/07
211.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Edinborough Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1061 Virginia Street Dunedin FL 34698 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 11/1/1981 Acquired Date: 11/1/1981 Entered Medicaid 10/1/1982 Med # Active Date: 12/1/2001 Previous Med # 206962	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 93 Maximum: 33,945 Max Annualized: 33,945 Total Patient: 30,903 Medicare: 2,459 Medicaid: 19,693	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.72520% Occupancy: 91.03844% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.69281% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	840,492	1,560,125	1,008,642	158,726	0	3,567,985
1a	Audit Adjustments						
2	Cost Per Diem	42.6797	79.2223	51.2183	8.0600		181.1803
3	Cost Per Diem Inflated	44.5108	81.3380	53.4157			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5108	81.3380	53.4157	8.0600		187.3245
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		56.1471			
7	Provider Target Rate	48.7494		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.5108	81.3380	53.4157	8.0600		187.3245
12/13	Medicaid Adjustment Rate		1.2559	0.8248			
14	Prospective Per Diem 11	44.5108	82.5939	54.2405	8.0600		189.4052
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252484-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

211.98

Edinborough Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	None [1]	80% Capital(1):	2,229,537	9.0733
Indexed Asset Value	2,786,921	< 60% of Base:	True	20% ROE(2):	557,384	0.4713
FRVS Base Asset:	1,628,358	Interest Rate:	12.5000 %	Insurance Cost(3):	28,222	0.9132
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	37,676	1.2192
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	15,099	0.4886
		Interest Only:	True	Replacement(3&4):	50,019	0.0000
		Yearly Payment:	277,193	Total FRVS PD:		12.1656

(1) 80% Capital (\$2,229,537) amortized at 12.5000% for 20 years Interest of \$277,193 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$9.0733

(2) 20% ROE (\$557,384) times the ROE factor (0.025830) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$0.4713

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	93	Effective PBS Limitation	2,650,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.5108	44.5108	2.6287	41.8821
Patient Care				
Direct Care	82.5939	82.5939	4.8777	77.7162
Indirect Care	54.2405	54.2405	3.2033	51.0372
Property	8.0600	12.1656	0.7185	11.4471
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.0686
Supplemental Rate Add-on				\$8.8324
Totals	189.4052	193.5108	11.4282	211.9836

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 252492-00 - 2012/07

196.18

Spring Hill Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12170 Cortez Blvd. Brooksville FL 34613 County: Hernando [27] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/11/1997 Acquired Date: 7/11/1997 Entered Medicaid 8/1/1997 Med # Active Date: 12/1/2001 Previous Med # 214370	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,366 Medicare: 15,118 Medicaid: 18,189	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 43.97089% Occupancy: 94.44292% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.01927% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	698,767	1,447,082	1,100,034	209,901	0	3,455,784
1a	Audit Adjustments						
2	Cost Per Diem	38.4170	79.5581	60.4780	11.5400		189.9931
3	Cost Per Diem Inflated	40.0652	81.6828	63.0727			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.0652	81.6828	63.0727	11.5400		196.3607
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	81.6828	47.4134	11.5400		179.3647
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.7285	81.6828	47.4134	11.5400		179.3647
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252492-00 - 2012/07

196.18

Spring Hill Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,919,949.00		Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	Fixed [2]	80% Capital(1):	4,255,567	10.6350
Indexed Asset Value	5,319,459	< 60% of Base:	False	20% ROE(2):	1,063,892	0.6971
FRVS Base Asset:	4,444,920	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8803
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	119,741	2.8947
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	30,758	0.7436
		Interest Only:	False	Replacement(3&4):	88,049	0.0000
		Yearly Payment:	419,232	Total FRVS PD:		15.8507

(1) 80% Capital (\$4,255,567) amortized at 7.7500% for 20 years Principal & Interest of \$419,232 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6350

(2) 20% ROE (\$1,063,892) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6971

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	81.6828	81.6828	4.8239	76.8589
Indirect Care	47.4134	47.4134	2.8001	44.6133
Property	11.5400	15.8507	0.9361	14.9146
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.5244
Supplemental Rate Add-on				\$8.8324
Totals	179.3647	183.6754	10.8473	196.1849

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 252506-00 - 2012/07
199.94

Habana Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2916 Habana Way Tampa FL 33614 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1970 Acquired Date: 6/1/1970 Entered Medicaid 10/1/1980 Med # Active Date: 12/1/2001 Previous Med # 206083	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 53,190 Medicare: 2,525 Medicaid: 43,025	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 80.88926% Occupancy: 97.15068% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.46033% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,544,422	3,408,828	1,922,345	360,550	0	7,236,145
1a	Audit Adjustments						
2	Cost Per Diem	35.8959	79.2290	44.6797	8.3800		168.1846
3	Cost Per Diem Inflated	37.4359	81.3449	46.5966			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.4359	81.3449	46.5966	8.3800		173.7574
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.4359	81.3449	46.5966	8.3800		173.7574
12/13	Medicaid Adjustment Rate		2.8268	1.6193			
14	Prospective Per Diem 11	37.4359	84.1717	48.2159	8.3800		178.2035
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252506-00 - 2012/07

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

199.94

Habana Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	3,576,522	7.1504
Indexed Asset Value	4,470,653	< 60% of Base:	False	20% ROE(2):	894,131	0.4687
FRVS Base Asset:	2,111,676	Interest Rate:	10.6343 %	Insurance Cost(3):	45,519	0.8558
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	60,909	1.1451
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	25,777	0.4846
		Interest Only:	False	Replacement(3&4):	58,636	0.0000
		Yearly Payment:	352,337	Total FRVS PD:		10.1046

(1) 80% Capital (\$3,576,522) amortized at 7.7500% for 20 years Principal & Interest of \$352,337 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$7.1504

(2) 20% ROE (\$894,131) times the ROE factor (0.025830) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.4687

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 150	Effective PBS Limitation	4,275,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.4359	37.4359	2.2108	35.2251
Patient Care				
Direct Care	84.1717	84.1717	4.9709	79.2008
Indirect Care	48.2159	48.2159	2.8475	45.3684
Property	8.3800	10.1046	0.5967	9.5079
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.8034
Supplemental Rate Add-on				\$8.8324
Totals	178.2035	179.9281	10.6259	199.9380

***Medicaid Trend Adjustment :**



0 252522-00 - 2012/07

202.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Vista Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1550 Jess Parrish Court Titusville FL 32796 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 9/16/1985 Med # Active Date: 12/1/2001 Previous Med # 208574	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,974 Medicare: 7,588 Medicaid: 23,208	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	935,859	1,793,612	1,173,659	209,104	0	4,112,234
1a	Audit Adjustments						
2	Cost Per Diem	40.3248	77.2842	50.5713	9.0100		177.1903
3	Cost Per Diem Inflated	42.0548	79.3482	52.7410			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.0548	79.3482	52.7410	9.0100		183.1540
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	79.3482	49.3864	9.0100		178.5985
12/13	Medicaid Adjustment Rate		0.5928	0.3690			
14	Prospective Per Diem 11	40.8539	79.9410	49.7554	9.0100		179.5603
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252522-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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202.31

Vista Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,919,889.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	4,477,613	11.1899
Indexed Asset Value	5,597,016	< 60% of Base:	False	20% ROE(2):	1,119,403	0.7335
FRVS Base Asset:	3,420,000	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8887
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	75,985	1.8545
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	23,822	0.5814
		Interest Only:	False	Replacement(3&4):	28,987	0.0000
		Yearly Payment:	441,107	Total FRVS PD:		15.2480

(1) 80% Capital (\$4,477,613) amortized at 7.7500% for 20 years Principal & Interest of \$441,107 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.1899

(2) 20% ROE (\$1,119,403) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7335

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	79.9410	79.9410	4.7211	75.2199
Indirect Care	49.7554	49.7554	2.9384	46.8170
Property	9.0100	15.2480	0.9005	14.3475
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6510
Supplemental Rate Add-on				\$8.8324
Totals	179.5603	185.7983	10.9727	202.3090

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 252531-00 - 2012/07

205.11

Hillcrest Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4200 Washington Street Hollywood FL 33021 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1986 Acquired Date: 1/1/1986 Entered Medicaid 6/27/1989 Med # Active Date: 12/1/2001 Previous Med # 201057	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 77,784 Medicare: 13,491 Medicaid: 48,348	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.15674% Occupancy: 88.79452% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.84121% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,013,892	3,610,252	2,452,070	457,856	0	8,534,070
1a	Audit Adjustments						
2	Cost Per Diem	41.6541	74.6722	50.7171	9.4700		176.5134
3	Cost Per Diem Inflated	43.4412	76.6664	52.8930			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4412	76.6664	52.8930	9.4700		182.4706
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9794	76.6664	51.3593	9.4700		180.4751
12/13	Medicaid Adjustment Rate		1.0485	0.7024			
14	Prospective Per Diem 11	42.9794	77.7149	52.0617	9.4700		182.2260
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252531-00 - 2012/07
205.11

Florida Agency For Health Care Administration
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Hillcrest Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/27/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,780,937.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Fixed [2]	80% Capital(1):	8,677,154	10.8425
Indexed Asset Value	10,846,442	< 60% of Base:	False	20% ROE(2):	2,169,288	0.7107
FRVS Base Asset:	6,840,000	Interest Rate:	10.6343 %	Insurance Cost(3):	72,830	0.9363
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	205,698	2.6445
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	47,004	0.6043
		Interest Only:	False	Replacement(3&4):	71,748	0.0000
		Yearly Payment:	854,820	Total FRVS PD:		15.7383

(1) 80% Capital (\$8,677,154) amortized at 7.7500% for 20 years Principal & Interest of \$854,820 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$10.8425

(2) 20% ROE (\$2,169,288) times the ROE factor (0.025830) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.7107

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9794	42.9794	2.5382	40.4412
Patient Care				
Direct Care	77.7149	77.7149	4.5896	73.1253
Indirect Care	52.0617	52.0617	3.0746	48.9871
Property	9.4700	15.7383	0.9295	14.8088
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9199
Supplemental Rate Add-on				\$8.8324
Totals	182.2260	188.4943	11.1319	205.1147

***Medicaid Trend Adjustment :**



0 252549-00 - 2012/07

218.37

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Renaissance Health and Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5065 Wallis Road West Palm Beach FL 33415 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 7/9/1986 Med # Active Date: 12/1/2001 Previous Med # 209104	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,612 Medicare: 2,579 Medicaid: 30,730	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 83.93423% Occupancy: 83.58904% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.22602% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,474,225	2,453,812	1,682,985	260,283	0	5,871,305
1a	Audit Adjustments						
2	Cost Per Diem	47.9735	79.8507	54.7668	8.4700		191.0610
3	Cost Per Diem Inflated	50.0317	81.9832	57.1165			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.0317	81.9832	57.1165	8.4700		197.6014
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.3037		50.9054			
7	Provider Target Rate	46.3614		52.0939			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.3614	81.9832	52.0939	8.4700		188.9085
12/13	Medicaid Adjustment Rate		3.1298	1.9887			
14	Prospective Per Diem 11	46.3614	85.1130	54.0826	8.4700		194.0270
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252549-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

218.37

Renaissance Health and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/9/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,786,919.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	4,282,589	10.7025
Indexed Asset Value	5,353,236	< 60% of Base:	False	20% ROE(2):	1,070,647	0.7015
FRVS Base Asset:	3,590,000	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9946
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	57,988	1.5839
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	19,446	0.5311
		Interest Only:	False	Replacement(3&4):	19,085	0.0000
		Yearly Payment:	421,894	Total FRVS PD:		14.5136

(1) 80% Capital (\$4,282,589) amortized at 7.7500% for 20 years Principal & Interest of \$421,894 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7025

(2) 20% ROE (\$1,070,647) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7015

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,413
Comparison Date: 1/1/1984	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,289,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.3614	46.3614	2.7380	43.6234
Patient Care				
Direct Care	85.1130	85.1130	5.0265	80.0865
Indirect Care	54.0826	54.0826	3.1939	50.8887
Property	8.4700	14.5136	0.8571	13.6565
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2776
Supplemental Rate Add-on				\$8.8324
Totals	194.0270	200.0706	11.8155	218.3651

***Medicaid Trend Adjustment :**



0 252557-00 - 2012/07

188.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

Colonial Lakes Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
15204 West Colonial Drive Winter Garden FL 34787 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1984 Acquired Date: 6/1/1984 Entered Medicaid 6/1/1984 Med # Active Date: 12/1/2001 Previous Med # 207861	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,829 Medicare: 5,448 Medicaid: 50,314	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 80.08085% Occupancy: 95.63014% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.52799% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,911,426	3,279,824	2,120,285	352,701	0	7,664,236
1a	Audit Adjustments						
2	Cost Per Diem	37.9899	65.1871	42.1411	7.0100		152.3281
3	Cost Per Diem Inflated	39.6198	66.9280	43.9491			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.6198	66.9280	43.9491	7.0100		157.5069
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		50.6843			
7	Provider Target Rate	40.8539		51.8676			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.6198	66.9280	43.9491	7.0100		157.5069
12/13	Medicaid Adjustment Rate		2.2649	1.4873			
14	Prospective Per Diem 11	39.6198	69.1929	45.4364	7.0100		161.2591
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252557-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

188.31

Colonial Lakes Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 8,472,293 FRVS Base Asset: 3,287,398 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem	
	Amount: 5,100,802.00 Type: Fixed [2] < 60% of Base: False Interest Rate: 10.6343 % Chase Rate: 4.7500 % Amortization Rate: 7.7500 % Interest Only: False Yearly Payment: 667,710	Total Amount	Per Diem	
	80% Capital(1):	6,777,834	11.2922	
	20% ROE(2):	1,694,459	0.7402	
	Insurance Cost(3):	54,622	0.8694	
	Taxes Cost(3):	57,599	0.9168	
	Home Office(3):	28,435	0.4526	
	Replacement(3&4):	136,766	0.0000	
	Total FRVS PD:		14.2712	

(1) 80% Capital (\$6,777,834) amortized at 7.7500% for 20 years Principal & Interest of \$667,710 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.2922

(2) 20% ROE (\$1,694,459) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7402

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.6198	39.6198	2.3398	37.2800
Patient Care				
Direct Care	69.1929	69.1929	4.0863	65.1066
Indirect Care	45.4364	45.4364	2.6833	42.7531
Property	7.0100	14.2712	0.8428	13.4284
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.9052
Supplemental Rate Add-on				\$8.8324
Totals	161.2591	168.5203	9.9522	188.3057

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252662-00 - 2012/07

217.89

Pinebrook Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1240 Pinebrook Road Venice FL 34292 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1985 Acquired Date: 3/1/1985 Entered Medicaid 3/1/1985 Med # Active Date: 11/1/2001 Previous Med # 212202	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,079 Medicare: 12,618 Medicaid: 19,189	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 46.71243% Occupancy: 93.78767% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.18657% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	803,210	1,783,942	961,485	465,141	0	4,013,778
1a	Audit Adjustments						
2	Cost Per Diem	41.8578	92.9669	50.1061	24.2400		209.1708
3	Cost Per Diem Inflated	43.5233	95.3018	52.0998			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.5233	95.3018	52.0998	24.2400		215.1649
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		51.8997			
7	Provider Target Rate	42.9794		53.1114			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9794	95.3018	52.0998	13.6500		204.0310
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.9794	95.3018	52.0998	13.6500		204.0310
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

217.89

Pinebrook Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	None [1]	80% Capital(1):	3,989,369	11.5667
Indexed Asset Value	4,986,711	< 60% of Base:	True	20% ROE(2):	997,342	0.6535
FRVS Base Asset:	3,158,217	Interest Rate:	11.5000 %	Insurance Cost(3):	8,713	0.2121
Occup Adj Factor:	0.9000	Chase Rate:	11.5000 %	Taxes Cost(3):	69,760	1.6982
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	33,235	0.8091
		Interest Only:	True	Replacement(3&4):	97,520	0.0000
		Yearly Payment:	455,961	Total FRVS PD:		14.9396

(1) 80% Capital (\$3,989,369) amortized at 11.5000% for 20 years Interest of \$455,961 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5667

(2) 20% ROE (\$997,342) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6535

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9794	42.9794	2.5382	40.4412
Patient Care				
Direct Care	95.3018	95.3018	5.6282	89.6736
Indirect Care	52.0998	52.0998	3.0768	49.0230
Property	13.6500	14.9396	0.8823	14.0573
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8590
Supplemental Rate Add-on				\$8.8324
Totals	204.0310	205.3206	12.1255	217.8865

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252671-00 - 2012/07

197.55

Palms of Sebring

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
725 South Pine Street Sebring FL 33870 County: Highlands [28] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1970 Acquired Date: 12/1/1970 Entered Medicaid 12/1/1970 Med # Active Date: 7/26/2001 Previous Med # 200972	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 49.63915% Occupancy: 92.37443% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.39061% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,460 Medicare: 14,835 Medicaid: 20,084	Superior: 0 Standard: 184 Conditional: 0 Total: 184		
			Inflation		
			FY Index: 1.22078676		
			Semester Index: 1.28710041		
			Cost: 1.05432042		
			Target: 1.01634256		
			DC FY Index: 1.17400000		
			DC Sem Index: 1.21100000		
			DC Inflation: 1.03151618		
			PS Target: 1.02334651		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	858,094	1,603,418	885,168	302,666	0	3,649,346
1a	Audit Adjustments						
2	Cost Per Diem	42.7253	79.8356	44.0733	15.0700		181.7042
3	Cost Per Diem Inflated	45.0462	82.3517	46.4674			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.0462	82.3517	46.4674	15.0700		188.9353
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.8027		62.2345			
7	Provider Target Rate	50.9654		63.6875			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.0462	82.3517	46.4674	13.6500		187.5153
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.0462	82.3517	46.4674	13.6500		187.5153
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252671-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

197.55

Palms of Sebring

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,005,713.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable [3]	80% Capital(1):	3,218,794	8.6590
Indexed Asset Value	4,023,492	< 60% of Base:	False	20% ROE(2):	804,698	0.5634
FRVS Base Asset:	958,753	Interest Rate:	11.0000 %	Insurance Cost(3):	14,167	0.3501
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	53,882	1.3317
ROE Factor	0.027600	Amortization Rate:	8.7500 %	Home Office(3):	15,533	0.3839
		Interest Only:	False	Replacement(3&4):	53,532	0.0000
		Yearly Payment:	341,338	Total FRVS PD:		11.2881

(1) 80% Capital (\$3,218,794) amortized at 8.7500% for 20 years Principal & Interest of \$341,338 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6590

(2) 20% ROE (\$804,698) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5634

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	54	Effective PBS Limitation	1,539,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.0462	45.0462	2.6603	42.3859
Patient Care				
Direct Care	82.3517	82.3517	4.8634	77.4883
Indirect Care	46.4674	46.4674	2.7442	43.7232
Property	13.6500	11.2881	0.6666	10.6215
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.4972
Supplemental Rate Add-on				\$8.8324
Totals	187.5153	185.1534	10.9345	197.5485

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 252689-00 - 2012/07
206.55

Orchard Ridge Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
4927 Voorhees Road New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1983 Acquired Date: 8/1/1983 Entered Medicaid 8/1/1983 Med # Active Date: 9/1/2001 Previous Med # 201669	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 56.05070% Occupancy: 91.14383% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.82675% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,921 Medicare: 7,261 Medicaid: 22,376	Superior: 0 Standard: 184 Conditional: 0 Total: 184		
			Inflation		
			FY Index: 1.23784784		
			Semester Index: 1.28710041		
			Cost: 1.03978887		
			Target: 1.01634256		
			DC FY Index: 1.18133049		
			DC Sem Index: 1.21100000		
			DC Inflation: 1.02511533		
			PS Target: 1.02334651		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	823,227	1,902,797	1,073,321	284,399	30,938	4,114,682
1a	Audit Adjustments						
2	Cost Per Diem	36.7906	85.0374	47.9675	12.7100	1.3826	183.8881
3	Cost Per Diem Inflated	38.2545	87.1731	49.8761			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.2545	87.1731	49.8761	12.7100	1.3826	189.3963
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.8310		68.0689			
7	Provider Target Rate	42.8076		69.6581			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.2545	87.1731	49.8761	12.7100	1.3826	189.3963
12/13	Medicaid Adjustment Rate		0.5934	0.3395			
14	Prospective Per Diem 11	38.2545	87.7665	50.2156	12.7100	1.3826	190.3292
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252689-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

206.55

Orchard Ridge Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 2,200,000.00		
RS to Start Calcs: 1983/07		Type: Variable [3]	80% Capital(1): 3,874,241	11.1866
Indexed Asset Value 4,842,801		< 60% of Base: False	20% ROE(2): 968,560	0.6347
FRVS Base Asset: 2,095,491		Interest Rate: 10.6500 %	Insurance Cost(3): 10,780	0.2700
Occup Adj Factor: 0.9000		Chase Rate: 7.7500 %	Taxes Cost(3): 80,978	2.0285
ROE Factor 0.025830		Amortization Rate: 9.7500 %	Home Office(3): 30,003	0.7516
		Interest Only: False	Replacement(3&4): 26,741	0.0000
		Yearly Payment: 440,974	Total FRVS PD:	14.8714

(1) 80% Capital (\$3,874,241) amortized at 9.7500% for 20 years Principal & Interest of \$440,974 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.1866

(2) 20% ROE (\$968,560) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6347

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.2545	38.2545	2.2592	35.9953
Patient Care				
Direct Care	87.7665	87.7665	5.1832	82.5833
Indirect Care	50.2156	50.2156	2.9656	47.2500
Property	12.7100	14.8714	0.7506	11.9594
ROE	1.3826	0.1022	0.0817	1.3009
ROE Adjustment	-0.1022	-0.1022	-0.0060	-0.0962
Quality Assess-Medicaid Share				\$18.7267
Supplemental Rate Add-on				\$8.8324
Totals	190.2270	191.1080	11.2343	206.5518

***Medicaid Trend Adjustment :**



0 252956-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

219.76

Leesburg Health & Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
715 East Dixie Avenue Leesburg FL 32748 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1980 Acquired Date: 1/1/1980 Entered Medicaid 4/1/1982 Med # Active Date: 12/31/2001 Previous Med # 211427	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 28,714 Medicare: 10,590 Medicaid: 15,192	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 52.90799% Occupancy: 65.55708% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 83.31077% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	681,231	1,392,833	846,121	217,701	0	3,137,886
1a	Audit Adjustments						
2	Cost Per Diem	44.8414	91.6820	55.6952	14.3300		206.5486
3	Cost Per Diem Inflated	47.1463	94.4374	58.5579			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.1463	94.4374	58.5579	14.3300		214.4716
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5161		60.9879			
7	Provider Target Rate	46.5787		62.4118			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5787	94.4374	56.1342	13.6500		210.8003
12/13	Medicaid Adjustment Rate		0.3090	0.1836			
14	Prospective Per Diem 11	46.5787	94.7464	56.3178	13.6500		211.2929
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252956-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

219.76

Leesburg Health & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1989 Year of Phase-In/ Full: RS to Start Calcs: 1980/01 Indexed Asset Value 3,642,800 FRVS Base Asset: 2,210,061 Occup Adj Factor: 0.9000 ROE Factor 0.026880	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,200,000.00			
	Type:	Fixed [2]			
	< 60% of Base:	False			
	Interest Rate:	7.0000 %	80% Capital(1):	2,914,240	6.8780
	Chase Rate:	5.5000 %	20% ROE(2):	728,560	0.4968
	Amortization Rate:	7.0000 %	Insurance Cost(3):	42,749	1.4888
	Interest Only:	False	Taxes Cost(3):	45,727	1.5925
Yearly Payment:	271,129	Home Office(3):	20,494	0.7137	
		Replacement(3&4):	28,683	0.0000	
		Total FRVS PD:		11.1698	

(1) 80% Capital (\$2,914,240) amortized at 7.0000% for 20 years Principal & Interest of \$271,129 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.8780

(2) 20% ROE (\$728,560) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4968

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5787	46.5787	2.7508	43.8279
Patient Care				
Direct Care	94.7464	94.7464	5.5954	89.1510
Indirect Care	56.3178	56.3178	3.3259	52.9919
Property	13.6500	11.1698	0.6597	10.5101
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.4479
Supplemental Rate Add-on				\$8.8324
Totals	211.2929	208.8127	12.3318	219.7612

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 253014-00 - 2012/07

210.84

Springwood Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4602 Northgate Court Sarasota FL 34234 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/1/1982 Acquired Date: 5/1/1982 Entered Medicaid 5/1/1982 Med # Active Date: 11/1/2001 Previous Med # 212270	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,943 Medicare: 2,813 Medicaid: 32,749	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 81.98933% Occupancy: 91.19406% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.89057% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,278,713	2,994,356	1,298,031	664,805	0	6,235,905
1a	Audit Adjustments						
2	Cost Per Diem	39.0459	91.4335	39.6357	20.3000		190.4151
3	Cost Per Diem Inflated	40.5995	93.7299	41.2128			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.5995	93.7299	41.2128	20.3000		195.8422
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1641		50.2276			
7	Provider Target Rate	47.2419		51.4002			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.5995	93.7299	41.2128	13.6500		189.1922
12/13	Medicaid Adjustment Rate		3.3732	1.4832			
14	Prospective Per Diem 11	40.5995	97.1031	42.6960	13.6500		194.0486
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 253014-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

210.84

Springwood Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	None [1]	80% Capital(1):	3,453,822	8.6963
Indexed Asset Value	4,317,277	< 60% of Base:	True	20% ROE(2):	863,455	0.5658
FRVS Base Asset:	2,100,178	Interest Rate:	10.0000 %	Insurance Cost(3):	7,960	0.1993
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	62,240	1.5582
ROE Factor	0.025830	Amortization Rate:	10.0000 %	Home Office(3):	26,342	0.6595
		Interest Only:	True	Replacement(3&4):	430,702	0.0000
		Yearly Payment:	342,810	Total FRVS PD:		11.6791

(1) 80% Capital (\$3,453,822) amortized at 10.0000% for 20 years Interest of \$342,810 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6963

(2) 20% ROE (\$863,455) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5658

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.5995	40.5995	2.3977	38.2018
Patient Care				
Direct Care	97.1031	97.1031	5.7346	91.3685
Indirect Care	42.6960	42.6960	2.5215	40.1745
Property	13.6500	11.6791	0.6897	10.9894
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2780
Supplemental Rate Add-on				\$8.8324
Totals	194.0486	192.0777	11.3435	210.8446

***Medicaid Trend Adjustment :**



0 253146-00 - 2012/07

193.08

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Southern Oaks Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3855 Old Canoe Creek Road St. Cloud FL 34769 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1986 Acquired Date: 2/1/1986 Entered Medicaid 2/24/1986 Med # Active Date: 7/2/2001 Previous Med # 208868	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,871 Medicare: 4,959 Medicaid: 26,602	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 70.24372% Occupancy: 86.46347% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.87887% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	928,645	2,039,684	1,137,003	306,721	43,912	4,455,965
1a	Audit Adjustments						
2	Cost Per Diem	34.9088	76.6741	42.7413	11.5300	1.6507	167.5049
3	Cost Per Diem Inflated	36.2978	78.5998	44.4419			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.2978	78.5998	44.4419	11.5300	1.6507	172.5202
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.7655		48.2597			
7	Provider Target Rate	41.7172		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.2978	78.5998	44.4419	11.5300	1.6507	172.5202
12/13	Medicaid Adjustment Rate		1.7900	1.0121			
14	Prospective Per Diem 11	36.2978	80.3898	45.4540	11.5300	1.6507	175.3223
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 253146-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

193.08

Southern Oaks Health Care

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 3,475,159.00		
RS to Start Calcs: 1986/01		Type: Variable [3]	80% Capital(1): 4,344,556	9.4751
Indexed Asset Value 5,430,695		< 60% of Base: False	20% ROE(2): 1,086,139	0.7117
FRVS Base Asset: 2,133,058		Interest Rate: 12.1500 %	Insurance Cost(3): 46,982	1.2406
Occup Adj Factor: 0.9000		Chase Rate: 4.0000 %	Taxes Cost(3): 60,862	1.6071
ROE Factor 0.025830		Amortization Rate: 6.0000 %	Home Office(3): 0	0.0000
		Interest Only: False	Replacement(3&4): 610,316	0.0000
		Yearly Payment: 373,509	Total FRVS PD:	13.0345

(1) 80% Capital (\$4,344,556) amortized at 6.0000% for 20 years Principal & Interest of \$373,509 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4751

(2) 20% ROE (\$1,086,139) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7117

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.2978	36.2978	2.1436	34.1542
Patient Care				
Direct Care	80.3898	80.3898	4.7476	75.6422
Indirect Care	45.4540	45.4540	2.6844	42.7696
Property	11.5300	13.0345	0.6809	10.8491
ROE	1.6507	0.6475	0.0975	1.5532
ROE Adjustment	-0.6475	-0.6475	-0.0382	-0.6093
Quality Assess-Medicaid Share				\$19.8927
Supplemental Rate Add-on				\$8.8324
Totals	174.6748	175.1761	10.3158	193.0841

***Medicaid Trend Adjustment :**



0 253421-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

182.15

The Palms At Park Place

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
221 Park Place Blvd. Kissimmee FL 34741 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/28/1993 Acquired Date: 12/28/1993 Entered Medicaid 1/13/1994 Med # Active Date: 8/1/2001 Previous Med # 211192	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,057 Medicare: 9,187 Medicaid: 26,441	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.40071% Occupancy: 93.73744% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.12273% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	846,305	1,827,200	1,076,088	635,906	0	4,385,499
1a	Audit Adjustments						
2	Cost Per Diem	32.0073	69.1048	40.6977	24.0500		165.8598
3	Cost Per Diem Inflated	33.2808	70.8404	42.3170			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.2808	70.8404	42.3170	24.0500		170.4882
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.2808	70.8404	42.3170	13.6500		160.0882
12/13	Medicaid Adjustment Rate		1.1477	0.6856			
14	Prospective Per Diem 11	33.2808	71.9881	43.0026	13.6500		161.9215
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 253421-00 - 2012/07
182.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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The Palms At Park Place

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/13/1994 Year of Phase-In/ Full: RS to Start Calcs: 1993/07 Indexed Asset Value 5,362,004 FRVS Base Asset: 3,930,360 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,898,511.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,289,603	13.5052
	< 60% of Base:	False	20% ROE(2):	1,072,401	0.7027
	Interest Rate:	11.0300 %	Insurance Cost(3):	52,623	1.2817
	Chase Rate:	9.0000 %	Taxes Cost(3):	63,624	1.5497
	Amortization Rate:	11.0300 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	53,498	0.0000
Yearly Payment:	532,373	Total FRVS PD:	17.0393		

- (1) 80% Capital (\$4,289,603) amortized at 11.0300% for 20 years Principal & Interest of \$532,373 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.5052
- (2) 20% ROE (\$1,072,401) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7027
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,753
Comparison Date:	1/1/1993	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,930,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.2808	33.2808	1.9655	31.3153
Patient Care				
Direct Care	71.9881	71.9881	4.2514	67.7367
Indirect Care	43.0026	43.0026	2.5396	40.4630
Property	13.6500	17.0393	1.0063	16.0330
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7681
Supplemental Rate Add-on				\$8.8324
Totals	161.9215	165.3108	9.7628	182.1485

***Medicaid Trend Adjustment :**



0 253430-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

191.65

Sunset Point Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1980 Sunset Point Road Clearwater FL 33765 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1980 Acquired Date: 6/1/1980 Entered Medicaid 5/1/1984 Med # Active Date: 11/1/2001 Previous Med # 201839	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,624 Medicare: 7,904 Medicaid: 23,055	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 56.75217% Occupancy: 92.74886% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.86643% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	829,200	1,950,354	846,338	290,954	0	3,916,846
1a	Audit Adjustments						
2	Cost Per Diem	35.9662	84.5957	36.7095	12.6200		169.8914
3	Cost Per Diem Inflated	37.3973	86.7203	38.1701			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.3973	86.7203	38.1701	12.6200		174.9077
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.3481		48.2597			
7	Provider Target Rate	41.2901		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.3973	86.7203	38.1701	12.6200		174.9077
12/13	Medicaid Adjustment Rate		0.6587	0.2899			
14	Prospective Per Diem 11	37.3973	87.3790	38.4600	12.6200		175.8563
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 253430-00 - 2012/07
191.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Sunset Point Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1980/01 Indexed Asset Value 3,784,298 FRVS Base Asset: 1,921,442 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,365,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,027,438	8.7415
	< 60% of Base:	False	20% ROE(2):	756,860	0.4959
	Interest Rate:	10.6500 %	Insurance Cost(3):	9,336	0.2298
	Chase Rate:	7.7500 %	Taxes Cost(3):	53,409	1.3147
	Amortization Rate:	9.7500 %	Home Office(3):	27,737	0.6828
	Interest Only:	False	Replacement(3&4):	168,601	0.0000
Yearly Payment:	344,589	Total FRVS PD:		11.4647	

(1) 80% Capital (\$3,027,438) amortized at 9.7500% for 20 years Principal & Interest of \$344,589 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7415

(2) 20% ROE (\$756,860) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4959

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.3973	37.3973	2.2086	35.1887
Patient Care				
Direct Care	87.3790	87.3790	5.1603	82.2187
Indirect Care	38.4600	38.4600	2.2713	36.1887
Property	12.6200	11.4647	0.6771	10.7876
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4364
Supplemental Rate Add-on				\$8.8324
Totals	175.8563	174.7010	10.3173	191.6525

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 253448-00 - 2012/07

207.24

Bay Tree Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2600 Highlands Boulevard, No Palm Harbor FL 34684 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1982 Acquired Date: 9/1/1982 Entered Medicaid 9/1/1982 Med # Active Date: 11/1/2001 Previous Med # 201782	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,681 Medicare: 5,371 Medicaid: 28,124	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 69.13301% Occupancy: 92.87900% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.03181% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,093,434	2,499,071	1,171,260	302,895	0	5,066,660
1a	Audit Adjustments						
2	Cost Per Diem	38.8790	88.8590	41.6463	10.7700		180.1543
3	Cost Per Diem Inflated	40.4260	91.0907	43.3034			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.4260	91.0907	43.3034	10.7700		185.5901
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7034		49.2277			
7	Provider Target Rate	43.7004		50.3770			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.4260	91.0907	43.3034	10.7700		185.5901
12/13	Medicaid Adjustment Rate		1.9607	0.9321			
14	Prospective Per Diem 11	40.4260	93.0514	44.2355	10.7700		188.4829
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 253448-00 - 2012/07
207.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bay Tree Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2007	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,650,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable [3]	80% Capital(1):	3,195,527	9.2268
Indexed Asset Value	3,994,409	< 60% of Base:	False	20% ROE(2):	798,882	0.5235
FRVS Base Asset:	1,845,021	Interest Rate:	10.6500 %	Insurance Cost(3):	8,604	0.2115
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	57,162	1.4051
ROE Factor	0.025830	Amortization Rate:	9.7500 %	Home Office(3):	27,095	0.6660
		Interest Only:	False	Replacement(3&4):	96,273	0.0000
		Yearly Payment:	363,721	Total FRVS PD:		12.0329

(1) 80% Capital (\$3,195,527) amortized at 9.7500% for 20 years Principal & Interest of \$363,721 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2268

(2) 20% ROE (\$798,882) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5235

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.4260	40.4260	2.3874	38.0386
Patient Care				
Direct Care	93.0514	93.0514	5.4953	87.5561
Indirect Care	44.2355	44.2355	2.6124	41.6231
Property	10.7700	12.0329	0.7106	11.3223
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8679
Supplemental Rate Add-on				\$8.8324
Totals	188.4829	189.7458	11.2057	207.2404

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 253456-00 - 2012/07

202.20

Hawthorne Health and Rehab of Ocala

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4100 S.W. 33rd Avenue Ocala FL 32674 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/4/1988 Acquired Date: 3/4/1988 Entered Medicaid 3/4/1988 Med # Active Date: 12/7/2001 Previous Med # 204188	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,714 Medicare: 4,966 Medicaid: 24,757	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.64406% Occupancy: 86.10502% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.42336% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	993,790	2,074,545	895,559	769,943	0	4,733,837
1a	Audit Adjustments						
2	Cost Per Diem	40.1418	83.7963	36.1740	31.1000		191.2121
3	Cost Per Diem Inflated	41.8640	86.0342	37.7260			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.8640	86.0342	37.7260	31.1000		196.7242
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.2996		53.8739			
7	Provider Target Rate	42.2638		55.1317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.8640	86.0342	37.7260	13.6500		179.2742
12/13	Medicaid Adjustment Rate		1.5142	0.6640			
14	Prospective Per Diem 11	41.8640	87.5484	38.3900	13.6500		181.4524
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 253456-00 - 2012/07
202.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Hawthorne Health and Rehab of Ocala

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/4/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,020,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable [3]	80% Capital(1):	4,543,558	12.9508
Indexed Asset Value	5,679,448	< 60% of Base:	False	20% ROE(2):	1,135,890	0.7443
FRVS Base Asset:	1,765,380	Interest Rate:	10.1800 %	Insurance Cost(3):	62,844	1.6663
Occup Adj Factor:	0.9000	Chase Rate:	7.5645 %	Taxes Cost(3):	45,895	1.2169
ROE Factor	0.025830	Amortization Rate:	9.5645 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	32,910	0.0000
		Yearly Payment:	510,522	Total FRVS PD:		16.5783

(1) 80% Capital (\$4,543,558) amortized at 9.5645% for 20 years Principal & Interest of \$510,522 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.9508

(2) 20% ROE (\$1,135,890) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7443

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.8640	41.8640	2.4723	39.3917
Patient Care				
Direct Care	87.5484	87.5484	5.1703	82.3781
Indirect Care	38.3900	38.3900	2.2672	36.1228
Property	13.6500	16.5783	0.9791	15.5992
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8760
Supplemental Rate Add-on				\$8.8324
Totals	181.4524	184.3807	10.8889	202.2002

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 253464-00 - 2012/07

210.33

West Bay Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3865 Tampa Road Oldsmar FL 34677 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1982 Acquired Date: 9/1/1982 Entered Medicaid 9/1/1982 Med # Active Date: 11/1/2001 Previous Med # 201693	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,882 Medicare: 7,788 Medicaid: 25,320	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.93435% Occupancy: 93.33790% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.61500% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	923,091	2,378,723	1,088,958	264,594	0	4,655,366
1a	Audit Adjustments						
2	Cost Per Diem	36.4570	93.9464	43.0078	10.4500		183.8612
3	Cost Per Diem Inflated	37.9076	96.3059	44.7190			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.9076	96.3059	44.7190	10.4500		189.3825
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		51.5688			
7	Provider Target Rate	40.8539		52.7728			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.9076	96.3059	44.7190	10.4500		189.3825
12/13	Medicaid Adjustment Rate		1.2930	0.6004			
14	Prospective Per Diem 11	37.9076	97.5989	45.3194	10.4500		191.2759
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 253464-00 - 2012/07
210.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

West Bay Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1998	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,100,000.00	Total Amount	Per Diem
RS to Start Calcs: 1982/07	Type: Variable [3]	80% Capital(1): 3,718,230	10.7361
Indexed Asset Value 4,647,787	< 60% of Base: False	20% ROE(2): 929,557	0.6091
FRVS Base Asset: 2,238,198	Interest Rate: 10.6500 %	Insurance Cost(3): 8,896	0.2176
Occup Adj Factor: 0.9000	Chase Rate: 7.7500 %	Taxes Cost(3): 55,275	1.3521
ROE Factor 0.025830	Amortization Rate: 9.7500 %	Home Office(3): 29,205	0.7144
	Interest Only: False	Replacement(3&4): 85,872	0.0000
	Yearly Payment: 423,217	Total FRVS PD: 13.6293	

(1) 80% Capital (\$3,718,230) amortized at 9.7500% for 20 years Principal & Interest of \$423,217 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7361

(2) 20% ROE (\$929,557) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6091

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.9076	37.9076	2.2387	35.6689
Patient Care				
Direct Care	97.5989	97.5989	5.7639	91.8350
Indirect Care	45.3194	45.3194	2.6764	42.6430
Property	10.4500	13.6293	0.8049	12.8244
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5295
Supplemental Rate Add-on				\$8.8324
Totals	191.2759	194.4552	11.4839	210.3332

***Medicaid Trend Adjustment :**



0 253481-00 - 2012/07

249.68

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Forum at Deer Creek

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3001 Deer Creek Blvd Deerfield Beach FL 33442 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/30/1990 Acquired Date: 3/30/1990 Entered Medicaid 6/4/1990 Med # Active Date: 1/11/2002 Previous Med # 211460	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,845 Medicare: 8,379 Medicaid: 8,646	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 45.87954% Occupancy: 86.05023% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.35373% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	434,709	808,361	755,815	413,019	0	2,411,904
1a	Audit Adjustments						
2	Cost Per Diem	50.2786	93.4954	87.4179	47.7700		278.9619
3	Cost Per Diem Inflated	52.4357	95.9923	91.1684			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.4357	95.9923	91.1684	47.7700		287.3664
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	89.5311		77.8956			
7	Provider Target Rate	91.6213		79.7142			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.4357	95.9923	74.1906	13.6500		236.2686
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.4357	95.9923	74.1906	13.6500		236.2686
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 253481-00 - 2012/07
249.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Forum at Deer Creek

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/4/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,731,844.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed [2]	80% Capital(1):	2,113,854	14.1707
Indexed Asset Value	2,642,318	< 60% of Base:	False	20% ROE(2):	528,464	0.6926
FRVS Base Asset:	1,801,380	Interest Rate:	12.0000 %	Insurance Cost(3):	24,009	1.2740
Occup Adj Factor:	0.9000	Chase Rate:	11.5000 %	Taxes Cost(3):	63,046	3.3455
ROE Factor	0.025830	Amortization Rate:	12.0000 %	Home Office(3):	6,714	0.3563
		Interest Only:	False	Replacement(3&4):	981,959	0.0000
		Yearly Payment:	279,304	Total FRVS PD:		19.8391

(1) 80% Capital (\$2,113,854) amortized at 12.0000% for 20 years Principal & Interest of \$279,304 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$14.1707

(2) 20% ROE (\$528,464) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6926

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.4357	52.4357	3.0967	49.3390
Patient Care				
Direct Care	95.9923	95.9923	5.6690	90.3233
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	13.6500	19.8391	1.1716	18.6675
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.7125
Supplemental Rate Add-on				\$8.8324
Totals	236.2686	242.4577	14.3188	249.6838

***Medicaid Trend Adjustment :**



0 253707-00 - 2012/07
226.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

EDEN SPRINGS NURSING & REHABILITATIO

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4679 Crawfordville Highway Crawfordville FL 32326 County: Wakulla[65] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1974 Acquired Date: 6/1/1974 Entered Medicaid 6/1/1974 Med # Active Date: 8/1/2001 Previous Med # 221392	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,527 Medicare: 5,872 Medicaid: 27,081	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 70.29096% Occupancy: 87.96118% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.78219% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,123,631	2,548,365	1,455,525	427,609	0	5,555,130
1a	Audit Adjustments						
2	Cost Per Diem	41.4915	94.1016	53.7471	15.7900		205.1302
3	Cost Per Diem Inflated	43.1424	96.4650	55.8856			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.1424	96.4650	55.8856	15.7900		211.2830
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.3498		63.8961			
7	Provider Target Rate	43.3385		65.3879			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.1424	96.4650	55.8856	13.6500		209.1430
12/13	Medicaid Adjustment Rate		2.2020	1.2757			
14	Prospective Per Diem 11	43.1424	98.6670	57.1613	13.6500		212.6207
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 253707-00 - 2012/07
226.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

EDEN SPRINGS NURSING & REHABILITATIO

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,300,000.00	Total Amount	Per Diem
RS to Start Calcs: 1974/01	Type: Fixed [2]	80% Capital(1): 3,159,127	9.1217
Indexed Asset Value 3,948,909	< 60% of Base: False	20% ROE(2): 789,782	0.5175
FRVS Base Asset: 1,939,160	Interest Rate: 10.5000 %	Insurance Cost(3): 36,918	0.9582
Occup Adj Factor: 0.9000	Chase Rate: 6.7500 %	Taxes Cost(3): 27,417	0.7116
ROE Factor 0.025830	Amortization Rate: 9.7500 %	Home Office(3): 10,773	0.2796
	Interest Only: False	Replacement(3&4): 38,280	0.0000
	Yearly Payment: 359,578	Total FRVS PD: 11.5886	

(1) 80% Capital (\$3,159,127) amortized at 9.7500% for 20 years Principal & Interest of \$359,578 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1217

(2) 20% ROE (\$789,782) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5175

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.1424	43.1424	2.5478	40.5946
Patient Care				
Direct Care	98.6670	98.6670	5.8269	92.8401
Indirect Care	57.1613	57.1613	3.3758	53.7855
Property	13.6500	11.5886	0.6844	10.9042
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.4013
Supplemental Rate Add-on				\$8.8324
Totals	212.6207	210.5593	12.4349	226.3581

***Medicaid Trend Adjustment :**



0 253723-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

240.46

Jackson Plaza Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1861 NW 8th Ave. Miami FL 33136 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/7/2000 Acquired Date: 11/6/2000 Entered Medicaid 12/7/2000 Med # Active Date: 1/1/2002 Previous Med # 228460	03/01/2011-02/29/2012 Days In CR 366 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 42,178 Medicare: 10,574 Medicaid: 29,356	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.25683187 Semester Index: 1.28710041 Cost: 1.02408321 Target: 1.01634256 DC FY Index: 1.19049979 DC Sem Index: 1.21100000 DC Inflation: 1.01721984 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,777,218	3,045,039	1,786,812	1,132,554	0	7,741,623
1a	Audit Adjustments						
2	Cost Per Diem	60.5402	103.7280	60.8670	38.5800		263.7152
3	Cost Per Diem Inflated	61.9982	105.5142	62.3329			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	61.9982	105.5142	62.3329	38.5800		268.4253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9597		59.8966			
7	Provider Target Rate	47.0327		61.2950			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.0327	99.9145	59.7055	13.6500		220.3027
12/13	Medicaid Adjustment Rate		2.2031	1.3165			
14	Prospective Per Diem 11	47.0327	102.1176	61.0220	13.6500		223.8223
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 253723-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

240.46

Jackson Plaza Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/26/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	2000/07	Type:	Fixed [2]	80% Capital(1):	4,388,798	13.5636
Indexed Asset Value	5,485,998	< 60% of Base:	False	20% ROE(2):	1,097,200	0.6090
FRVS Base Asset:	0	Interest Rate:	11.0000 %	Insurance Cost(3):	123,382	2.9253
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	4,296	0.1019
ROE Factor	0.021880	Amortization Rate:	10.7500 %	Home Office(3):	23,862	0.5657
		Interest Only:	False	Replacement(3&4):	120,997	0.0000
		Yearly Payment:	534,676	Total FRVS PD:		17.7655

(1) 80% Capital (\$4,388,798) amortized at 10.7500% for 20 years Principal & Interest of \$534,676 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.5636

(2) 20% ROE (\$1,097,200) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6090

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,849
Comparison Date: 1/1/2000	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,781,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.0327	47.0327	2.7776	44.2551
Patient Care				
Direct Care	102.1176	102.1176	6.0307	96.0869
Indirect Care	61.0220	61.0220	3.6038	57.4182
Property	13.6500	17.7655	1.0492	16.7163
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1515
Supplemental Rate Add-on				\$8.8324
Totals	223.8223	227.9378	13.4613	240.4604

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 254177-00 - 2012/07

204.35

Manor Pines Convalescent Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1701 NE 26th Street Ft. Lauderdale FL 33305 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1966 Acquired Date: 2/1/1968 Entered Medicaid 3/6/2002 Med # Active Date: 3/6/2002 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 206 Maximum: 75,190 Max Annualized: 75,190 Total Patient: 54,680 Medicare: 9,365 Medicaid: 21,331	Superior: 0 Standard: 182 Conditional: 2 Total: 184
	Medicaid Utilization 39.01061% Occupancy: 72.72243% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 92.41660% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	922,270	1,715,377	995,867	295,434	0	3,928,948
1a	Audit Adjustments						
2	Cost Per Diem	43.2361	80.4171	46.6864	13.8500		184.1896
3	Cost Per Diem Inflated	45.0911	82.5647	48.6894			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.0911	82.5647	48.6894	13.8500		190.1952
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.5276		50.1876			
7	Provider Target Rate	53.7539		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.0911	82.5647	48.6894	13.6500		189.9952
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.0911	82.5647	48.6894	13.6500		189.9952
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 254177-00 - 2012/07
204.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Manor Pines Convalescent Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/6/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	375,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	2,024,260	2.5198
Indexed Asset Value	2,530,325	< 60% of Base:	True	20% ROE(2):	506,065	0.1932
FRVS Base Asset:	2,530,325	Interest Rate:	9.5700 %	Insurance Cost(3):	114,108	2.0868
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	272,295	4.9798
ROE Factor	0.025830	Amortization Rate:	8.5000 %	Home Office(3):	82,421	1.5073
		Interest Only:	True	Replacement(3&4):	179,360	0.0000
		Yearly Payment:	170,517	Total FRVS PD:		11.2869

- (1) 80% Capital (\$2,024,260) amortized at 8.5000% for 20 years Interest of \$170,517 divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = \$2.5198
- (2) 20% ROE (\$506,065) times the ROE factor (0.025830) divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = \$0.1932
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 1/1/1971	Current RS PBS:	50,254
Comparison Bed 206	Effective PBS Limitation	2,113,766

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.0911	45.0911	2.6629	42.4282
Patient Care				
Direct Care	82.5647	82.5647	4.8760	77.6887
Indirect Care	48.6894	48.6894	2.8754	45.8140
Property	13.6500	11.2869	0.6666	10.6203
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9696
Supplemental Rate Add-on				\$8.8324
Totals	189.9952	187.6321	11.0809	204.3532

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 254291-00 - 2012/07

253.92

Arch Plaza Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12505 NE 16th Avenue North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 11/23/1998 Acquired Date: 10/1/1978 Entered Medicaid 5/1/1971 Med # Active Date: 1/1/2002 Previous Med # 213845	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 98 Maximum: 35,770 Max Annualized: 35,770 Total Patient: 31,617 Medicare: 5,468 Medicaid: 24,939	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.87845% Occupancy: 88.38971% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.32678% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,510,726	2,505,407	1,672,893	406,506	0	6,095,532
1a	Audit Adjustments						
2	Cost Per Diem	60.5768	100.4614	67.0794	16.3000		244.4176
3	Cost Per Diem Inflated	62.9871	102.9845	69.7484			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	62.9871	102.9845	69.7484	16.3000		252.0200
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		61.3003			
7	Provider Target Rate	53.5724		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.5724	102.9845	62.7314	13.6500		232.9383
12/13	Medicaid Adjustment Rate		3.3458	2.0380			
14	Prospective Per Diem 11	53.5724	106.3303	64.7694	13.6500		238.3221
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 254291-00 - 2012/07
253.92

Arch Plaza Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1978/07 Indexed Asset Value 4,468,750 FRVS Base Asset: 1,103,440 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,800,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,575,000	13.5288
	< 60% of Base:	False	20% ROE(2):	893,750	0.7171
	Interest Rate:	11.0000 %	Insurance Cost(3):	17,805	0.5631
	Chase Rate:	7.7500 %	Taxes Cost(3):	12,289	0.3887
	Amortization Rate:	10.7500 %	Home Office(3):	15,128	0.4785
	Interest Only:	False	Replacement(3&4):	243,788	0.0000
Yearly Payment:	435,533	Total FRVS PD:		15.6762	

(1) 80% Capital (\$3,575,000) amortized at 10.7500% for 20 years Principal & Interest of \$435,533 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$13.5288

(2) 20% ROE (\$893,750) times the ROE factor (0.025830) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$0.7171

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 118	Effective PBS Limitation	3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.5724	53.5724	3.1638	50.4086
Patient Care				
Direct Care	106.3303	106.3303	6.2795	100.0508
Indirect Care	64.7694	64.7694	3.8251	60.9443
Property	13.6500	15.6762	0.9258	14.7504
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9313
Supplemental Rate Add-on				\$8.8324
Totals	238.3221	240.3483	14.1942	253.9178

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 254762-00 - 2012/07
207.42

Wrights Healthcare & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11300 110th Ave. North Seminole FL 33778 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1962 Acquired Date: 4/1/2002 Entered Medicaid 5/21/2002 Med # Active Date: 5/21/2002 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,861 Medicare: 3,488 Medicaid: 8,941	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 45.01787% Occupancy: 90.68950% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.24937% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	383,270	648,132	514,734	286,380	0	1,832,516
1a	Audit Adjustments						
2	Cost Per Diem	42.8666	72.4899	57.5701	32.0300		204.9566
3	Cost Per Diem Inflated	44.0114	73.8001	59.1076			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.0114	73.8001	59.1076	32.0300		208.9491
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3923		56.1471			
7	Provider Target Rate	49.5221		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.0114	73.8001	57.4579	13.6500		188.9194
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.0114	73.8001	57.4579	13.6500		188.9194
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 254762-00 - 2012/07
207.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Wrights Healthcare & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/21/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	2002/01	Type:	Fixed [2]	80% Capital(1):	2,067,206	10.3322
Indexed Asset Value	2,584,007	< 60% of Base:	False	20% ROE(2):	516,801	0.6337
FRVS Base Asset:	2,472,420	Interest Rate:	9.5000 %	Insurance Cost(3):	70,138	3.5314
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	17,742	0.8933
ROE Factor	0.024170	Amortization Rate:	7.7500 %	Home Office(3):	6,708	0.3377
		Interest Only:	False	Replacement(3&4):	66,896	0.0000
		Yearly Payment:	203,648	Total FRVS PD:		15.7283

(1) 80% Capital (\$2,067,206) amortized at 7.7500% for 20 years Principal & Interest of \$203,648 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.3322

(2) 20% ROE (\$516,801) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6337

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	41,207
Comparison Date:	7/1/2001	Current RS PBS:	50,254
Comparison Bed	60	Effective PBS Limitation	2,472,420

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.0114	44.0114	2.5992	41.4122
Patient Care				
Direct Care	73.8001	73.8001	4.3584	69.4417
Indirect Care	57.4579	57.4579	3.3933	54.0646
Property	13.6500	15.7283	0.9289	14.7994
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8700
Supplemental Rate Add-on				\$8.8324
Totals	188.9194	190.9977	11.2798	207.4203

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 254878-00 - 2012/07

194.61

EdgeWood Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1771 Edgewood Avenue West Jacksonville FL 32208 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1988 Acquired Date: 1/1/1988 Entered Medicaid 2/12/1988 Med # Active Date: 5/16/2002 Previous Med # 212521	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,396 Medicare: 3,053 Medicaid: 15,314	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 75.08335% Occupancy: 93.13242% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.35387% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	710,646	1,021,038	690,342	285,606	0	2,707,632
1a	Audit Adjustments						
2	Cost Per Diem	46.4050	66.6735	45.0791	18.6500		176.8076
3	Cost Per Diem Inflated	47.6443	67.8786	46.2830			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.6443	67.8786	46.2830	18.6500		180.4559
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		50.9938			
7	Provider Target Rate	43.9259		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9259	67.8786	46.2830	13.6500		171.7375
12/13	Medicaid Adjustment Rate		1.9155	1.3060			
14	Prospective Per Diem 11	43.9259	69.7941	47.5890	13.6500		174.9590
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 254878-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

194.61

EdgeWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/1/1993 Year of Phase-In/ Full: RS to Start Calcs: 1988/01 Indexed Asset Value 2,824,117 FRVS Base Asset: 1,765,380 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem				
	Amount:	2,353,489.00	<table border="1"> <tr> <td></td> <td align="right">Total Amount</td> <td align="right">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type:	Fixed [2]	80% Capital(1):	2,259,294	12.3760		
	< 60% of Base:	False	20% ROE(2):	564,823	0.6926		
	Interest Rate:	9.7500 %	Insurance Cost(3):	9,816	0.4813		
	Chase Rate:	6.0000 %	Taxes Cost(3):	35,343	1.7328		
	Amortization Rate:	9.0000 %	Home Office(3):	3,266	0.1601		
Interest Only:	False	Replacement(3&4):	0	0.0000			
Yearly Payment:	243,930	Total FRVS PD:	15.4428				

(1) 80% Capital (\$2,259,294) amortized at 9.0000% for 20 years Principal & Interest of \$243,930 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.3760

(2) 20% ROE (\$564,823) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6926

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9259	43.9259	2.5941	41.3318
Patient Care				
Direct Care	69.7941	69.7941	4.1218	65.6723
Indirect Care	47.5890	47.5890	2.8104	44.7786
Property	13.6500	15.4428	0.9120	14.5308
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.4637
Supplemental Rate Add-on				\$8.8324
Totals	174.9590	176.7518	10.4383	194.6096

***Medicaid Trend Adjustment :**



0 255572-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

172.72

Woodlands Care Center of Alachua County

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7207 SW 24th Avenue Gainesville Fl 32607 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/6/2002 Acquired Date: 5/6/2002 Entered Medicaid 6/27/2002 Med # Active Date: 6/27/2002 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,394 Medicare: 12,614 Medicaid: 20,076	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
Medicaid Utilization 46.26446% Occupancy: 99.07306% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 125.90331% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	770,496	1,357,786	637,041	576,382	0	3,341,705
1a	Audit Adjustments						
2	Cost Per Diem	38.3790	67.6323	31.7315	28.7100		166.4528
3	Cost Per Diem Inflated	40.4638	69.7638	33.4552			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.4638	69.7638	33.4552	28.7100		172.3928
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	69.7638	33.4552	13.6500		155.5975
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.7285	69.7638	33.4552	13.6500		155.5975
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 255572-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

172.72

Woodlands Care Center of Alachua County

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/27/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	2002/01	Type:	Variable [3]	80% Capital(1):	4,387,629	10.5567
Indexed Asset Value	5,484,536	< 60% of Base:	False	20% ROE(2):	1,096,907	0.7680
FRVS Base Asset:	4,944,840	Interest Rate:	8.1900 %	Insurance Cost(3):	36,616	0.8438
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	110,138	2.5381
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	11,690	0.2694
		Interest Only:	False	Replacement(3&4):	15,715	0.0000
		Yearly Payment:	416,145	Total FRVS PD:		14.9760

(1) 80% Capital (\$4,387,629) amortized at 7.2500% for 20 years Principal & Interest of \$416,145 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5567

(2) 20% ROE (\$1,096,907) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7680

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,207
Comparison Date: 7/1/2001	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,944,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	69.7638	69.7638	4.1200	65.6438
Indirect Care	33.4552	33.4552	1.9758	31.4794
Property	13.6500	14.9760	0.8844	14.0916
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2362
Supplemental Rate Add-on				\$8.8324
Totals	155.5975	156.9235	9.2674	172.7247

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 256269-00 - 2012/07

206.41

Diamond Ridge Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2730 W. Marc Knighton Cour Lecanto FL 34461 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1989 Acquired Date: 3/1/1989 Entered Medicaid 6/23/1989 Med # Active Date: 6/1/2002 Previous Med # 211893	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,317 Medicare: 12,714 Medicaid: 20,218	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.42305% Occupancy: 89.76484% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.07430% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	778,862	1,734,464	1,278,031	402,136	0	4,193,493
1a	Audit Adjustments						
2	Cost Per Diem	38.5232	85.7881	63.2125	19.8900		207.4138
3	Cost Per Diem Inflated	39.5520	87.3387	64.9006			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.5520	87.3387	64.9006	19.8900		211.6813
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		53.7468			
7	Provider Target Rate	38.7285		55.0016			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	87.3387	55.0016	13.6500		194.7188
12/13	Medicaid Adjustment Rate		0.1398	0.0881			
14	Prospective Per Diem 11	38.7285	87.4785	55.0897	13.6500		194.9467
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 256269-00 - 2012/07
206.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Diamond Ridge Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/23/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	None [1]	80% Capital(1):	4,086,717	8.7329
Indexed Asset Value	5,108,396	< 60% of Base:	True	20% ROE(2):	1,021,679	0.6264
FRVS Base Asset:	1,778,760	Interest Rate:	8.5000 %	Insurance Cost(3):	48,961	1.2453
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	56,543	1.4381
ROE Factor	0.024170	Amortization Rate:	8.5000 %	Home Office(3):	7,198	0.1831
		Interest Only:	True	Replacement(3&4):	85,186	0.0000
		Yearly Payment:	344,251	Total FRVS PD:		12.2258

- (1) 80% Capital (\$4,086,717) amortized at 8.5000% for 20 years Interest of \$344,251 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7329
- (2) 20% ROE (\$1,021,679) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6264
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,778,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	87.4785	87.4785	5.1662	82.3123
Indirect Care	55.0897	55.0897	3.2534	51.8363
Property	13.6500	12.2258	0.7220	11.5038
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4880
Supplemental Rate Add-on				\$8.8324
Totals	194.9467	193.5225	11.4288	206.4141

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 256277-00 - 2012/07
230.96

Surrey Place Convalescent Center of Bradenton

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5525 21st Avenue West Bradenton FL 34209 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/8/1989 Acquired Date: 2/8/1989 Entered Medicaid 2/8/1989 Med # Active Date: 6/1/2002 Previous Med # 212938	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,092 Medicare: 9,126 Medicaid: 5,789	Superior: 0 Standard: 170 Conditional: 14 Total: 184
	Medicaid Utilization 30.32160% Occupancy: 87.17808% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.78701% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	230,978	595,662	435,000	121,569	0	1,383,209
1a	Audit Adjustments						
2	Cost Per Diem	39.8995	102.8955	75.1425	21.0000		238.9375
3	Cost Per Diem Inflated	42.0669	106.1384	79.2243			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.0669	106.1384	79.2243	21.0000		248.4296
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		67.3273			
7	Provider Target Rate	48.7494		68.8992			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.0669	101.2154	67.5570	13.6500		224.4893
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.0669	101.2154	67.5570	13.6500		224.4893
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 256277-00 - 2012/07
230.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Surrey Place Convalescent Center of Bradenton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/8/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	None [1]	80% Capital(1):	2,030,554	8.6782
Indexed Asset Value	2,538,192	< 60% of Base:	True	20% ROE(2):	507,638	0.7108
FRVS Base Asset:	1,778,760	Interest Rate:	8.5000 %	Insurance Cost(3):	29,730	1.5572
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	27,194	1.4244
ROE Factor	0.027600	Amortization Rate:	8.5000 %	Home Office(3):	3,109	0.1628
		Interest Only:	True	Replacement(3&4):	74,333	0.0000
		Yearly Payment:	171,047	Total FRVS PD:		12.5334

- (1) 80% Capital (\$2,030,554) amortized at 8.5000% for 20 years Interest of \$171,047 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.6782
- (2) 20% ROE (\$507,638) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7108
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,778,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.0669	42.0669	2.4843	39.5826
Patient Care				
Direct Care	101.2154	101.2154	5.9774	95.2380
Indirect Care	67.5570	67.5570	3.9897	63.5673
Property	13.6500	12.5334	0.7402	11.7932
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.9486
Supplemental Rate Add-on				\$8.8324
Totals	224.4893	223.3727	13.1916	230.9621

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 256757-00 - 2012/07

192.69

Lakeside Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11411 Armsdale Road Jacksonville FL 32218 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/10/1997 Acquired Date: 12/10/1997 Entered Medicaid 1/21/1998 Med # Active Date: 9/23/2002 Previous Med # 213420	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 122 Maximum: 44,530 Max Annualized: 44,530 Total Patient: 38,699 Medicare: 11,913 Medicaid: 24,075	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.21091% Occupancy: 86.90546% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.44056% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,178,455	1,862,598	1,058,211	510,390	0	4,609,654
1a	Audit Adjustments						
2	Cost Per Diem	48.9493	77.3665	43.9548	21.2000		191.4706
3	Cost Per Diem Inflated	50.2565	78.7649	45.1286			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.2565	78.7649	45.1286	21.2000		195.3500
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.2242		46.3317			
7	Provider Target Rate	39.1166		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.1166	78.7649	45.1286	13.6500		176.6601
12/13	Medicaid Adjustment Rate		1.0820	0.6199			
14	Prospective Per Diem 11	39.1166	79.8469	45.7485	13.6500		178.3620
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 256757-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

192.69

Lakeside Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/21/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	None [1]	80% Capital(1):	4,904,790	10.3092
Indexed Asset Value	6,130,988	< 60% of Base:	True	20% ROE(2):	1,226,198	0.7395
FRVS Base Asset:	2,222,460	Interest Rate:	8.5000 %	Insurance Cost(3):	29,052	0.7507
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	68,874	1.7797
ROE Factor	0.024170	Amortization Rate:	8.5000 %	Home Office(3):	10,243	0.2647
		Interest Only:	True	Replacement(3&4):	6,875	0.0000
		Yearly Payment:	413,162	Total FRVS PD:		13.8438

(1) 80% Capital (\$4,904,790) amortized at 8.5000% for 20 years Interest of \$413,162 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$10.3092

(2) 20% ROE (\$1,226,198) times the ROE factor (0.024170) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$0.7395

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,222,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.1166	39.1166	2.3101	36.8065
Patient Care				
Direct Care	79.8469	79.8469	4.7155	75.1314
Indirect Care	45.7485	45.7485	2.7018	43.0467
Property	13.6500	13.8438	0.8176	13.0262
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8436
Supplemental Rate Add-on				\$8.8324
Totals	178.3620	178.5558	10.5450	192.6868

***Medicaid Trend Adjustment :**



0 256846-00 - 2012/07
203.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lakeside Pavillion Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2900 Twelfth Street Naples FL 33940 County: Collier[11] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/1/1982 Acquired Date: 5/1/1982 Entered Medicaid 5/1/1982 Med # Active Date: 11/1/2001 Previous Med # 212245	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,782 Medicare: 6,527 Medicaid: 27,475	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.37041% Occupancy: 93.10959% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.32485% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,004,189	2,349,181	1,206,416	650,333	0	5,210,119
1a	Audit Adjustments						
2	Cost Per Diem	36.5492	85.5025	43.9096	23.6700		189.6313
3	Cost Per Diem Inflated	38.0035	87.6499	45.6567			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.0035	87.6499	45.6567	23.6700		194.9801
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8696		50.1876			
7	Provider Target Rate	45.9171		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.0035	87.6499	45.6567	13.6500		184.9601
12/13	Medicaid Adjustment Rate		1.7128	0.8922			
14	Prospective Per Diem 11	38.0035	89.3627	46.5489	13.6500		187.5651
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 256846-00 - 2012/07
203.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lakeside Pavillion Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed [2]	80% Capital(1):	3,449,526	10.0015
Indexed Asset Value	4,311,907	< 60% of Base:	True	20% ROE(2):	862,381	0.5651
FRVS Base Asset:	1,621,501	Interest Rate:	11.5000 %	Insurance Cost(3):	7,453	0.1828
Occup Adj Factor:	0.9000	Chase Rate:	11.5000 %	Taxes Cost(3):	27,478	0.6738
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	28,443	0.6974
		Interest Only:	True	Replacement(3&4):	10,860	0.0000
		Yearly Payment:	394,260	Total FRVS PD:		12.1206

(1) 80% Capital (\$3,449,526) amortized at 11.5000% for 20 years Interest of \$394,260 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.0015

(2) 20% ROE (\$862,381) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5651

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.0035	38.0035	2.2444	35.7591
Patient Care				
Direct Care	89.3627	89.3627	5.2775	84.0852
Indirect Care	46.5489	46.5489	2.7490	43.7999
Property	13.6500	12.1206	0.7158	11.4048
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2265
Supplemental Rate Add-on				\$8.8324
Totals	187.5651	186.0357	10.9867	203.1079

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 256935-00 - 2012/07

209.20

Manor Oaks Nursing & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2121 E. Commercial Blvd. Ft. Lauderdale FL 33308 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1966 Acquired Date: 7/1/1974 Entered Medicaid 12/1/2002 Med # Active Date: 12/1/2002 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 29,675 Medicare: 4,422 Medicaid: 17,029	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.38500% Occupancy: 70.08739% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 89.06794% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	910,982	1,255,150	885,013	271,442	0	3,322,587
1a	Audit Adjustments						
2	Cost Per Diem	53.4959	73.7066	51.9709	15.9400		195.1134
3	Cost Per Diem Inflated	55.4584	75.4407	53.8774			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.4584	75.4407	53.8774	15.9400		200.7165
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.1239		53.2479			
7	Provider Target Rate	64.5976		54.4911			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	75.4407	53.8774	13.6500		195.1829
12/13	Medicaid Adjustment Rate		0.6268	0.4476			
14	Prospective Per Diem 11	52.2148	76.0675	54.3250	13.6500		196.2573
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 256935-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

209.20

Manor Oaks Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1974/07	Type:	None [1]	80% Capital(1):	1,314,174	1.4441
Indexed Asset Value	1,642,717	< 60% of Base:	True	20% ROE(2):	328,543	0.2210
FRVS Base Asset:	0	Interest Rate:	4.2500 %	Insurance Cost(3):	87,954	2.9639
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	102,837	3.4654
ROE Factor	0.025630	Amortization Rate:	4.2500 %	Home Office(3):	45,669	1.5390
		Interest Only:	True	Replacement(3&4):	102,131	0.0000
		Yearly Payment:	55,029	Total FRVS PD:		9.6334

- (1) 80% Capital (\$1,314,174) amortized at 4.2500% for 20 years Interest of \$55,029 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$1.4441
- (2) 20% ROE (\$328,543) times the ROE factor (0.025630) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.2210
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	13,088
Comparison Date: 1/1/1974	Current RS PBS:	50,254
Comparison Bed 116	Effective PBS Limitation	1,518,208

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	76.0675	76.0675	4.4923	71.5752
Indirect Care	54.3250	54.3250	3.2083	51.1167
Property	13.6500	9.6334	0.5689	9.0645
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.4791
Supplemental Rate Add-on				\$8.8324
Totals	196.2573	192.2407	11.3531	209.1991

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257249-00 - 2012/07
191.62

PG of Port St Lucie

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1751 Hillmoor Drive Port St. Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/25/1988 Acquired Date: 2/25/1988 Entered Medicaid 2/25/1988 Med # Active Date: 6/29/2002 Previous Med # 216801	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,627 Medicare: 8,459 Medicaid: 27,124	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.15963% Occupancy: 95.03881% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.77653% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	954,394	1,992,255	1,212,895	886,684	0	5,046,228
1a	Audit Adjustments						
2	Cost Per Diem	35.1863	73.4499	44.7167	32.6900		186.0429
3	Cost Per Diem Inflated	36.6959	75.4115	46.6352			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.6959	75.4115	46.6352	32.6900		191.4326
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.5875		50.1876			
7	Provider Target Rate	43.5818		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.6959	75.4115	46.6352	13.6500		172.3926
12/13	Medicaid Adjustment Rate		1.2861	0.7953			
14	Prospective Per Diem 11	36.6959	76.6976	47.4305	13.6500		174.4740
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257249-00 - 2012/07
191.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Port St Lucie

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/25/1988	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,400,000.00	Total Amount	Per Diem
RS to Start Calcs: 1988/01	Type: Fixed [2]	80% Capital(1): 4,488,674	9.7894
Indexed Asset Value: 5,610,843	< 60% of Base: False	20% ROE(2): 1,122,169	0.7353
FRVS Base Asset: 3,530,760	Interest Rate: 6.0000 %	Insurance Cost(3): 41,313	0.9925
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 86,636	2.0812
ROE Factor: 0.025830	Amortization Rate: 6.0000 %	Home Office(3): 18,878	0.4535
	Interest Only: False	Replacement(3&4): 43,422	0.0000
	Yearly Payment: 385,899	Total FRVS PD:	14.0519

(1) 80% Capital (\$4,488,674) amortized at 6.0000% for 20 years Principal & Interest of \$385,899 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7894

(2) 20% ROE (\$1,122,169) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7353

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,423
Comparison Date: 7/1/1987	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.6959	36.6959	2.1671	34.5288
Patient Care				
Direct Care	76.6976	76.6976	4.5295	72.1681
Indirect Care	47.4305	47.4305	2.8011	44.6294
Property	13.6500	14.0519	0.8299	13.2220
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2385
Supplemental Rate Add-on				\$8.8324
Totals	174.4740	174.8759	10.3276	191.6192

***Medicaid Trend Adjustment :**



0 257257-00 - 2012/07

201.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of West Palm Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
300 EXECUTIVE CENTER D West Palm Beach FL 33401 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/20/1988 Acquired Date: 4/20/1988 Entered Medicaid 4/20/1988 Med # Active Date: 6/29/2002 Previous Med # 216798	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 176 Maximum: 64,240 Max Annualized: 64,240 Total Patient: 56,973 Medicare: 8,232 Medicaid: 31,318	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.96990% Occupancy: 88.68774% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.70550% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,023,705	2,732,195	1,256,280	1,118,053	0	6,130,233
1a	Audit Adjustments						
2	Cost Per Diem	32.6874	87.2404	40.1137	35.7000		195.7415
3	Cost Per Diem Inflated	34.0898	89.5703	41.8347			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.0898	89.5703	41.8347	35.7000		201.1948
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.0898	89.5703	41.8347	13.6500		179.1448
12/13	Medicaid Adjustment Rate		0.5008	0.2339			
14	Prospective Per Diem 11	34.0898	90.0711	42.0686	13.6500		179.8795
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257257-00 - 2012/07
201.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of West Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/20/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/01 Indexed Asset Value 8,528,940 FRVS Base Asset: 3,530,760 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,515,852.00			
	Type:	Variable [3]			
	< 60% of Base:	False			
	Interest Rate:	8.5200 %	80% Capital(1):	6,823,152	12.3079
	Chase Rate:	8.2500 %	20% ROE(2):	1,705,788	0.7621
	Amortization Rate:	8.5200 %	Insurance Cost(3):	78,880	1.3845
	Interest Only:	False	Taxes Cost(3):	162,759	2.8568
Yearly Payment:	711,592	Home Office(3):	27,733	0.4868	
		Replacement(3&4):	51,132	0.0000	
		Total FRVS PD:		17.7981	

(1) 80% Capital (\$6,823,152) amortized at 8.5200% for 20 years Principal & Interest of \$711,592 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$12.3079

(2) 20% ROE (\$1,705,788) times the ROE factor (0.025830) divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$0.7621

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.0898	34.0898	2.0132	32.0766
Patient Care				
Direct Care	90.0711	90.0711	5.3193	84.7518
Indirect Care	42.0686	42.0686	2.4844	39.5842
Property	13.6500	17.7981	1.0511	16.7470
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5826
Supplemental Rate Add-on				\$8.8324
Totals	179.8795	184.0276	10.8680	201.5746

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257265-00 - 2012/07

192.94

PG of Gainesville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
227SW 62nd Boulevard Gainesville FL 32607 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/20/1987 Acquired Date: 7/20/1987 Entered Medicaid 7/21/1987 Med # Active Date: 6/29/2002 Previous Med # 216020	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,628 Medicare: 14,661 Medicaid: 20,353	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 48.89257% Occupancy: 95.04110% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.77943% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	720,382	1,527,894	955,081	685,896	0	3,889,253
1a	Audit Adjustments						
2	Cost Per Diem	35.3944	75.0697	46.9258	33.7000		191.0899
3	Cost Per Diem Inflated	36.9129	77.0745	48.9391			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.9129	77.0745	48.9391	33.7000		196.6265
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3115		55.8974			
7	Provider Target Rate	42.2760		57.2024			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.9129	77.0745	48.9391	13.6500		176.5765
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	36.9129	77.0745	48.9391	13.6500		176.5765
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257265-00 - 2012/07
192.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Gainesville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Variable [3]	80% Capital(1):	4,685,914	11.4566
Indexed Asset Value	5,857,393	< 60% of Base:	False	20% ROE(2):	1,171,479	0.7676
FRVS Base Asset:	3,503,400	Interest Rate:	7.4600 %	Insurance Cost(3):	44,161	1.0608
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	131,599	3.1613
ROE Factor	0.025830	Amortization Rate:	7.4600 %	Home Office(3):	22,065	0.5301
		Interest Only:	False	Replacement(3&4):	46,890	0.0000
		Yearly Payment:	451,619	Total FRVS PD:		16.9764

- (1) 80% Capital (\$4,685,914) amortized at 7.4600% for 20 years Principal & Interest of \$451,619 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4566
- (2) 20% ROE (\$1,171,479) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7676
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.9129	36.9129	2.1800	34.7329
Patient Care				
Direct Care	77.0745	77.0745	4.5518	72.5227
Indirect Care	48.9391	48.9391	2.8902	46.0489
Property	13.6500	16.9764	1.0026	15.9738
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.8284
Supplemental Rate Add-on				\$8.8324
Totals	176.5765	179.9029	10.6246	192.9391

***Medicaid Trend Adjustment :**



0 257273-00 - 2012/07

201.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Jacksonville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5275 Spring Park Road Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/2/1990 Acquired Date: 3/2/1990 Entered Medicaid 3/14/1990 Med # Active Date: 6/29/2002 Previous Med # 215724	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,608 Medicare: 6,723 Medicaid: 26,847	Superior: 0 Standard: 180 Conditional: 4 Total: 184
	Medicaid Utilization 66.11259% Occupancy: 92.71233% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.82001% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	982,972	2,020,470	1,232,357	883,803	0	5,119,602
1a	Audit Adjustments						
2	Cost Per Diem	36.6138	75.2587	45.9030	32.9200		190.6955
3	Cost Per Diem Inflated	38.1846	77.2686	47.8724			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.1846	77.2686	47.8724	32.9200		196.2456
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3199		51.2484			
7	Provider Target Rate	42.2846		52.4449			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.1846	77.2686	47.8724	13.6500		176.9756
12/13	Medicaid Adjustment Rate		1.3702	0.8489			
14	Prospective Per Diem 11	38.1846	78.6388	48.7213	13.6500		179.1947
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/14/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,447,445.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed [2]	80% Capital(1):	4,769,255	14.3876
Indexed Asset Value	5,961,569	< 60% of Base:	False	20% ROE(2):	1,192,314	0.7813
FRVS Base Asset:	3,182,438	Interest Rate:	10.3900 %	Insurance Cost(3):	43,482	1.0708
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	73,535	1.8109
ROE Factor	0.025830	Amortization Rate:	10.3900 %	Home Office(3):	18,970	0.4671
		Interest Only:	False	Replacement(3&4):	47,398	0.0000
		Yearly Payment:	567,161	Total FRVS PD:		18.5177

(1) 80% Capital (\$4,769,255) amortized at 10.3900% for 20 years Principal & Interest of \$567,161 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.3876

(2) 20% ROE (\$1,192,314) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7813

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 106	Effective PBS Limitation	3,182,438

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.1846	38.1846	2.2551	35.9295
Patient Care				
Direct Care	78.6388	78.6388	4.6441	73.9947
Indirect Care	48.7213	48.7213	2.8773	45.8440
Property	13.6500	18.5177	1.0936	17.4241
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1004
Supplemental Rate Add-on				\$8.8324
Totals	179.1947	184.0624	10.8701	201.1251

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257290-00 - 2012/07 195.29

PG of Ocala

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2700 SW 34th Street Ocala FL 34474 County: Marion[42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1987 Acquired Date: 6/1/1987 Entered Medicaid 6/1/1987 Med # Active Date: 6/29/2002 Previous Med # 215732	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,033 Medicare: 18,770 Medicaid: 34,846	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.09370% Occupancy: 92.89650% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.05406% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178	Semester Index: 1.28710041
		Cost: 1.04290285	Target: 1.01634256
		DC FY Index: 1.17950000	DC Sem Index: 1.21100000
		DC Inflation: 1.02670623	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,364,492	2,551,741	1,567,225	1,145,040	0	6,628,498
1a	Audit Adjustments						
2	Cost Per Diem	39.1578	73.2291	44.9758	32.8600		190.2227
3	Cost Per Diem Inflated	40.8378	75.1848	46.9054			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.8378	75.1848	46.9054	32.8600		195.7880
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0110		49.4970			
7	Provider Target Rate	40.9451		50.6526			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8378	75.1848	46.9054	13.6500		176.5780
12/13	Medicaid Adjustment Rate		0.6000	0.3743			
14	Prospective Per Diem 11	40.8378	75.7848	47.2797	13.6500		177.5523
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257290-00 - 2012/07
195.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Ocala

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/1/1999	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 9,386,700.00	Total Amount	Per Diem
RS to Start Calcs: 1987/01	Type: Variable [3]	80% Capital(1): 7,096,411	13.4807
Indexed Asset Value 8,870,514	< 60% of Base: False	20% ROE(2): 1,774,103	0.7750
FRVS Base Asset: 1,720,920	Interest Rate: 9.5600 %	Insurance Cost(3): 65,653	1.0757
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 96,662	1.5838
ROE Factor 0.025830	Amortization Rate: 9.5600 %	Home Office(3): 30,299	0.4964
	Interest Only: False	Replacement(3&4): 77,778	0.0000
	Yearly Payment: 797,114	Total FRVS PD:	17.4116

(1) 80% Capital (\$7,096,411) amortized at 9.5600% for 20 years Principal & Interest of \$797,114 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$13.4807

(2) 20% ROE (\$1,774,103) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7750

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,682
Comparison Date: 7/1/1986	Current RS PBS: 50,254
Comparison Bed 60	Effective PBS Limitation 1,720,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8378	40.8378	2.4117	38.4261
Patient Care				
Direct Care	75.7848	75.7848	4.4756	71.3092
Indirect Care	47.2797	47.2797	2.7922	44.4875
Property	13.6500	17.4116	1.0283	16.3833
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8504
Supplemental Rate Add-on				\$8.8324
Totals	177.5523	181.3139	10.7078	195.2889

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257303-00 - 2012/07

194.27

PG of Orlando

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
654 East Econlockhatchee Tra Orlando FL 32825 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 9/21/1987 Med # Active Date: 6/29/2002 Previous Med # 216721	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,470 Medicare: 7,078 Medicaid: 26,030	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.76827% Occupancy: 94.68036% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.32101% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	936,791	1,978,009	1,073,943	832,960	0	4,821,703
1a	Audit Adjustments						
2	Cost Per Diem	35.9889	75.9896	41.2579	32.0000		185.2364
3	Cost Per Diem Inflated	37.5329	78.0190	43.0280			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.5329	78.0190	43.0280	32.0000		190.5799
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7426		53.1684			
7	Provider Target Rate	47.8339		54.4097			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.5329	78.0190	43.0280	13.6500		172.2299
12/13	Medicaid Adjustment Rate		1.1207	0.6181			
14	Prospective Per Diem 11	37.5329	79.1397	43.6461	13.6500		173.9687
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257303-00 - 2012/07
194.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Orlando

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/21/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,958,547 FRVS Base Asset: 1,751,700 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	4,032,000.00		
	Type:	Variable [3]		
	< 60% of Base:	False	80% Capital(1):	4,766,838
	Interest Rate:	8.4600 %	20% ROE(2):	1,191,709
	Chase Rate:	8.2500 %	Insurance Cost(3):	44,494
	Amortization Rate:	8.4600 %	Taxes Cost(3):	71,014
	Interest Only:	False	Home Office(3):	19,184
Yearly Payment:	494,966	Replacement(3&4):	40,323	
		Total FRVS PD:	16.5850	

(1) 80% Capital (\$4,766,838) amortized at 8.4600% for 20 years Principal & Interest of \$494,966 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.5562

(2) 20% ROE (\$1,191,709) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7809

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.5329	37.5329	2.2166	35.3163
Patient Care				
Direct Care	79.1397	79.1397	4.6737	74.4660
Indirect Care	43.6461	43.6461	2.5776	41.0685
Property	13.6500	16.5850	0.9795	15.6055
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9832
Supplemental Rate Add-on				\$8.8324
Totals	173.9687	176.9037	10.4474	194.2719

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257311-00 - 2012/07

191.35

PG of Vero Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1755 37th Street Vero Beach FL 32960 County: Indian River [31] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 11/25/1987 Med # Active Date: 6/29/2002 Previous Med # 217387	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,489 Medicare: 11,950 Medicaid: 45,074	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.13110% Occupancy: 95.11263% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.87035% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,565,898	3,433,800	1,758,213	1,470,765	0	8,228,676
1a	Audit Adjustments						
2	Cost Per Diem	34.7406	76.1814	39.0073	32.6300		182.5593
3	Cost Per Diem Inflated	36.2311	78.2159	40.6808			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.2311	78.2159	40.6808	32.6300		187.7578
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.0725		50.1876			
7	Provider Target Rate	45.1014		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.2311	78.2159	40.6808	13.6500		168.7778
12/13	Medicaid Adjustment Rate		1.9474	1.0128			
14	Prospective Per Diem 11	36.2311	80.1633	41.6936	13.6500		171.7380
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257311-00 - 2012/07
191.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Vero Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/25/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 8,723,720 FRVS Base Asset: 2,656,745 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,717,166.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	6,978,976	12.3092
	< 60% of Base:	False	20% ROE(2):	1,744,744	0.7622
	Interest Rate:	8.5200 %	Insurance Cost(3):	59,091	0.9456
	Chase Rate:	8.2500 %	Taxes Cost(3):	109,503	1.7524
	Amortization Rate:	8.5200 %	Home Office(3):	27,250	0.4361
	Interest Only:	False	Replacement(3&4):	59,351	0.0000
Yearly Payment:	727,843	Total FRVS PD:		16.2055	

(1) 80% Capital (\$6,978,976) amortized at 8.5200% for 20 years Principal & Interest of \$727,843 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.3092

(2) 20% ROE (\$1,744,744) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7622

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 91	Effective PBS Limitation	2,656,745

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.2311	36.2311	2.1397	34.0914
Patient Care				
Direct Care	80.1633	80.1633	4.7342	75.4291
Indirect Care	41.6936	41.6936	2.4623	39.2313
Property	13.6500	16.2055	0.9570	15.2485
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5127
Supplemental Rate Add-on				\$8.8324
Totals	171.7380	174.2935	10.2932	191.3454

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257320-00 - 2012/07

193.69

PG of Winter Haven

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1120 Cypress Garden Bouleva Winter Haven FL 33884 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 7/9/1987 Med # Active Date: 6/29/2002 Previous Med # 216658	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,872 Medicare: 6,486 Medicaid: 26,722	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.01946% Occupancy: 91.03196% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.68458% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	910,778	1,861,647	1,262,478	910,686	0	4,945,589
1a	Audit Adjustments						
2	Cost Per Diem	34.0835	69.6672	47.2449	34.0800		185.0756
3	Cost Per Diem Inflated	35.5458	71.5277	49.2718			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.5458	71.5277	49.2718	34.0800		190.4253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		53.7379			
7	Provider Target Rate	40.8539		54.9925			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.5458	71.5277	49.2718	13.6500		169.9953
12/13	Medicaid Adjustment Rate		1.3695	0.9434			
14	Prospective Per Diem 11	35.5458	72.8972	50.2152	13.6500		172.3082
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257320-00 - 2012/07
193.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Winter Haven

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/9/1987	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,490,000.00	Total Amount	Per Diem
RS to Start Calcs: 1987/07	Type: Variable [3]	80% Capital(1): 4,766,838	12.8698
Indexed Asset Value 5,958,547	< 60% of Base: False	20% ROE(2): 1,191,709	0.7809
FRVS Base Asset: 1,751,700	Interest Rate: 8.8000 %	Insurance Cost(3): 48,979	1.2284
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 82,664	2.0732
ROE Factor 0.025830	Amortization Rate: 8.8000 %	Home Office(3): 19,190	0.4813
	Interest Only: False	Replacement(3&4): 84,014	0.0000
	Yearly Payment: 507,327	Total FRVS PD:	17.4336

(1) 80% Capital (\$4,766,838) amortized at 8.8000% for 20 years Principal & Interest of \$507,327 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.8698

(2) 20% ROE (\$1,191,709) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7809

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,195
Comparison Date: 1/1/1987	Current RS PBS: 50,254
Comparison Bed 60	Effective PBS Limitation 1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.5458	35.5458	2.0992	33.4466
Patient Care				
Direct Care	72.8972	72.8972	4.3051	68.5921
Indirect Care	50.2152	50.2152	2.9655	47.2497
Property	13.6500	17.4336	1.0296	16.4040
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1665
Supplemental Rate Add-on				\$8.8324
Totals	172.3082	176.0918	10.3994	193.6913

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257419-00 - 2012/07

223.33

Citrus Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 Medical Court East Inverness FL 34452 County: Citrus [9] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/29/1994 Acquired Date: 7/29/1994 Entered Medicaid 7/29/1994 Med # Active Date: 4/11/2002 Previous Med # 211087	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 111 Maximum: 40,515 Max Annualized: 40,515 Total Patient: 34,037 Medicare: 8,784 Medicaid: 20,086	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 59.01225% Occupancy: 84.01086% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.76206% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	989,455	1,744,258	1,261,854	444,302	235	4,440,104
1a	Audit Adjustments						
2	Cost Per Diem	49.2609	86.8395	62.8226	22.1200	0.0117	221.0547
3	Cost Per Diem Inflated	51.4897	89.2344	65.6650			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.4897	89.2344	65.6650	22.1200	0.0117	228.5208
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.8029		55.2744			
7	Provider Target Rate	49.9423		56.5649			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	89.2344	56.1342	13.6500	0.0117	206.5083
12/13	Medicaid Adjustment Rate		0.9047	0.5691			
14	Prospective Per Diem 11	47.4780	90.1391	56.7033	13.6500	0.0117	207.9821
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257419-00 - 2012/07
223.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Citrus Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/29/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,275,000.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Variable [3]	80% Capital(1):	4,236,347	11.4884
Indexed Asset Value	5,295,434	< 60% of Base:	False	20% ROE(2):	1,059,087	0.7595
FRVS Base Asset:	3,754,020	Interest Rate:	7.8000 %	Insurance Cost(3):	46,314	1.3607
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	1,930	0.0567
ROE Factor	0.026150	Amortization Rate:	7.8000 %	Home Office(3):	65,428	1.9223
		Interest Only:	False	Replacement(3&4):	50,324	0.0000
		Yearly Payment:	418,908	Total FRVS PD:		15.5876

(1) 80% Capital (\$4,236,347) amortized at 7.8000% for 20 years Principal & Interest of \$418,908 divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = \$11.4884

(2) 20% ROE (\$1,059,087) times the ROE factor (0.026150) divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = \$0.7595

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	1/1/1994	Current RS PBS:	50,254
Comparison Bed	111	Effective PBS Limitation	3,754,020

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	90.1391	90.1391	5.3233	84.8158
Indirect Care	56.7033	56.7033	3.3487	53.3546
Property	13.6500	15.5876	0.9206	14.6670
ROE	0.0117	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9827
Supplemental Rate Add-on				\$8.8324
Totals	207.9821	209.9080	12.3965	223.3266

***Medicaid Trend Adjustment :**



0 257460-00 - 2012/07
220.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Clearwater

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3480 McMullen Booth Road Clearwater FL 33761 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 9/18/1987 Med # Active Date: 6/29/2002 Previous Med # 216038	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,756 Medicare: 9,413 Medicaid: 23,633	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.98655% Occupancy: 93.05023% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.24942% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	990,834	1,996,648	1,252,325	763,346	0	5,003,153
1a	Audit Adjustments						
2	Cost Per Diem	41.9259	84.4856	52.9905	32.3000		211.7020
3	Cost Per Diem Inflated	43.7246	86.7419	55.2639			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.7246	86.7419	55.2639	32.3000		218.0304
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7202		54.2899			
7	Provider Target Rate	47.8110		55.5574			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.7246	86.7419	55.2639	13.6500		199.3804
12/13	Medicaid Adjustment Rate		0.7794	0.4965			
14	Prospective Per Diem 11	43.7246	87.5213	55.7604	13.6500		200.6563
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 257460-00 - 2012/07
220.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Clearwater

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/18/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,916,087 FRVS Base Asset: 3,503,400 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,374,781.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,732,870	14.8713
	< 60% of Base:	False	20% ROE(2):	1,183,217	0.7753
	Interest Rate:	11.0000 %	Insurance Cost(3):	42,922	1.0531
	Chase Rate:	8.0000 %	Taxes Cost(3):	67,563	1.6577
	Amortization Rate:	11.0000 %	Home Office(3):	21,143	0.5188
	Interest Only:	False	Replacement(3&4):	17,753	0.0000
Yearly Payment:	586,226	Total FRVS PD:	18.8762		

(1) 80% Capital (\$4,732,870) amortized at 11.0000% for 20 years Principal & Interest of \$586,226 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.8713

(2) 20% ROE (\$1,183,217) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7753

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.7246	43.7246	2.5822	41.1424
Patient Care				
Direct Care	87.5213	87.5213	5.1687	82.3526
Indirect Care	55.7604	55.7604	3.2930	52.4674
Property	13.6500	18.8762	1.1148	17.7614
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6033
Supplemental Rate Add-on				\$8.8324
Totals	200.6563	205.8825	12.1587	220.1595

***Medicaid Trend Adjustment :**



0 257478-00 - 2012/07
213.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Largo

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10500 Starkey Road Largo FL 33777 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 7/31/1987 Med # Active Date: 6/29/2002 Previous Med # 215716	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 140 Maximum: 51,100 Max Annualized: 51,100 Total Patient: 46,442 Medicare: 10,137 Medicaid: 27,639	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 59.51294% Occupancy: 90.88454% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.49723% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,039,137	2,231,330	1,481,488	939,726	0	5,691,681
1a	Audit Adjustments						
2	Cost Per Diem	37.5968	80.7312	53.6014	34.0000		205.9294
3	Cost Per Diem Inflated	39.2098	82.8872	55.9011			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.2098	82.8872	55.9011	34.0000		211.9981
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7451		62.1788			
7	Provider Target Rate	44.7664		63.6305			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.2098	82.8872	55.9011	13.6500		191.6481
12/13	Medicaid Adjustment Rate		0.8871	0.5983			
14	Prospective Per Diem 11	39.2098	83.7743	56.4994	13.6500		193.1335
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 257478-00 - 2012/07
213.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Largo

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/31/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 6,948,636 FRVS Base Asset: 2,277,210 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,227,441.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,558,909	14.9715
	< 60% of Base:	False	20% ROE(2):	1,389,727	0.7805
	Interest Rate:	11.0000 %	Insurance Cost(3):	54,171	1.1664
	Chase Rate:	8.0000 %	Taxes Cost(3):	91,322	1.9664
	Amortization Rate:	11.0000 %	Home Office(3):	24,055	0.5180
	Interest Only:	False	Replacement(3&4):	41,839	0.0000
Yearly Payment:	688,541	Total FRVS PD:		19.4028	

(1) 80% Capital (\$5,558,909) amortized at 11.0000% for 20 years Principal & Interest of \$688,541 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$14.9715

(2) 20% ROE (\$1,389,727) times the ROE factor (0.025830) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$0.7805

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 78	Effective PBS Limitation	2,277,210

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.2098	39.2098	2.3156	36.8942
Patient Care				
Direct Care	83.7743	83.7743	4.9474	78.8269
Indirect Care	56.4994	56.4994	3.3367	53.1627
Property	13.6500	19.4028	1.1459	18.2569
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8937
Supplemental Rate Add-on				\$8.8324
Totals	193.1335	198.8863	11.7456	213.8668

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257494-00 - 2012/07

216.32

PG of North Miami

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
21251 East Dixie Highway Aventura FL 33180 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/13/1988 Acquired Date: 7/13/1988 Entered Medicaid 7/13/1988 Med # Active Date: 6/29/2002 Previous Med # 216780	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,426 Medicare: 10,829 Medicaid: 22,156	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 56.19642% Occupancy: 90.01370% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.39055% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	920,148	1,753,379	1,359,760	809,580	0	4,842,867
1a	Audit Adjustments						
2	Cost Per Diem	41.5304	79.1379	61.3721	36.5400		218.5804
3	Cost Per Diem Inflated	43.3122	81.2514	64.0051			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.3122	81.2514	64.0051	36.5400		225.1087
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.8919		63.2366			
7	Provider Target Rate	46.9633		64.7130			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3122	81.2514	59.7055	13.6500		197.9191
12/13	Medicaid Adjustment Rate		0.5664	0.4162			
14	Prospective Per Diem 11	43.3122	81.8178	60.1217	13.6500		198.9017
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 257494-00 - 2012/07
216.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of North Miami

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/13/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 5,590,573 FRVS Base Asset: 3,559,440 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,000,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,472,458	10.9763
	< 60% of Base:	False	20% ROE(2):	1,118,115	0.7326
	Interest Rate:	7.5100 %	Insurance Cost(3):	41,664	1.0568
	Chase Rate:	8.2500 %	Taxes Cost(3):	168,568	4.2756
	Amortization Rate:	7.5100 %	Home Office(3):	22,519	0.5712
	Interest Only:	False	Replacement(3&4):	43,794	0.0000
Yearly Payment:	432,686	Total FRVS PD:	17.6125		

(1) 80% Capital (\$4,472,458) amortized at 7.5100% for 20 years Principal & Interest of \$432,686 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9763

(2) 20% ROE (\$1,118,115) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7326

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3122	43.3122	2.5579	40.7543
Patient Care				
Direct Care	81.8178	81.8178	4.8319	76.9859
Indirect Care	60.1217	60.1217	3.5506	56.5711
Property	13.6500	17.6125	1.0401	16.5724
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.6029
Supplemental Rate Add-on				\$8.8324
Totals	198.9017	202.8642	11.9805	216.3190

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257508-00 - 2012/07
207.59

PG of Pinellas

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
200 16th Avenue SE Largo FL 33771 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/14/1991 Acquired Date: 6/14/1991 Entered Medicaid 6/25/1991 Med # Active Date: 6/29/2002 Previous Med # 216402	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,031 Medicare: 6,411 Medicaid: 24,112	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.77654% Occupancy: 89.11187% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.24450% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	927,981	1,932,635	1,110,620	815,468	0	4,786,704
1a	Audit Adjustments						
2	Cost Per Diem	38.4863	80.1524	46.0609	33.8200		198.5196
3	Cost Per Diem Inflated	40.1375	82.2930	48.0370			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.1375	82.2930	48.0370	33.8200		204.2875
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1273		48.2597			
7	Provider Target Rate	42.0875		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.1375	82.2930	48.0370	13.6500		184.1175
12/13	Medicaid Adjustment Rate		1.0903	0.6364			
14	Prospective Per Diem 11	40.1375	83.3833	48.6734	13.6500		185.8442
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 257508-00 - 2012/07
207.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Pinellas

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/25/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	4,816,649	14.5306
Indexed Asset Value	6,020,811	< 60% of Base:	False	20% ROE(2):	1,204,162	0.7890
FRVS Base Asset:	3,642,240	Interest Rate:	10.3900 %	Insurance Cost(3):	45,973	1.1779
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	67,979	1.7417
ROE Factor	0.025830	Amortization Rate:	10.3900 %	Home Office(3):	18,237	0.4672
		Interest Only:	False	Replacement(3&4):	19,651	0.0000
		Yearly Payment:	572,797	Total FRVS PD:		18.7064

- (1) 80% Capital (\$4,816,649) amortized at 10.3900% for 20 years Principal & Interest of \$572,797 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.5306
- (2) 20% ROE (\$1,204,162) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7890
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.1375	40.1375	2.3704	37.7671
Patient Care				
Direct Care	83.3833	83.3833	4.9243	78.4590
Indirect Care	48.6734	48.6734	2.8745	45.7989
Property	13.6500	18.7064	1.1047	17.6017
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1302
Supplemental Rate Add-on				\$8.8324
Totals	185.8442	190.9006	11.2739	207.5893

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257516-00 - 2012/07
206.04

PG of Sun City

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3850 Upper Creek Drive Sun City Center FL 33573 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1991 Acquired Date: 6/1/1991 Entered Medicaid 6/1/1991 Med # Active Date: 6/29/2002 Previous Med # 216411	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,684 Medicare: 9,548 Medicaid: 21,373	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 52.53417% Occupancy: 92.88585% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.04051% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	765,747	1,769,182	1,018,841	698,897	0	4,252,667
1a	Audit Adjustments						
2	Cost Per Diem	35.8278	82.7765	47.6695	32.7000		198.9738
3	Cost Per Diem Inflated	37.3649	84.9871	49.7147			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.3649	84.9871	49.7147	32.7000		204.7667
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9902		51.4055			
7	Provider Target Rate	46.0406		52.6056			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.3649	84.9871	49.7147	13.6500		185.7167
12/13	Medicaid Adjustment Rate		0.2423	0.1417			
14	Prospective Per Diem 11	37.3649	85.2294	49.8564	13.6500		186.1007
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257516-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

206.04

PG of Sun City

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/1/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/01 Indexed Asset Value 5,990,321 FRVS Base Asset: 3,642,240 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,250,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,792,257	14.4570
	< 60% of Base:	False	20% ROE(2):	1,198,064	0.7850
	Interest Rate:	10.3900 %	Insurance Cost(3):	39,522	0.9714
	Chase Rate:	7.7500 %	Taxes Cost(3):	73,021	1.7948
	Amortization Rate:	10.3900 %	Home Office(3):	20,595	0.5062
	Interest Only:	False	Replacement(3&4):	18,532	0.0000
Yearly Payment:	569,896	Total FRVS PD:	18.5144		

(1) 80% Capital (\$4,792,257) amortized at 10.3900% for 20 years Principal & Interest of \$569,896 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.4570

(2) 20% ROE (\$1,198,064) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7850

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.3649	37.3649	2.2066	35.1583
Patient Care				
Direct Care	85.2294	85.2294	5.0334	80.1960
Indirect Care	49.8564	49.8564	2.9444	46.9120
Property	13.6500	18.5144	1.0934	17.4210
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5180
Supplemental Rate Add-on				\$8.8324
Totals	186.1007	190.9651	11.2778	206.0377

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 257524-00 - 2012/07

211.38

PG of Tampa

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3612 138th Avenue Tampa FL 33613 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 11/1/1987 Med # Active Date: 6/29/2002 Previous Med # 216429	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,483 Medicare: 6,833 Medicaid: 27,419	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.72966% Occupancy: 92.42694% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.45733% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178	Semester Index: 1.28710041
		Cost: 1.04290285	Target: 1.01634256
		DC FY Index: 1.17950000	DC Sem Index: 1.21100000
		DC Inflation: 1.02670623	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,093,884	2,276,986	1,251,279	898,521	0	5,520,670
1a	Audit Adjustments						
2	Cost Per Diem	39.8951	83.0441	45.6355	32.7700		201.3447
3	Cost Per Diem Inflated	41.6067	85.2619	47.5934			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.6067	85.2619	47.5934	32.7700		207.2320
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9704		51.5570			
7	Provider Target Rate	46.0203		52.7607			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.6067	85.2619	47.5934	13.6500		188.1120
12/13	Medicaid Adjustment Rate		1.7006	0.9493			
14	Prospective Per Diem 11	41.6067	86.9625	48.5427	13.6500		190.7619
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257524-00 - 2012/07
211.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

PG of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,006,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed [2]	80% Capital(1):	4,471,268	14.0493
Indexed Asset Value	5,589,085	< 60% of Base:	False	20% ROE(2):	1,117,817	0.7325
FRVS Base Asset:	3,007,085	Interest Rate:	11.0000 %	Insurance Cost(3):	46,065	1.1379
Occup Adj Factor:	0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	61,535	1.5200
ROE Factor	0.025830	Amortization Rate:	11.0000 %	Home Office(3):	19,552	0.4830
		Interest Only:	False	Replacement(3&4):	18,849	0.0000
		Yearly Payment:	553,823	Total FRVS PD:		17.9227

- (1) 80% Capital (\$4,471,268) amortized at 11.0000% for 20 years Principal & Interest of \$553,823 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.0493
- (2) 20% ROE (\$1,117,817) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7325
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 103	Effective PBS Limitation	3,007,085

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.6067	41.6067	2.4572	39.1495
Patient Care				
Direct Care	86.9625	86.9625	5.1357	81.8268
Indirect Care	48.5427	48.5427	2.8668	45.6759
Property	13.6500	17.9227	1.0585	16.8642
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0265
Supplemental Rate Add-on				\$8.8324
Totals	190.7619	195.0346	11.5182	211.3753

***Medicaid Trend Adjustment :**



0 258342-00 - 2012/07

200.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Oak Manor Healthcare and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3500 Oak Manor Lane Largo FL 33774 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1990 Acquired Date: 7/1/1990 Entered Medicaid 8/8/1990 Med # Active Date: 9/1/2002 Previous Med # 223875	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 58,665 Medicare: 9,196 Medicaid: 36,759	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.65917% Occupancy: 89.29224% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.47371% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,394,862	2,871,536	1,562,560	847,295	0	6,676,253
1a	Audit Adjustments						
2	Cost Per Diem	37.9461	78.1179	42.5082	23.0500		181.6222
3	Cost Per Diem Inflated	40.0073	80.5799	44.8173			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.0073	80.5799	44.8173	23.0500		188.4545
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.1371		48.2597			
7	Provider Target Rate	41.0742		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.0073	80.5799	44.8173	13.6500		179.0545
12/13	Medicaid Adjustment Rate		1.1476	0.6383			
14	Prospective Per Diem 11	40.0073	81.7275	45.4556	13.6500		180.8404
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 258342-00 - 2012/07
200.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Oak Manor Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/8/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Fixed [2]	80% Capital(1):	6,580,977	10.3546
Indexed Asset Value	8,226,221	< 60% of Base:	False	20% ROE(2):	1,645,244	0.7679
FRVS Base Asset:	5,431,320	Interest Rate:	7.6700 %	Insurance Cost(3):	177,173	3.0201
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	82,878	1.4127
ROE Factor	0.027600	Amortization Rate:	7.0000 %	Home Office(3):	16,135	0.2750
		Interest Only:	False	Replacement(3&4):	245,531	0.0000
		Yearly Payment:	612,267	Total FRVS PD:		15.8303

(1) 80% Capital (\$6,580,977) amortized at 7.0000% for 20 years Principal & Interest of \$612,267 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.3546

(2) 20% ROE (\$1,645,244) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7679

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,431,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.0073	40.0073	2.3627	37.6446
Patient Care				
Direct Care	81.7275	81.7275	4.8266	76.9009
Indirect Care	45.4556	45.4556	2.6845	42.7711
Property	13.6500	15.8303	0.9349	14.8954
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3019
Supplemental Rate Add-on				\$8.8324
Totals	180.8404	183.0207	10.8087	200.3463

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 258750-00 - 2012/07

219.99

Indigo Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
595 Williamson Blvd Daytona Beach FL 32114 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 7/1/1987 Med # Active Date: 1/1/2001 Previous Med # 209651	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 173 Maximum: 63,145 Max Annualized: 63,145 Total Patient: 53,388 Medicare: 4,734 Medicaid: 31,457	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.92148% Occupancy: 84.54826% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 107.44501% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,292,608	2,666,544	1,686,391	478,776	0	6,124,319
1a	Audit Adjustments						
2	Cost Per Diem	41.0913	84.7679	53.6094	15.2200		194.6886
3	Cost Per Diem Inflated	42.8542	87.0317	55.9094			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.8542	87.0317	55.9094	15.2200		201.0153
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3404		57.0284			
7	Provider Target Rate	45.3756		58.3598			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.8542	87.0317	55.9094	13.6500		199.4453
12/13	Medicaid Adjustment Rate		0.8735	0.5611			
14	Prospective Per Diem 11	42.8542	87.9052	56.4705	13.6500		200.8799
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 258750-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

219.99

Indigo Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,405,700.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Variable [3]	80% Capital(1):	6,429,742	12.4344
Indexed Asset Value	8,037,178	< 60% of Base:	False	20% ROE(2):	1,607,436	0.7306
FRVS Base Asset:	3,503,400	Interest Rate:	11.4050 %	Insurance Cost(3):	58,982	1.1048
Occup Adj Factor:	0.9000	Chase Rate:	7.2500 %	Taxes Cost(3):	4,715	0.0883
ROE Factor	0.025830	Amortization Rate:	9.2500 %	Home Office(3):	35,037	0.6563
		Interest Only:	False	Replacement(3&4):	103,062	0.0000
		Yearly Payment:	706,655	Total FRVS PD:		15.0144

(1) 80% Capital (\$6,429,742) amortized at 9.2500% for 20 years Principal & Interest of \$706,655 divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = \$12.4344

(2) 20% ROE (\$1,607,436) times the ROE factor (0.025830) divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = \$0.7306

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	1/1/1987	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.8542	42.8542	2.5308	40.3234
Patient Care				
Direct Care	87.9052	87.9052	5.1914	82.7138
Indirect Care	56.4705	56.4705	3.3350	53.1355
Property	13.6500	15.0144	0.8867	14.1277
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.8603
Supplemental Rate Add-on				\$8.8324
Totals	200.8799	202.2443	11.9439	219.9931

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 258831-00 - 2012/07

212.70

Haven of Our Lady of Peace

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1900 Summit Boulevard Pensacola Fl 32503 County: Escambia [17] Region: North [1] Area: 1 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/8/2001 Acquired Date: 11/8/2001 Entered Medicaid 11/8/2001 Med # Active Date: 11/8/2001 Previous Med # 227684	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,159 Medicare: 13,531 Medicaid: 14,754	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 35.84635% Occupancy: 93.97032% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.41868% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.28710041 Cost: 1.06665111 Target: 1.01634256 DC FY Index: 1.16650000 DC Sem Index: 1.21100000 DC Inflation: 1.03814831 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	813,060	1,402,002	771,592	182,802	0	3,169,456
1a	Audit Adjustments						
2	Cost Per Diem	55.1078	95.0252	52.2971	12.3900		214.8201
3	Cost Per Diem Inflated	58.7808	98.6503	55.7828			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.7808	98.6503	55.7828	12.3900		225.6039
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1612		46.3317			
7	Provider Target Rate	49.2856		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	96.6592	47.4134	12.3900		203.9406
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	96.6592	47.4134	12.3900		203.9406
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 258831-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

212.70

Haven of Our Lady of Peace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/8/2001 Year of Phase-In/ Full: RS to Start Calcs: 2001/07 Indexed Asset Value 5,617,582 FRVS Base Asset: 4,897,800 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,494,066	5.6229
	< 60% of Base:	True	20% ROE(2):	1,123,516	0.8995
	Interest Rate:	5.0000 %	Insurance Cost(3):	14,543	0.3533
	Chase Rate:	5.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	5.0000 %	Home Office(3):	78,633	1.9105
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	221,654	Total FRVS PD:	8.7862		

- (1) 80% Capital (\$4,494,066) amortized at 5.0000% for 20 years Interest of \$221,654 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.6229
- (2) 20% ROE (\$1,123,516) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8995
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	40,815
Comparison Date: 1/1/2001	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,897,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	47.4134	47.4134	2.8001	44.6133
Property	12.3900	8.7862	0.5189	8.2673
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.3649
Supplemental Rate Add-on				\$8.8324
Totals	203.9406	200.3368	11.8313	212.7028

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 259080-00 - 2012/07
219.26

Life Care Center of Inverrary

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4251 Rock Island Road Lauderhill FL 33319 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/26/2002 Acquired Date: 12/26/2002 Entered Medicaid 1/30/2003 Med # Active Date: 1/30/2003 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,599 Medicare: 16,813 Medicaid: 15,402	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 39.90259% Occupancy: 88.12557% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.99110% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	798,402	1,283,347	904,675	770,254	0	3,756,678
1a	Audit Adjustments						
2	Cost Per Diem	51.8376	83.3234	58.7375	50.0100		243.9085
3	Cost Per Diem Inflated	53.7392	85.2837	60.8922			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.7392	85.2837	60.8922	50.0100		249.9251
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.8962		53.4671			
7	Provider Target Rate	65.3880		54.7154			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	85.2837	54.7154	13.6500		205.8639
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	85.2837	54.7154	13.6500		205.8639
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259080-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

219.26

Life Care Center of Inverrary

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/30/2003 Year of Phase-In/ Full: RS to Start Calcs: 2002/07 Indexed Asset Value 5,705,425 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	12,700,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,564,340	9.3627
	< 60% of Base:	False	20% ROE(2):	1,141,085	0.7419
	Interest Rate:	8.1315 %	Insurance Cost(3):	23,526	0.6095
	Chase Rate:	3.2500 %	Taxes Cost(3):	224,005	5.8034
	Amortization Rate:	5.2500 %	Home Office(3):	45,173	1.1703
	Interest Only:	False	Replacement(3&4):	62,525	0.0000
Yearly Payment:	369,079	Total FRVS PD:	17.6878		

(1) 80% Capital (\$4,564,340) amortized at 5.2500% for 20 years Principal & Interest of \$369,079 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.3627

(2) 20% ROE (\$1,141,085) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7419

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,631
Comparison Date: 1/1/2002	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,995,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	85.2837	85.2837	5.0366	80.2471
Indirect Care	54.7154	54.7154	3.2313	51.4841
Property	13.6500	17.6878	1.0446	16.6432
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.9195
Supplemental Rate Add-on				\$8.8324
Totals	205.8639	209.9017	12.3961	219.2575

***Medicaid Trend Adjustment :**



0 259225-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

207.24

Lakeview Terrace Skilled Nursing Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
110 Lodge Terrace Drive Altoona FL 32702 County: Lake [35] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 12/1/1981 Acquired Date: 12/1/1981 Entered Medicaid 5/28/1987 Med # Active Date: 1/3/2003 Previous Med # 212067	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 20 Maximum: 7,300 Max Annualized: 7,300 Total Patient: 6,596 Medicare: 1,949 Medicaid: 1,270	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 19.25409% Occupancy: 90.35617% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.82576% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	93,167	111,397	89,440	5,372	0	299,376
1a	Audit Adjustments						
2	Cost Per Diem	73.3598	87.7142	70.4252	4.2299		235.7291
3	Cost Per Diem Inflated	77.3447	90.4786	74.2507			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	77.3447	90.4786	74.2507	4.2299		246.3039
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.7898		62.5679			
7	Provider Target Rate	64.2557		64.0286			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.8132	90.4786	61.7620	4.2299		207.2837
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.8132	90.4786	61.7620	4.2299		207.2837
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259225-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

207.24

Lakeview Terrace Skilled Nursing Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/28/1987 Year of Phase-In/ Full: RS to Start Calcs: 1981/07 Indexed Asset Value 511,289 FRVS Base Asset: 472,029 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount: 240,715.00 Type: Fixed [2] < 60% of Base: True Interest Rate: 11.6400 % Chase Rate: 10.0000 % Amortization Rate: 10.0000 % Interest Only: True Yearly Payment: 40,599	Total Amount	Per Diem		
	80% Capital(1):	409,031	6.1795		
	20% ROE(2):	102,258	0.4296		
	Insurance Cost(3):	5,570	0.8445		
	Taxes Cost(3):	2,318	0.3514		
	Home Office(3):	0	0.0000		
	Replacement(3&4):	0	0.0000		
	Total FRVS PD:		7.8050		

(1) 80% Capital (\$409,031) amortized at 10.0000% for 20 years Interest of \$40,599 divided by annual available days (7,300) divided by Occup. Adj. (0.9000) = \$6.1795

(2) 20% ROE (\$102,258) times the ROE factor (0.027600) divided by annual available days (7,300) divided by Occup. Adj. (0.9000) = \$0.4296

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	23,540
Comparison Date: 1/1/1981	Current RS PBS:	50,254
Comparison Bed 20	Effective PBS Limitation	470,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	90.4786	90.4786	5.3434	85.1352
Indirect Care	61.7620	61.7620	3.6475	58.1145
Property	4.2299	7.8050	0.4609	7.3441
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	207.2837	210.8588	12.4527	207.2385

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 259331-00 - 2012/07

178.76

UniHealth Post-Acute Care- Santa Rosa

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5530 Northrop Road Milton FL 32570 County: Santa Rosa [57] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/6/2003 Acquired Date: 2/6/2003 Entered Medicaid 2/13/2003 Med # Active Date: 2/13/2003 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,697 Medicare: 7,678 Medicaid: 25,846	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.98527% Occupancy: 95.19863% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.97963% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	650,972	1,904,372	1,049,886	396,219	0	4,001,449
1a	Audit Adjustments						
2	Cost Per Diem	25.1866	73.6815	40.6208	15.3300		154.8189
3	Cost Per Diem Inflated	26.2672	75.6493	42.3635			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	26.2672	75.6493	42.3635	15.3300		159.6100
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.5514			
7	Provider Target Rate	38.7285		47.6382			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	26.2672	75.6493	42.3635	13.6500		157.9300
12/13	Medicaid Adjustment Rate		1.0200	0.5712			
14	Prospective Per Diem 11	26.2672	76.6693	42.9347	13.6500		159.5212
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259331-00 - 2012/07
178.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

UniHealth Post-Acute Care- Santa Rosa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/13/2003	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,125,000.00	Total Amount	Per Diem
RS to Start Calcs: 2003/01	Type: Fixed [2]	80% Capital(1): 4,633,691	11.1487
Indexed Asset Value 5,792,114	< 60% of Base: False	20% ROE(2): 1,158,423	0.7591
FRVS Base Asset: 5,037,360	Interest Rate: 9.0000 %	Insurance Cost(3): 25,218	0.6048
Occup Adj Factor: 0.9000	Chase Rate: 4.2500 %	Taxes Cost(3): 47,917	1.1492
ROE Factor 0.025830	Amortization Rate: 7.2500 %	Home Office(3): 50,686	1.2156
	Interest Only: False	Replacement(3&4): 10,995	0.0000
	Yearly Payment: 439,483	Total FRVS PD: 14.8774	

(1) 80% Capital (\$4,633,691) amortized at 7.2500% for 20 years Principal & Interest of \$439,483 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.1487

(2) 20% ROE (\$1,158,423) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7591

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 41,978
Comparison Date: 7/1/2002	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 5,037,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	26.2672	26.2672	1.5513	24.7159
Patient Care				
Direct Care	76.6693	76.6693	4.5278	72.1415
Indirect Care	42.9347	42.9347	2.5356	40.3991
Property	13.6500	14.8774	0.8786	13.9988
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6751
Supplemental Rate Add-on				\$8.8324
Totals	159.5212	160.7486	9.4933	178.7628

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 259357-00 - 2012/07

207.69

Life Care Center of New Port Richey

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7400 Trouble Creek Road New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/29/2003 Acquired Date: 1/29/2003 Entered Medicaid 2/11/2003 Med # Active Date: 2/11/2003 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 113 Maximum: 41,245 Max Annualized: 41,245 Total Patient: 36,819 Medicare: 21,780 Medicaid: 10,521	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 28.57492% Occupancy: 89.26900% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.44419% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	496,169	896,347	522,823	350,560	0	2,265,899
1a	Audit Adjustments						
2	Cost Per Diem	47.1599	85.1960	49.6933	33.3200		215.3692
3	Cost Per Diem Inflated	48.8899	87.2004	51.5163			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.8899	87.2004	51.5163	33.3200		220.9266
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.0236		48.2597			
7	Provider Target Rate	55.2849		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.8899	87.2004	49.3864	13.6500		199.1267
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.8899	87.2004	49.3864	13.6500		199.1267
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 259357-00 - 2012/07
207.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center of New Port Richey

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/11/2003	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	2003/01	Type:	Fixed [2]	80% Capital(1):	4,198,469	10.7191
Indexed Asset Value	5,248,086	< 60% of Base:	False	20% ROE(2):	1,049,617	0.7247
FRVS Base Asset:	4,743,514	Interest Rate:	7.2400 %	Insurance Cost(3):	24,073	0.6538
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	100,354	2.7256
ROE Factor	0.025630	Amortization Rate:	7.2400 %	Home Office(3):	40,395	1.0971
		Interest Only:	False	Replacement(3&4):	598,412	0.0000
		Yearly Payment:	397,899	Total FRVS PD:		15.9203

(1) 80% Capital (\$4,198,469) amortized at 7.2400% for 20 years Principal & Interest of \$397,899 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$10.7191

(2) 20% ROE (\$1,049,617) times the ROE factor (0.025630) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.7247

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,978
Comparison Date: 7/1/2002	Current RS PBS:	50,254
Comparison Bed 113	Effective PBS Limitation	4,743,514

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.8899	48.8899	2.8873	46.0026
Patient Care				
Direct Care	87.2004	87.2004	5.1498	82.0506
Indirect Care	49.3864	49.3864	2.9166	46.4698
Property	13.6500	15.9203	0.9402	14.9801
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.3496
Supplemental Rate Add-on				\$8.8324
Totals	199.1267	201.3970	11.8939	207.6851

***Medicaid Trend Adjustment :**



0 259462-00 - 2012/07
229.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Nursing Center at University Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12250 North 22nd Street Tampa FL 33612 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/9/1989 Acquired Date: 11/9/1989 Entered Medicaid 11/9/1989 Med # Active Date: 10/16/2002 Previous Med # 220299	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,650 Medicare: 7,843 Medicaid: 21,131	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.98278% Occupancy: 92.80822% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.94187% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	935,711	1,999,212	1,269,297	226,736	0	4,430,956
1a	Audit Adjustments						
2	Cost Per Diem	44.2814	94.6104	60.0680	10.7300		209.6898
3	Cost Per Diem Inflated	46.6868	97.5922	63.3309			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.6868	97.5922	63.3309	10.7300		218.3399
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7138		57.3231			
7	Provider Target Rate	49.8511		58.6614			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.6868	97.5922	57.8638	10.7300		212.8728
12/13	Medicaid Adjustment Rate		0.2177	0.1291			
14	Prospective Per Diem 11	46.6868	97.8099	57.9929	10.7300		213.2196
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 259462-00 - 2012/07
229.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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The Nursing Center at University Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/9/1989	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 13,689,000.00	Total Amount	Per Diem
RS to Start Calcs: 1989/07	Type: Variable [3]	80% Capital(1): 4,374,774	9.1541
Indexed Asset Value 5,468,468	< 60% of Base: False	20% ROE(2): 1,093,694	0.7658
FRVS Base Asset: 1,558,338	Interest Rate: 5.4910 %	Insurance Cost(3): 77,981	1.9184
Occup Adj Factor: 0.9000	Chase Rate: 9.0000 %	Taxes Cost(3): 22,000	0.5412
ROE Factor 0.027600	Amortization Rate: 5.4910 %	Home Office(3): 13,979	0.3439
	Interest Only: False	Replacement(3&4): 47,989	0.0000
	Yearly Payment: 360,855	Total FRVS PD:	12.7234

(1) 80% Capital (\$4,374,774) amortized at 5.4910% for 20 years Principal & Interest of \$360,855 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1541

(2) 20% ROE (\$1,093,694) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7658

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.6868	46.6868	2.7572	43.9296
Patient Care				
Direct Care	97.8099	97.8099	5.7763	92.0336
Indirect Care	57.9929	57.9929	3.4249	54.5680
Property	10.7300	12.7234	0.7514	11.9720
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4736
Supplemental Rate Add-on				\$8.8324
Totals	213.2196	215.2130	12.7098	229.8092

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 259586-00 - 2012/07

244.48

Hamlin Place

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2180 Hypoluxo Road Lantana FL 33462 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/28/1984 Acquired Date: 12/28/1984 Entered Medicaid 12/28/1984 Med # Active Date: 11/30/2002 Previous Med # 217361	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,291 Medicare: 8,963 Medicaid: 18,241	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 47.63783% Occupancy: 87.42238% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.09747% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	919,164	1,842,341	1,103,581	578,240	0	4,443,326
1a	Audit Adjustments						
2	Cost Per Diem	50.3900	101.0000	60.5000	31.7000		243.5900
3	Cost Per Diem Inflated	52.2385	103.3762	62.7194			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.2385	103.3762	62.7194	31.7000		250.0341
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.5716		58.9236			
7	Provider Target Rate	51.7523		60.2993			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.7523	99.9145	59.7055	13.6500		225.0223
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.7523	99.9145	59.7055	13.6500		225.0223
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259586-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

244.48

Hamlin Place

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,700,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	4,725,438	15.3405
Indexed Asset Value	5,906,797	< 60% of Base:	False	20% ROE(2):	1,181,359	0.7681
FRVS Base Asset:	3,420,000	Interest Rate:	11.5000 %	Insurance Cost(3):	76,967	2.0101
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	88,593	2.3137
ROE Factor	0.025630	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	112,656	0.0000
		Yearly Payment:	604,722	Total FRVS PD:	20.4324	

(1) 80% Capital (\$4,725,438) amortized at 11.5000% for 20 years Principal & Interest of \$604,722 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.3405

(2) 20% ROE (\$1,181,359) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7681

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.7523	51.7523	3.0563	48.6960
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	20.4324	1.2067	19.2257
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5320
Supplemental Rate Add-on				\$8.8324
Totals	225.0223	231.8047	13.6896	244.4795

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 259870-00 - 2012/07 216.45

Avante at St. Cloud, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1301 Kansas Avenue St. Cloud FL 34769 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1968 Acquired Date: 9/1/1968 Entered Medicaid 1/1/1981 Med # Active Date: 3/1/2003 Previous Med # 229385	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 131 Maximum: 47,815 Max Annualized: 47,815 Total Patient: 41,530 Medicare: 6,358 Medicaid: 29,587	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 71.24248% Occupancy: 86.85559% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.37719% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,205,041	2,600,813	1,467,590	147,047	0	5,420,491
1a	Audit Adjustments						
2	Cost Per Diem	40.7287	87.9039	49.6025	4.9700		183.2051
3	Cost Per Diem Inflated	42.5714	90.3281	51.8467			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.5714	90.3281	51.8467	4.9700		189.7162
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2826		67.1420			
7	Provider Target Rate	47.3631		68.7095			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.5714	90.3281	51.8467	4.9700		189.7162
12/13	Medicaid Adjustment Rate		2.1586	1.2390			
14	Prospective Per Diem 11	42.5714	92.4867	53.0857	4.9700		193.1138
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 259870-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

216.45

Avante at St. Cloud, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1992 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,466,515 FRVS Base Asset: 1,771,947 Occup Adj Factor: 0.9000 ROE Factor 0.026150	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	2,773,212	8.0120
	< 60% of Base:	True	20% ROE(2):	693,303	0.4213
	Interest Rate:	12.5000 %	Insurance Cost(3):	59,766	1.4391
	Chase Rate:	12.5000 %	Taxes Cost(3):	54,138	1.3036
	Amortization Rate:	12.5000 %	Home Office(3):	30,195	0.7271
	Interest Only:	True	Replacement(3&4):	9,356	0.0000
Yearly Payment:	344,786	Total FRVS PD:	11.9031		

(1) 80% Capital (\$2,773,212) amortized at 12.5000% for 20 years Interest of \$344,786 divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = \$8.0120

(2) 20% ROE (\$693,303) times the ROE factor (0.026150) divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = \$0.4213

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 131	Effective PBS Limitation	3,733,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5714	42.5714	2.5141	40.0573
Patient Care				
Direct Care	92.4867	92.4867	5.4620	87.0247
Indirect Care	53.0857	53.0857	3.1351	49.9506
Property	4.9700	11.9031	0.7030	11.2001
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3857
Supplemental Rate Add-on				\$8.8324
Totals	193.1138	200.0469	11.8142	216.4508

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 259896-00 - 2012/07

199.85

Beneva Lakes Healthcare and Rehabilitation Cent

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
741 S. Beneva Road Sarasota FL 34232 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1982 Acquired Date: 9/1/1982 Entered Medicaid 9/1/1982 Med # Active Date: 3/1/2003 Previous Med # 209350	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,038 Medicare: 4,976 Medicaid: 29,859	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.75939% Occupancy: 93.69406% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.06761% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,081,858	2,343,472	1,398,154	665,259	0	5,488,743
1a	Audit Adjustments						
2	Cost Per Diem	36.2322	78.4846	46.8252	22.2800		183.8220
3	Cost Per Diem Inflated	37.7867	80.5806	48.8341			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.7867	80.5806	48.8341	22.2800		189.4814
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		53.6572			
7	Provider Target Rate	42.9794		54.9099			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.7867	80.5806	48.8341	13.6500		180.8514
12/13	Medicaid Adjustment Rate		2.0632	1.2504			
14	Prospective Per Diem 11	37.7867	82.6438	50.0845	13.6500		184.1650
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 259896-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

199.85

Beneva Lakes Healthcare and Rehabilitation Cent

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,118,750.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable [3]	80% Capital(1):	3,947,736	7.5317
Indexed Asset Value	4,934,670	< 60% of Base:	False	20% ROE(2):	986,934	0.6467
FRVS Base Asset:	3,420,000	Interest Rate:	4.3900 %	Insurance Cost(3):	36,415	0.8873
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	62,876	1.5321
ROE Factor	0.025830	Amortization Rate:	4.3900 %	Home Office(3):	21,361	0.5205
		Interest Only:	False	Replacement(3&4):	40,210	0.0000
		Yearly Payment:	296,898	Total FRVS PD:		11.1183

(1) 80% Capital (\$3,947,736) amortized at 4.3900% for 20 years Principal & Interest of \$296,898 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5317

(2) 20% ROE (\$986,934) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6467

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.7867	37.7867	2.2316	35.5551
Patient Care				
Direct Care	82.6438	82.6438	4.8807	77.7631
Indirect Care	50.0845	50.0845	2.9578	47.1267
Property	13.6500	11.1183	0.6566	10.4617
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1145
Supplemental Rate Add-on				\$8.8324
Totals	184.1650	181.6333	10.7267	199.8535

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 259900-00 - 2012/07
189.96

Central Park Healthcare and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
702 S. Kings Avenue Brandon FL 33511 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/25/1991 Acquired Date: 2/25/1991 Entered Medicaid 2/25/1991 Med # Active Date: 3/1/2003 Previous Med # 203351	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,715 Medicare: 7,708 Medicaid: 24,923	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
	Medicaid Utilization 58.34718% Occupancy: 97.52283% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.93326% Weighted Low Occ Adjustment Factor: 100.00000%		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	948,780	1,723,126	1,241,480	470,795	0	4,384,181
1a	Audit Adjustments						
2	Cost Per Diem	38.0685	69.1380	49.8126	18.8900		175.9091
3	Cost Per Diem Inflated	39.7017	70.9844	51.9497			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.7017	70.9844	51.9497	18.8900		181.5258
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9799		48.2597			
7	Provider Target Rate	40.9133		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.7017	70.9844	49.3864	13.6500		173.7225
12/13	Medicaid Adjustment Rate		0.6666	0.4638			
14	Prospective Per Diem 11	39.7017	71.6510	49.8502	13.6500		174.8529
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259900-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

189.96

Central Park Healthcare and Rehabilitation Cente

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/25/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,835,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Variable [3]	80% Capital(1):	4,147,188	7.9122
Indexed Asset Value	5,183,985	< 60% of Base:	False	20% ROE(2):	1,036,797	0.6794
FRVS Base Asset:	3,642,240	Interest Rate:	4.3900 %	Insurance Cost(3):	36,415	0.8525
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	56,187	1.3154
ROE Factor	0.025830	Amortization Rate:	4.3900 %	Home Office(3):	25,468	0.5962
		Interest Only:	False	Replacement(3&4):	123,332	0.0000
		Yearly Payment:	311,899	Total FRVS PD:		11.3557

(1) 80% Capital (\$4,147,188) amortized at 4.3900% for 20 years Principal & Interest of \$311,899 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.9122

(2) 20% ROE (\$1,036,797) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6794

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.7017	39.7017	2.3447	37.3570
Patient Care				
Direct Care	71.6510	71.6510	4.2315	67.4195
Indirect Care	49.8502	49.8502	2.9440	46.9062
Property	13.6500	11.3557	0.6706	10.6851
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7595
Supplemental Rate Add-on				\$8.8324
Totals	174.8529	172.5586	10.1908	189.9597

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 259918-00 - 2012/07
206.33

Coral Bay Healthcare and Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2939 S. Haverhill Road West Palm Beach FL 33415 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/4/1993 Acquired Date: 5/4/1993 Entered Medicaid 5/4/1993 Med # Active Date: 3/1/2003 Previous Med # 210650	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,658 Medicare: 13,355 Medicaid: 20,542	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 49.31106% Occupancy: 95.10959% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.86648% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	877,719	1,606,265	1,124,731	420,084	0	4,028,799
1a	Audit Adjustments						
2	Cost Per Diem	42.7280	78.1942	54.7528	20.4500		196.1250
3	Cost Per Diem Inflated	44.5612	80.2825	57.1019			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5612	80.2825	57.1019	20.4500		202.3956
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0768		54.5233			
7	Provider Target Rate	46.1292		55.7962			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.5612	80.2825	55.7962	13.6500		194.2899
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.5612	80.2825	55.7962	13.6500		194.2899
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 259918-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

206.33

Coral Bay Healthcare and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/4/1993 Year of Phase-In/ Full: RS to Start Calcs: 1993/01 Indexed Asset Value 5,807,500 FRVS Base Asset: 3,861,960 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,736,250.00			
	Type:	Variable [3]			
	< 60% of Base:	False			
	Interest Rate:	4.3900 %	80% Capital(1):	4,646,000	8.8639
	Chase Rate:	4.2500 %	20% ROE(2):	1,161,500	0.7611
	Amortization Rate:	4.3900 %	Insurance Cost(3):	36,415	0.8741
	Interest Only:	False	Taxes Cost(3):	66,308	1.5917
Yearly Payment:	349,413	Home Office(3):	26,495	0.6360	
		Replacement(3&4):	133,561	0.0000	
		Total FRVS PD:		12.7268	

(1) 80% Capital (\$4,646,000) amortized at 4.3900% for 20 years Principal & Interest of \$349,413 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8639

(2) 20% ROE (\$1,161,500) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7611

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.5612	44.5612	2.6316	41.9296
Patient Care				
Direct Care	80.2825	80.2825	4.7412	75.5413
Indirect Care	55.7962	55.7962	3.2951	52.5011
Property	13.6500	12.7268	0.7516	11.9752
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.5518
Supplemental Rate Add-on				\$8.8324
Totals	194.2899	193.3667	11.4195	206.3314

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 259926-00 - 2012/07 198.13

Oakbridge Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3110 Oakbridge Blvd., E. Lakeland FL 33803 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/11/1991 Acquired Date: 7/11/1991 Entered Medicaid 8/2/1991 Med # Active Date: 3/1/2003 Previous Med # 203921	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,204 Medicare: 21,520 Medicaid: 11,973	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 29.05786% Occupancy: 94.07306% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.54924% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	521,592	885,864	707,876	267,597	0	2,382,929
1a	Audit Adjustments						
2	Cost Per Diem	43.5640	73.9885	59.1227	22.3500		199.0252
3	Cost Per Diem Inflated	45.4330	75.9645	61.6592			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.4330	75.9645	61.6592	22.3500		205.4067
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3505		57.3440			
7	Provider Target Rate	42.3159		58.6828			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.3159	75.9645	57.8638	13.6500		189.7942
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.3159	75.9645	57.8638	13.6500		189.7942
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 259926-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

198.13

Oakbridge Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/2/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,891,250.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Variable [3]	80% Capital(1):	4,623,147	8.8202
Indexed Asset Value	5,778,934	< 60% of Base:	False	20% ROE(2):	1,155,787	0.7573
FRVS Base Asset:	3,663,600	Interest Rate:	4.3900 %	Insurance Cost(3):	36,415	0.8838
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	90,869	2.2053
ROE Factor	0.025830	Amortization Rate:	4.3900 %	Home Office(3):	30,624	0.7432
		Interest Only:	False	Replacement(3&4):	88,412	0.0000
		Yearly Payment:	347,694	Total FRVS PD:		13.4098

(1) 80% Capital (\$4,623,147) amortized at 4.3900% for 20 years Principal & Interest of \$347,694 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8202

(2) 20% ROE (\$1,155,787) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7573

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,530
Comparison Date:	1/1/1991	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.3159	42.3159	2.4990	39.8169
Patient Care				
Direct Care	75.9645	75.9645	4.4862	71.4783
Indirect Care	57.8638	57.8638	3.4172	54.4466
Property	13.6500	13.4098	0.7919	12.6179
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$10.9350
Supplemental Rate Add-on				\$8.8324
Totals	189.7942	189.5540	11.1943	198.1271

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 259934-00 - 2012/07
200.61

The Parks Healthcare and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9311 S. Orange Blossom Trail Orlando FL 32837 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 3/1/2003 Previous Med # 208078	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,436 Medicare: 4,458 Medicaid: 31,821	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.69473% Occupancy: 92.31964% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.32097% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,267,862	2,302,434	1,546,719	680,333	0	5,797,348
1a	Audit Adjustments						
2	Cost Per Diem	39.8436	72.3558	48.6069	21.3800		182.1863
3	Cost Per Diem Inflated	41.5530	74.2882	50.6923			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.5530	74.2882	50.6923	21.3800		187.9135
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	74.2882	49.3864	13.6500		178.1785
12/13	Medicaid Adjustment Rate		2.3981	1.5943			
14	Prospective Per Diem 11	40.8539	76.6863	50.9807	13.6500		182.1709
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259934-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

200.61

The Parks Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 4,286,250.00		
RS to Start Calcs: 1984/07		Type: Variable [3]	80% Capital(1): 4,682,435	8.9334
Indexed Asset Value 5,853,044		< 60% of Base: False	20% ROE(2): 1,170,609	0.7670
FRVS Base Asset: 2,893,663		Interest Rate: 4.3900 %	Insurance Cost(3): 36,415	0.9006
Occup Adj Factor: 0.9000		Chase Rate: 4.2500 %	Taxes Cost(3): 89,674	2.2177
ROE Factor 0.025830		Amortization Rate: 4.3900 %	Home Office(3): 19,811	0.4899
		Interest Only: False	Replacement(3&4): 213,182	0.0000
		Yearly Payment: 352,153	Total FRVS PD:	13.3086

(1) 80% Capital (\$4,682,435) amortized at 4.3900% for 20 years Principal & Interest of \$352,153 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.9334

(2) 20% ROE (\$1,170,609) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7670

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	76.6863	76.6863	4.5288	72.1575
Indirect Care	50.9807	50.9807	3.0108	47.9699
Property	13.6500	13.3086	0.8061	12.8439
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.3664
Supplemental Rate Add-on				\$8.8324
Totals	182.1709	181.8295	10.7584	200.6113

***Medicaid Trend Adjustment :**



0 259942-00 - 2012/07
216.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Riverfront Nursing and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
105 15th Street East Bradenton FL 34208 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1972 Acquired Date: 12/1/1972 Entered Medicaid 12/1/1972 Med # Active Date: 4/28/2003 Previous Med # 204960	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 38,598 Medicare: 4,235 Medicaid: 26,007	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.37914% Occupancy: 96.13450% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.16895% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21220353 Semester Index: 1.28710041 Cost: 1.06178573 Target: 1.01634256 DC FY Index: 1.16916514 DC Sem Index: 1.21100000 DC Inflation: 1.03578182 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,245,959	2,098,715	1,194,441	489,712	0	5,028,827
1a	Audit Adjustments						
2	Cost Per Diem	47.9086	80.6981	45.9277	18.8300		193.3644
3	Cost Per Diem Inflated	50.8687	83.5856	48.7654			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.8687	83.5856	48.7654	18.8300		202.0497
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5163		56.5539			
7	Provider Target Rate	47.6023		57.8742			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.6023	83.5856	48.7654	13.6500		193.6033
12/13	Medicaid Adjustment Rate		1.6342	0.9534			
14	Prospective Per Diem 11	47.6023	85.2198	49.7188	13.6500		196.1909
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 259942-00 - 2012/07
216.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Riverfront Nursing and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,901,000.00		Total Amount	Per Diem
RS to Start Calcs:	1972/07	Type:	Fixed [2]	80% Capital(1):	3,767,404	11.6620
Indexed Asset Value	4,709,255	< 60% of Base:	False	20% ROE(2):	941,851	0.7929
FRVS Base Asset:	912,347	Interest Rate:	10.0000 %	Insurance Cost(3):	119,455	3.0948
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	43,429	1.1252
ROE Factor	0.030420	Amortization Rate:	9.5000 %	Home Office(3):	965	0.0250
		Interest Only:	False	Replacement(3&4):	85,441	0.0000
		Yearly Payment:	421,406	Total FRVS PD:		16.6999

(1) 80% Capital (\$3,767,404) amortized at 9.5000% for 20 years Principal & Interest of \$421,406 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$11.6620

(2) 20% ROE (\$941,851) times the ROE factor (0.030420) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.7929

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.6023	47.6023	2.8112	44.7911
Patient Care				
Direct Care	85.2198	85.2198	5.0328	80.1870
Indirect Care	49.7188	49.7188	2.9362	46.7826
Property	13.6500	16.6999	0.9862	15.7137
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.3785
Supplemental Rate Add-on				\$8.8324
Totals	196.1909	199.2408	11.7664	216.6853

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 260355-00 - 2012/07

218.48

Sarasota Memorial Nursing & Rehabilitation Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5640 Rand Blvd. Sarasota FL 34238 County: Sarasota [58] Region: South [2] Area: 8 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 7/1/1987 Med # Active Date: 1/1/2003 Previous Med # 212547	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,869 Medicare: 10,994 Medicaid: 18,125	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 45.46139% Occupancy: 91.02511% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.67588% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	728,784	2,072,153	907,824	223,844	0	3,932,605
1a	Audit Adjustments						
2	Cost Per Diem	40.2088	114.3257	50.0868	12.3500		216.9713
3	Cost Per Diem Inflated	41.5594	116.8341	51.7692			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.5594	116.8341	51.7692	12.3500		222.5127
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.5594	99.9145	51.3593	12.3500		205.1832
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.5594	99.9145	51.3593	12.3500		205.1832
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260355-00 - 2012/07
218.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Sarasota Memorial Nursing & Rehabilitation Facility

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 0.00		
RS to Start Calcs:	1987/07	Type: None [1]	80% Capital(1): 4,562,191	12.0670
Indexed Asset Value	5,702,739	< 60% of Base: True	20% ROE(2): 1,140,548	0.7355
FRVS Base Asset:	3,503,400	Interest Rate: 10.5000 %	Insurance Cost(3): 0	0.0000
Occup Adj Factor:	0.9000	Chase Rate: 10.5000 %	Taxes Cost(3): 0	0.0000
ROE Factor	0.025420	Amortization Rate: 10.5000 %	Home Office(3): 0	0.0000
		Interest Only: True	Replacement(3&4): 1,410,818	0.0000
		Yearly Payment: 475,683	Total FRVS PD:	12.8025

(1) 80% Capital (\$4,562,191) amortized at 10.5000% for 20 years Interest of \$475,683 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.0670

(2) 20% ROE (\$1,140,548) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7355

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.5594	41.5594	2.4544	39.1050
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	51.3593	51.3593	3.0331	48.3262
Property	12.3500	12.8025	0.7294	11.6206
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5780
Supplemental Rate Add-on				\$8.8324
Totals	205.1832	205.6357	12.1175	218.4761

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 260371-00 - 2012/07
222.03

Bridgeview Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
350 South Ridgewood Avenue Ormond Beach FL 32174 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1982 Acquired Date: 2/1/1982 Entered Medicaid 2/1/1982 Med # Active Date: 5/1/2003 Previous Med # 206539	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 139 Maximum: 50,735 Max Annualized: 50,735 Total Patient: 41,635 Medicare: 5,039 Medicaid: 32,190	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.31476% Occupancy: 82.06366% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.28755% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,297,205	2,919,517	1,631,679	1,097,679	0	6,946,080
1a	Audit Adjustments						
2	Cost Per Diem	40.2984	90.6964	50.6890	34.1000		215.7838
3	Cost Per Diem Inflated	42.4874	93.5548	53.4424			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.4874	93.5548	53.4424	34.1000		223.5846
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9804		51.5693			
7	Provider Target Rate	40.9138		52.7733			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.9138	93.5548	52.7733	13.6500		200.8919
12/13	Medicaid Adjustment Rate		2.8749	1.6217			
14	Prospective Per Diem 11	40.9138	96.4297	54.3950	13.6500		205.3885
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260371-00 - 2012/07
222.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bridgeview Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/24/1996 Year of Phase-In/ Full: RS to Start Calcs: 1982/01 Indexed Asset Value 5,797,575 FRVS Base Asset: 3,114,685 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,604,537.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,638,060	8.9093
	< 60% of Base:	False	20% ROE(2):	1,159,515	0.7009
	Interest Rate:	7.1087 %	Insurance Cost(3):	54,788	1.3159
	Chase Rate:	4.2500 %	Taxes Cost(3):	46,349	1.1132
	Amortization Rate:	6.2500 %	Home Office(3):	59,183	1.4215
	Interest Only:	False	Replacement(3&4):	33,018	0.0000
Yearly Payment:	406,811	Total FRVS PD:	13.4608		

(1) 80% Capital (\$4,638,060) amortized at 6.2500% for 20 years Principal & Interest of \$406,811 divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = \$8.9093

(2) 20% ROE (\$1,159,515) times the ROE factor (0.027600) divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = \$0.7009

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 143	Effective PBS Limitation	4,075,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.9138	40.9138	2.4162	38.4976
Patient Care				
Direct Care	96.4297	96.4297	5.6948	90.7349
Indirect Care	54.3950	54.3950	3.2124	51.1826
Property	13.6500	13.4608	0.7950	12.6658
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1197
Supplemental Rate Add-on				\$8.8324
Totals	205.3885	205.1993	12.1184	222.0330

***Medicaid Trend Adjustment :**



0 260444-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

214.75

Bavview Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
301 South Bay Street Eustis FL 32726 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1983 Acquired Date: 2/1/1983 Entered Medicaid 2/1/1983 Med # Active Date: 5/1/2003 Previous Med # 207209	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,403 Medicare: 5,622 Medicaid: 26,621	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.12859% Occupancy: 83.11187% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 105.61962% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,078,056	2,189,939	1,360,559	882,220	0	5,510,774
1a	Audit Adjustments						
2	Cost Per Diem	40.4965	82.2636	51.1085	33.1400		207.0086
3	Cost Per Diem Inflated	42.6963	84.8562	53.8847			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.6963	84.8562	53.8847	33.1400		214.5772
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2857		52.5867			
7	Provider Target Rate	49.4130		53.8144			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.6963	84.8562	53.8144	13.6500		195.0169
12/13	Medicaid Adjustment Rate		2.2079	1.4002			
14	Prospective Per Diem 11	42.6963	87.0641	55.2146	13.6500		198.6250
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260444-00 - 2012/07
214.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bavview Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,526,316.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Variable [3]	80% Capital(1):	3,902,834	8.6840
Indexed Asset Value	4,878,543	< 60% of Base:	False	20% ROE(2):	975,709	0.6831
FRVS Base Asset:	2,863,939	Interest Rate:	7.1087 %	Insurance Cost(3):	49,984	1.3731
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	42,521	1.1681
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	50,623	1.3906
		Interest Only:	False	Replacement(3&4):	78,385	0.0000
		Yearly Payment:	342,323	Total FRVS PD:		13.2989

(1) 80% Capital (\$3,902,834) amortized at 6.2500% for 20 years Principal & Interest of \$342,323 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6840

(2) 20% ROE (\$975,709) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6831

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.6963	42.6963	2.5215	40.1748
Patient Care				
Direct Care	87.0641	87.0641	5.1417	81.9224
Indirect Care	55.2146	55.2146	3.2608	51.9538
Property	13.6500	13.2989	0.7854	12.5135
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3549
Supplemental Rate Add-on				\$8.8324
Totals	198.6250	198.2739	11.7094	214.7518

***Medicaid Trend Adjustment :**



0 260452-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

216.09

Ruleme Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2810 Ruleme Street Eustis FL 32726 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1981 Acquired Date: 5/1/1981 Entered Medicaid 5/1/1981 Med # Active Date: 5/1/2003 Previous Med # 213241	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 138 Maximum: 50,370 Max Annualized: 50,370 Total Patient: 44,931 Medicare: 10,297 Medicaid: 27,597	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.42085% Occupancy: 89.20190% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.35891% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,021,217	2,423,969	1,516,288	478,256	20,587	5,460,317
1a	Audit Adjustments						
2	Cost Per Diem	37.0046	87.8345	54.9439	17.3300	0.7460	197.8590
3	Cost Per Diem Inflated	39.0147	90.6027	57.9285			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.0147	90.6027	57.9285	17.3300	0.7460	205.6219
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1676		57.8866			
7	Provider Target Rate	45.1988		59.2381			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.0147	90.6027	56.1342	13.6500	0.7460	200.1476
12/13	Medicaid Adjustment Rate		1.1641	0.7212			
14	Prospective Per Diem 11	39.0147	91.7668	56.8554	13.6500	0.7460	202.0329
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260452-00 - 2012/07
216.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Ruleme Center, LLC

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1981/01	Amount: 889,000.00	80% Capital(1): 3,265,710	7.7778
Indexed Asset Value 4,082,138	Type: Fixed [2]	20% ROE(2): 816,428	0.4971
FRVS Base Asset: 1,464,156	< 60% of Base: False	Insurance Cost(3): 57,481	1.2793
Occup Adj Factor: 0.9000	Interest Rate: 9.0000 %	Taxes Cost(3): 53,218	1.1844
ROE Factor 0.027600	Chase Rate: 13.0000 %	Home Office(3): 63,094	1.4042
	Amortization Rate: 9.0000 %	Replacement(3&4): 50,849	0.0000
	Interest Only: False	Total FRVS PD: 12.1428	
	Yearly Payment: 352,589		

(1) 80% Capital (\$3,265,710) amortized at 9.0000% for 20 years Principal & Interest of \$352,589 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$7.7778

(2) 20% ROE (\$816,428) times the ROE factor (0.027600) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.4971

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 135	Effective PBS Limitation 3,847,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.0147	39.0147	2.3041	36.7106
Patient Care				
Direct Care	91.7668	91.7668	5.4194	86.3474
Indirect Care	56.8554	56.8554	3.3577	53.4977
Property	13.6500	12.1428	0.8061	12.8439
ROE	0.7460	0.5135	0.0441	0.7019
ROE Adjustment	-0.5135	-0.5135	-0.0303	-0.4832
Quality Assess-Medicaid Share				\$17.6442
Supplemental Rate Add-on				\$8.8324
Totals	201.5194	199.7797	11.9011	216.0949

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 260568-00 - 2012/07
213.94

Tierra Pines Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7380 Ulmerton Road Largo FL 33771 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1979 Acquired Date: 9/1/1979 Entered Medicaid 11/1/1981 Med # Active Date: 5/1/2003 Previous Med # 213306	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,071 Medicare: 3,403 Medicaid: 35,634	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 86.76195% Occupancy: 93.76941% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.16336% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,418,093	3,062,251	1,669,749	1,082,205	0	7,232,298
1a	Audit Adjustments						
2	Cost Per Diem	39.7961	85.9362	46.8583	30.3700		202.9606
3	Cost Per Diem Inflated	41.9578	88.6446	49.4037			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9578	88.6446	49.4037	30.3700		210.3761
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6645		51.4651			
7	Provider Target Rate	47.7540		52.6666			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9578	88.6446	49.4037	13.6500		193.6561
12/13	Medicaid Adjustment Rate		3.6661	2.0432			
14	Prospective Per Diem 11	41.9578	92.3107	51.4469	13.6500		199.3654
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260568-00 - 2012/07
213.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Tierra Pines Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/24/1996	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 1,595,285.00	Total Amount	Per Diem
RS to Start Calcs: 1979/07	Type: Variable [3]	80% Capital(1): 2,671,318	5.9438
Indexed Asset Value: 3,339,148	< 60% of Base: False	20% ROE(2): 667,830	0.4676
FRVS Base Asset: 1,907,752	Interest Rate: 7.1087 %	Insurance Cost(3): 47,300	1.1517
Occup Adj Factor: 0.9000	Chase Rate: 4.2500 %	Taxes Cost(3): 44,086	1.0734
ROE Factor: 0.027600	Amortization Rate: 6.2500 %	Home Office(3): 54,271	1.3214
	Interest Only: False	Replacement(3&4): 74,340	0.0000
	Yearly Payment: 234,305	Total FRVS PD:	9.9579

(1) 80% Capital (\$2,671,318) amortized at 6.2500% for 20 years Principal & Interest of \$234,305 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.9438

(2) 20% ROE (\$667,830) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4676

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed: 120	Effective PBS Limitation: 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9578	41.9578	2.4779	39.4799
Patient Care				
Direct Care	92.3107	92.3107	5.4516	86.8591
Indirect Care	51.4469	51.4469	3.0383	48.4086
Property	13.6500	9.9579	0.5881	9.3698
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.9934
Supplemental Rate Add-on				\$8.8324
Totals	199.3654	195.6733	11.5559	213.9432

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 260576-00 - 2012/07

221.20

Highlands Lake Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4240 Lakeland Highlands Roa Lakeland FL 33813 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/31/1988 Acquired Date: 8/31/1988 Entered Medicaid 9/29/1988 Med # Active Date: 5/1/2003 Previous Med # 213128	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 179 Maximum: 65,335 Max Annualized: 65,335 Total Patient: 62,648 Medicare: 17,832 Medicaid: 37,340	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 59.60286% Occupancy: 95.88735% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.85487% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,372,117	3,445,115	2,156,379	1,116,466	0	8,090,077
1a	Audit Adjustments						
2	Cost Per Diem	36.7466	92.2634	57.7498	29.9000		216.6598
3	Cost Per Diem Inflated	38.7427	95.1712	60.8868			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.7427	95.1712	60.8868	29.9000		224.7007
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.1536		59.7096			
7	Provider Target Rate	72.8148		61.1036			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7427	95.1712	57.8638	13.6500		205.4277
12/13	Medicaid Adjustment Rate		1.0282	0.6251			
14	Prospective Per Diem 11	38.7427	96.1994	58.4889	13.6500		207.0810
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260576-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

221.20

Highlands Lake Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/29/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,105,263.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable [3]	80% Capital(1):	6,537,948	9.7523
Indexed Asset Value	8,172,435	< 60% of Base:	False	20% ROE(2):	1,634,487	0.7672
FRVS Base Asset:	3,559,440	Interest Rate:	7.1087 %	Insurance Cost(3):	89,930	1.4355
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	87,681	1.3996
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	94,582	1.5097
		Interest Only:	False	Replacement(3&4):	94,688	0.0000
		Yearly Payment:	573,452	Total FRVS PD:		14.8643

(1) 80% Capital (\$6,537,948) amortized at 6.2500% for 20 years Principal & Interest of \$573,452 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$9.7523

(2) 20% ROE (\$1,634,487) times the ROE factor (0.027600) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.7672

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,662
Comparison Date:	1/1/1988	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7427	38.7427	2.2880	36.4547
Patient Care				
Direct Care	96.1994	96.1994	5.6812	90.5182
Indirect Care	58.4889	58.4889	3.4542	55.0347
Property	13.6500	14.8643	0.8778	13.9865
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.3746
Supplemental Rate Add-on				\$8.8324
Totals	207.0810	208.2953	12.3012	221.2011

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 260649-00 - 2012/07

224.28

Coquina Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
170 N. Center Street Ormond Beach FL 32074 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 11/1/1987 Med # Active Date: 5/1/2003 Previous Med # 209929	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,143 Medicare: 9,605 Medicaid: 23,138	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.66120% Occupancy: 87.08447% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.66805% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	956,192	2,149,608	1,270,044	757,075	0	5,132,919
1a	Audit Adjustments						
2	Cost Per Diem	41.3256	92.9038	54.8900	32.7200		221.8394
3	Cost Per Diem Inflated	42.4292	94.5830	56.3559			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.4292	94.5830	56.3559	32.7200		226.0881
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8287		56.7621			
7	Provider Target Rate	47.9220		58.0873			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.4292	94.5830	56.1342	13.6500		206.7964
12/13	Medicaid Adjustment Rate		1.1344	0.6733			
14	Prospective Per Diem 11	42.4292	95.7174	56.8075	13.6500		208.6041
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260649-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

224.28

Coquina Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,464,793.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Variable [3]	80% Capital(1):	4,824,384	10.7345
Indexed Asset Value	6,030,480	< 60% of Base:	False	20% ROE(2):	1,206,096	0.7395
FRVS Base Asset:	1,751,700	Interest Rate:	7.1087 %	Insurance Cost(3):	56,179	1.4729
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	56,520	1.4818
ROE Factor	0.024170	Amortization Rate:	6.2500 %	Home Office(3):	52,945	1.3881
		Interest Only:	False	Replacement(3&4):	70,093	0.0000
		Yearly Payment:	423,153	Total FRVS PD:		15.8168

(1) 80% Capital (\$4,824,384) amortized at 6.2500% for 20 years Principal & Interest of \$423,153 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7345

(2) 20% ROE (\$1,206,096) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7395

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	1/1/1987	Current RS PBS:	50,254
Comparison Bed	60	Effective PBS Limitation	1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.4292	42.4292	2.5057	39.9235
Patient Care				
Direct Care	95.7174	95.7174	5.6528	90.0646
Indirect Care	56.8075	56.8075	3.3549	53.4526
Property	13.6500	15.8168	0.9341	14.8827
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1259
Supplemental Rate Add-on				\$8.8324
Totals	208.6041	210.7709	12.4475	224.2817

***Medicaid Trend Adjustment :**



0 260657-00 - 2012/07
219.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Island Lake Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
155 Landover Place Longwood FL 32750 County: Seminole[59] Region: Central[3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/10/1989 Acquired Date: 3/10/1989 Entered Medicaid 4/10/1989 Med # Active Date: 5/1/2003 Previous Med # 200573	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,457 Medicare: 6,415 Medicaid: 23,606	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.34837% Occupancy: 92.36758% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.38189% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	983,682	2,062,248	1,289,059	714,554	0	5,049,543
1a	Audit Adjustments						
2	Cost Per Diem	41.6708	87.3612	54.6073	30.2700		213.9093
3	Cost Per Diem Inflated	42.7837	88.9402	56.0656			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.7837	88.9402	56.0656	30.2700		218.0595
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.2517		54.5178			
7	Provider Target Rate	43.2381		55.7906			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.7837	88.9402	55.7906	13.6500		201.1645
12/13	Medicaid Adjustment Rate		0.8353	0.5240			
14	Prospective Per Diem 11	42.7837	89.7755	56.3146	13.6500		202.5238
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 260657-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

219.39

Island Lake Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/10/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,949,390.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Variable [3]	80% Capital(1):	4,452,730	9.9075
Indexed Asset Value	5,565,913	< 60% of Base:	False	20% ROE(2):	1,113,183	0.6825
FRVS Base Asset:	3,527,874	Interest Rate:	7.1087 %	Insurance Cost(3):	44,224	1.0931
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	55,756	1.3782
ROE Factor	0.024170	Amortization Rate:	6.2500 %	Home Office(3):	55,452	1.3706
		Interest Only:	False	Replacement(3&4):	97,938	0.0000
		Yearly Payment:	390,555	Total FRVS PD:		14.4319

(1) 80% Capital (\$4,452,730) amortized at 6.2500% for 20 years Principal & Interest of \$390,555 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9075

(2) 20% ROE (\$1,113,183) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6825

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	50,254
Comparison Bed 119	Effective PBS Limitation	3,527,874

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.7837	42.7837	2.5267	40.2570
Patient Care				
Direct Care	89.7755	89.7755	5.3018	84.4737
Indirect Care	56.3146	56.3146	3.3258	52.9888
Property	13.6500	14.4319	0.8523	13.5796
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2605
Supplemental Rate Add-on				\$8.8324
Totals	202.5238	203.3057	12.0066	219.3920

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 260665-00 - 2012/07
222.89

Indian River Center LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7201 Greensboro Drive West Melbourne FL 32904 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1989 Acquired Date: 7/1/1989 Entered Medicaid 8/1/1989 Med # Active Date: 5/1/2003 Previous Med # 201138	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 179 Maximum: 65,335 Max Annualized: 65,335 Total Patient: 61,115 Medicare: 7,767 Medicaid: 39,084	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.95157% Occupancy: 93.54098% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.87307% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,553,301	3,629,403	1,952,540	1,166,657	0	8,301,901
1a	Audit Adjustments						
2	Cost Per Diem	39.7426	92.8616	49.9575	29.8500		212.4117
3	Cost Per Diem Inflated	41.9014	95.7882	52.6712			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9014	95.7882	52.6712	29.8500		220.2108
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.1200		53.0545			
7	Provider Target Rate	41.0567		54.2931			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.0567	95.7882	52.6712	13.6500		203.1661
12/13	Medicaid Adjustment Rate		1.5034	0.8267			
14	Prospective Per Diem 11	41.0567	97.2916	53.4979	13.6500		205.4962
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260665-00 - 2012/07
222.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Indian River Center LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/29/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 8,197,712 FRVS Base Asset: 3,578,520 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,992,402.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	6,558,170	9.7825
	< 60% of Base:	False	20% ROE(2):	1,639,542	0.7696
	Interest Rate:	7.1087 %	Insurance Cost(3):	70,555	1.1545
	Chase Rate:	4.2500 %	Taxes Cost(3):	79,598	1.3024
	Amortization Rate:	6.2500 %	Home Office(3):	85,527	1.3994
	Interest Only:	False	Replacement(3&4):	76,068	0.0000
Yearly Payment:	575,226	Total FRVS PD:	14.4084		

(1) 80% Capital (\$6,558,170) amortized at 6.2500% for 20 years Principal & Interest of \$575,226 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$9.7825

(2) 20% ROE (\$1,639,542) times the ROE factor (0.027600) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.7696

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0567	41.0567	2.4247	38.6320
Patient Care				
Direct Care	97.2916	97.2916	5.7457	91.5459
Indirect Care	53.4979	53.4979	3.1594	50.3385
Property	13.6500	14.4084	0.8509	13.5575
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9809
Supplemental Rate Add-on				\$8.8324
Totals	205.4962	206.2546	12.1807	222.8872

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 260673-00 - 2012/07
209.21

Riverwood Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2802 Parental Home Dr Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1982 Acquired Date: 8/1/1982 Entered Medicaid 8/1/1982 Med # Active Date: 5/1/2003 Previous Med # 213331	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 76,737 Medicare: 9,396 Medicaid: 60,231	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.49017% Occupancy: 87.59931% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.32232% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,344,665	5,782,375	3,220,278	1,986,418	0	13,333,736
1a	Audit Adjustments						
2	Cost Per Diem	38.9279	96.0033	53.4655	32.9800		221.3767
3	Cost Per Diem Inflated	41.0425	99.0290	56.3698			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0425	99.0290	56.3698	32.9800		229.4213
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5769		51.4492			
7	Provider Target Rate	46.6410		52.6504			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.0425	96.6592	52.6504	13.6500		204.0021
12/13	Medicaid Adjustment Rate		3.0981	1.6875			
14	Prospective Per Diem 11	41.0425	99.7573	54.3379	13.6500		208.7877
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260673-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

209.21

Riverwood Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/24/1996 Year of Phase-In/ Full: RS to Start Calcs: 1982/07 Indexed Asset Value 9,981,422 FRVS Base Asset: 4,690,816 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,922,517.00			
	Type:	Variable [3]			
	< 60% of Base:	False			
	Interest Rate:	7.1087 %	80% Capital(1):	7,985,138	8.8837
	Chase Rate:	4.2500 %	20% ROE(2):	1,996,284	0.6989
	Amortization Rate:	6.2500 %	Insurance Cost(3):	101,266	1.3197
	Interest Only:	False	Taxes Cost(3):	138,112	1.7998
Yearly Payment:	700,388	Home Office(3):	105,122	1.3699	
		Replacement(3&4):	136,928	0.0000	
		Total FRVS PD:		14.0720	

(1) 80% Capital (\$7,985,138) amortized at 6.2500% for 20 years Principal & Interest of \$700,388 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$8.8837

(2) 20% ROE (\$1,996,284) times the ROE factor (0.027600) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.6989

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0425	41.0425	2.4238	38.6187
Patient Care				
Direct Care	99.7573	99.7573	5.8913	93.8660
Indirect Care	54.3379	54.3379	3.2090	51.1289
Property	13.6500	14.0720	0.8310	13.2410
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.5190
Supplemental Rate Add-on				\$8.8324
Totals	208.7877	209.2097	12.3551	209.2060

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 260690-00 - 2012/07
222.73

Fairway Oaks Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13806 N. 46th Street Tampa FL 33613 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1983 Acquired Date: 3/1/1983 Entered Medicaid 3/1/1983 Med # Active Date: 5/1/2003 Previous Med # 213292	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,342 Medicare: 5,893 Medicaid: 29,477	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.06777% Occupancy: 92.10503% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.04824% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,341,220	2,576,175	1,598,679	900,522	0	6,416,596
1a	Audit Adjustments						
2	Cost Per Diem	45.5006	87.3961	54.2348	30.5500		217.6815
3	Cost Per Diem Inflated	46.7157	88.9758	55.6832			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.7157	88.9758	55.6832	30.5500		221.9247
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7132		52.9333			
7	Provider Target Rate	46.7804		54.1691			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7157	88.9758	54.1691	13.6500		203.5106
12/13	Medicaid Adjustment Rate		2.3090	1.4058			
14	Prospective Per Diem 11	46.7157	91.2848	55.5749	13.6500		207.2254
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260690-00 - 2012/07
222.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Fairway Oaks Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,099,769.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Variable [3]	80% Capital(1):	3,989,898	8.8777
Indexed Asset Value	4,987,373	< 60% of Base:	False	20% ROE(2):	997,475	0.6116
FRVS Base Asset:	2,511,048	Interest Rate:	7.1087 %	Insurance Cost(3):	44,224	1.0962
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	43,185	1.0705
ROE Factor	0.024170	Amortization Rate:	6.2500 %	Home Office(3):	53,294	1.3211
		Interest Only:	False	Replacement(3&4):	533,419	0.0000
		Yearly Payment:	349,960	Total FRVS PD:		12.9771

- (1) 80% Capital (\$3,989,898) amortized at 6.2500% for 20 years Principal & Interest of \$349,960 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8777
- (2) 20% ROE (\$997,475) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6116
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7157	46.7157	2.7589	43.9568
Patient Care				
Direct Care	91.2848	91.2848	5.3910	85.8938
Indirect Care	55.5749	55.5749	3.2821	52.2928
Property	13.6500	12.9771	0.7664	12.2107
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5463
Supplemental Rate Add-on				\$8.8324
Totals	207.2254	206.5525	12.1984	222.7328

***Medicaid Trend Adjustment :**



0 260771-00 - 2012/07

238.04

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Sinai Plaza Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
201 NE 112th Street Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/2/1990 Acquired Date: 11/2/1990 Entered Medicaid 11/2/1990 Med # Active Date: 6/7/2003 Previous Med # 202916	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 51,445 Medicare: 12,171 Medicaid: 33,864	Superior: 0 Standard: 66 Conditional: 118 Total: 184
	Medicaid Utilization 65.82564% Occupancy: 93.96347% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.40997% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,946,633	3,652,852	2,427,203	580,768	0	8,607,456
1a	Audit Adjustments						
2	Cost Per Diem	57.4838	107.8683	71.6750	17.1500		254.1771
3	Cost Per Diem Inflated	59.7710	110.5774	74.5269			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.7710	110.5774	74.5269	17.1500		262.0253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.8528		62.6289			
7	Provider Target Rate	53.0634		64.0911			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	59.7055	13.6500		225.4848
12/13	Medicaid Adjustment Rate		0.6381	0.3813			
14	Prospective Per Diem 11	52.2148	100.5526	60.0868	13.6500		226.5042
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 260771-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

238.04

Sinai Plaza Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/2/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 7,531,039 FRVS Base Asset: 4,526,100 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem				
	Amount: 4,000,000.00		<table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type: Variable [3]		80% Capital(1): 6,024,831	10.5117			
	< 60% of Base: False		20% ROE(2): 1,506,208	0.7896			
	Interest Rate: 6.0000 %		Insurance Cost(3): 19,022	0.3698			
	Chase Rate: 4.0000 %		Taxes Cost(3): 0	0.0000			
	Amortization Rate: 6.0000 %		Home Office(3): 25,607	0.4978			
Interest Only: False		Replacement(3&4): 152,234	0.0000				
Yearly Payment: 517,965		Total FRVS PD:	12.1689				

(1) 80% Capital (\$6,024,831) amortized at 6.0000% for 20 years Principal & Interest of \$517,965 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$10.5117

(2) 20% ROE (\$1,506,208) times the ROE factor (0.025830) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.7896

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	50,254
Comparison Bed 150	Effective PBS Limitation	4,526,100

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	100.5526	100.5526	5.9383	94.6143
Indirect Care	60.0868	60.0868	3.5485	56.5383
Property	13.6500	12.1689	0.7187	11.4502
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4746
Supplemental Rate Add-on				\$8.8324
Totals	226.5042	225.0231	13.2891	238.0410

***Medicaid Trend Adjustment :**



0 261254-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

218.76

Alhambra Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7501 38th Avenue North St. Petersburg FL 33710 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1971 Acquired Date: 4/13/1994 Entered Medicaid 4/13/1994 Med # Active Date: 6/27/2003 Previous Med # 211290	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,497 Medicare: 5,234 Medicaid: 9,219	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 49.84051% Occupancy: 84.46119% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 107.33435% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	525,578	747,051	575,655	184,657	6,145	2,039,086
1a	Audit Adjustments						
2	Cost Per Diem	57.0103	81.0338	62.4422	20.0300	0.6666	221.1829
3	Cost Per Diem Inflated	58.5328	82.4985	64.1098			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.5328	82.4985	64.1098	20.0300	0.6666	225.8377
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.3529		57.5548			
7	Provider Target Rate	56.6452		58.8985			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	56.6452	82.4985	58.8985	13.6500	0.6666	212.3588
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	56.6452	82.4985	58.8985	13.6500	0.6666	212.3588
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 261254-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

218.76

Alhambra Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/13/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/01 Indexed Asset Value 1,075,091 FRVS Base Asset: 615,660 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	458,612.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	860,073	3.6020
	< 60% of Base:	False	20% ROE(2):	215,018	0.2637
	Interest Rate:	5.5000 %	Insurance Cost(3):	35,262	1.9064
	Chase Rate:	4.2500 %	Taxes Cost(3):	19,056	1.0302
	Amortization Rate:	5.5000 %	Home Office(3):	15,123	0.8176
	Interest Only:	False	Replacement(3&4):	32,584	0.0000
Yearly Payment:	70,996	Total FRVS PD:		7.6199	

(1) 80% Capital (\$860,073) amortized at 5.5000% for 20 years Principal & Interest of \$70,996 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$3.6020

(2) 20% ROE (\$215,018) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.2637

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 1/1/1971	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	615,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	56.6452	56.6452	3.3453	53.2999
Patient Care				
Direct Care	82.4985	82.4985	4.8721	77.6264
Indirect Care	58.8985	58.8985	3.4784	55.4201
Property	13.6500	7.6199	0.4500	7.1699
ROE	0.6666	0.6516	0.0385	0.6131
ROE Adjustment	-0.6516	-0.6516	-0.0385	-0.6131
Quality Assess-Medicaid Share				\$16.4129
Supplemental Rate Add-on				\$8.8324
Totals	211.7072	205.6621	12.1458	218.7616

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 261599-00 - 2012/07

214.39

Wood Lake Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6414 13th Road South West Palm Beach FL 33415 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1988 Acquired Date: 1/1/1988 Entered Medicaid 7/11/1988 Med # Active Date: 7/1/2003 Previous Med # 210579	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,012 Medicare: 4,367 Medicaid: 26,437	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.76633% Occupancy: 89.06849% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.18938% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,289,462	1,705,155	1,500,800	615,453	0	5,110,870
1a	Audit Adjustments						
2	Cost Per Diem	48.7749	64.4988	56.7689	23.2800		193.3226
3	Cost Per Diem Inflated	50.8675	66.2213	59.2044			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.8675	66.2213	59.2044	23.2800		199.5732
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4516		57.1537			
7	Provider Target Rate	52.6528		58.4880			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.8675	66.2213	58.4880	13.6500		189.2268
12/13	Medicaid Adjustment Rate		1.3236	1.1690			
14	Prospective Per Diem 11	50.8675	67.5449	59.6570	13.6500		191.7194
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 261599-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

214.39

Wood Lake Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/11/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,825,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Fixed [2]	80% Capital(1):	4,772,260	14.5039
Indexed Asset Value	5,965,325	< 60% of Base:	False	20% ROE(2):	1,193,065	0.7818
FRVS Base Asset:	3,530,760	Interest Rate:	10.9360 %	Insurance Cost(3):	36,415	0.9334
Occup Adj Factor:	0.9000	Chase Rate:	7.5000 %	Taxes Cost(3):	79,837	2.0465
ROE Factor	0.025830	Amortization Rate:	10.5000 %	Home Office(3):	20,112	0.5155
		Interest Only:	False	Replacement(3&4):	109,099	0.0000
		Yearly Payment:	571,743	Total FRVS PD:		18.7811

(1) 80% Capital (\$4,772,260) amortized at 10.5000% for 20 years Principal & Interest of \$571,743 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.5039

(2) 20% ROE (\$1,193,065) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7818

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8675	50.8675	3.0041	47.8634
Patient Care				
Direct Care	67.5449	67.5449	3.9890	63.5559
Indirect Care	59.6570	59.6570	3.5231	56.1339
Property	13.6500	18.7811	1.1091	17.6720
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.3277
Supplemental Rate Add-on				\$8.8324
Totals	191.7194	196.8505	11.6253	214.3853

***Medicaid Trend Adjustment :**



0 261611-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

209.66

Terra Vista Rehabilitation and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1730 Lucerne Terrace Orlando FL 32806 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1972 Acquired Date: 1/1/1972 Entered Medicaid 1/1/1972 Med # Active Date: 5/1/2003 Previous Med # 217140	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 115 Maximum: 41,975 Max Annualized: 41,975 Total Patient: 31,857 Medicare: 3,716 Medicaid: 23,975	Superior: 0 Standard: 153 Conditional: 31 Total: 184
	Medicaid Utilization 75.25819% Occupancy: 75.89518% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 96.44856% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.28710041
		Cost: 1.05432042	Target: 1.01634256
		DC FY Index: 1.17400000	DC Sem Index: 1.21100000
		DC Inflation: 1.03151618	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	869,034	1,946,466	1,157,115	717,332	0	4,689,947
1a	Audit Adjustments						
2	Cost Per Diem	36.2475	81.1873	48.2634	29.9200		195.6182
3	Cost Per Diem Inflated	38.2165	83.7460	50.8851			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.2165	83.7460	50.8851	29.9200		202.7676
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2990		49.5237			
7	Provider Target Rate	52.4967		50.6799			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.2165	83.7460	50.6799	13.6500		186.2924
12/13	Medicaid Adjustment Rate		1.9788	1.1975			
14	Prospective Per Diem 11	38.2165	85.7248	51.8774	13.6500		189.4687
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 261611-00 - 2012/07
209.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Terra Vista Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,107,000.00	Total Amount	Per Diem
RS to Start Calcs: 1972/01	Type: Fixed [2]	80% Capital(1): 3,195,389	11.1762
Indexed Asset Value: 3,994,236	< 60% of Base: False	20% ROE(2): 798,847	0.5836
FRVS Base Asset: 2,053,427	Interest Rate: 12.0000 %	Insurance Cost(3): 50,530	1.5862
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %	Taxes Cost(3): 88,340	2.7730
ROE Factor: 0.027600	Amortization Rate: 12.0000 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 29,075	0.0000
	Yearly Payment: 422,208	Total FRVS PD:	16.1190

(1) 80% Capital (\$3,195,389) amortized at 12.0000% for 20 years Principal & Interest of \$422,208 divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = \$11.1762

(2) 20% ROE (\$798,847) times the ROE factor (0.027600) divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = \$0.5836

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 115	Effective PBS Limitation	3,277,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.2165	38.2165	2.2569	35.9596
Patient Care				
Direct Care	85.7248	85.7248	5.0626	80.6622
Indirect Care	51.8774	51.8774	3.0637	48.8137
Property	13.6500	16.1190	0.9519	15.1671
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.2200
Supplemental Rate Add-on				\$8.8324
Totals	189.4687	191.9377	11.3351	209.6550

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 261629-00 - 2012/07

189.48

Avalon Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1270 SW Main Blvd Lake City FL 32025 County: Columbia [12] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 10/1/1981 Acquired Date: 10/1/1981 Entered Medicaid 10/1/1981 Med # Active Date: 5/1/2003 Previous Med # 215562	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 95 Maximum: 34,675 Max Annualized: 34,675 Total Patient: 28,930 Medicare: 5,292 Medicaid: 21,254	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.46699% Occupancy: 83.43187% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.02628% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	725,679	1,606,658	908,073	378,321	0	3,618,731
1a	Audit Adjustments						
2	Cost Per Diem	34.1432	75.5932	42.7248	17.8000		170.2612
3	Cost Per Diem Inflated	35.0550	76.9595	43.8658			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.0550	76.9595	43.8658	17.8000		173.6803
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		50.9938			
7	Provider Target Rate	43.9259		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.0550	76.9595	43.8658	13.6500		169.5303
12/13	Medicaid Adjustment Rate		2.0318	1.1581			
14	Prospective Per Diem 11	35.0550	78.9913	45.0239	13.6500		172.7202
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 261629-00 - 2012/07

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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189.48

Avalon Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1981/07 Indexed Asset Value 2,505,052 FRVS Base Asset: 1,393,413 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,150,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,004,042	10.0358
	< 60% of Base:	False	20% ROE(2):	501,010	0.3880
	Interest Rate:	14.8040 %	Insurance Cost(3):	35,785	1.2370
	Chase Rate:	13.0000 %	Taxes Cost(3):	39,817	1.3763
	Amortization Rate:	14.8040 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	13,770	0.0000
Yearly Payment:	313,191	Total FRVS PD:		13.0371	

(1) 80% Capital (\$2,004,042) amortized at 14.8040% for 20 years Principal & Interest of \$313,191 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$10.0358

(2) 20% ROE (\$501,010) times the ROE factor (0.024170) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$0.3880

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	95	Effective PBS Limitation	2,707,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.0550	35.0550	2.0702	32.9848
Patient Care				
Direct Care	78.9913	78.9913	4.6650	74.3263
Indirect Care	45.0239	45.0239	2.6590	42.3649
Property	13.6500	13.0371	0.7699	12.2672
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7029
Supplemental Rate Add-on				\$8.8324
Totals	172.7202	172.1073	10.1641	189.4785

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 261637-00 - 2012/07

205.43

Emerald Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1655 SE Walton Road Port St. Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 11/1/1987 Med # Active Date: 5/1/2003 Previous Med # 216011	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,972 Medicare: 10,788 Medicaid: 23,112	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.82047% Occupancy: 91.26027% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.97471% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	770,804	1,848,747	1,225,275	601,143	0	4,445,969
1a	Audit Adjustments						
2	Cost Per Diem	33.3508	79.9908	53.0147	26.0100		192.3663
3	Cost Per Diem Inflated	35.1624	82.5118	55.8945			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.1624	82.5118	55.8945	26.0100		199.5787
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		55.0572			
7	Provider Target Rate	42.9794		56.3426			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.1624	82.5118	55.8945	13.6500		187.2187
12/13	Medicaid Adjustment Rate		0.7259	0.4918			
14	Prospective Per Diem 11	35.1624	83.2377	56.3863	13.6500		188.4364
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 261637-00 - 2012/07
205.43

Florida Agency For Health Care Administration
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Emerald Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 4,960,132 FRVS Base Asset: 2,656,745 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,139,792.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,968,106	11.9789
	< 60% of Base:	False	20% ROE(2):	992,026	0.6946
	Interest Rate:	10.4000 %	Insurance Cost(3):	53,239	1.3319
	Chase Rate:	9.0000 %	Taxes Cost(3):	95,244	2.3828
	Amortization Rate:	10.4000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	41,674	0.0000
Yearly Payment:	472,207	Total FRVS PD:	16.3882		

- (1) 80% Capital (\$3,968,106) amortized at 10.4000% for 20 years Principal & Interest of \$472,207 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.9789
- (2) 20% ROE (\$992,026) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6946
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 91	Effective PBS Limitation	2,656,745

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.1624	35.1624	2.0766	33.0858
Patient Care				
Direct Care	83.2377	83.2377	4.9157	78.3220
Indirect Care	56.3863	56.3863	3.3300	53.0563
Property	13.6500	16.3882	0.9678	15.4204
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.7122
Supplemental Rate Add-on				\$8.8324
Totals	188.4364	191.1746	11.2901	205.4291

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 261670-00 - 2012/07 196.21

Hawthorne Health & Rehab of Brandon

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
851 West Lumsden Road Brandon FL 33511 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/27/1995 Acquired Date: 3/27/1995 Entered Medicaid 3/27/1995 Med # Active Date: 12/1/2001 Previous Med # 211664	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,261 Medicare: 13,862 Medicaid: 19,431	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 47.09290% Occupancy: 94.20320% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.71462% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	700,700	1,566,685	859,737	638,503	0	3,765,625
1a	Audit Adjustments						
2	Cost Per Diem	36.0609	80.6281	44.2456	32.8600		193.7946
3	Cost Per Diem Inflated	37.6080	82.7814	46.1439			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.6080	82.7814	46.1439	32.8600		199.3933
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		49.1570			
7	Provider Target Rate	40.8539		50.3046			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.6080	82.7814	46.1439	13.6500		180.1833
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.6080	82.7814	46.1439	13.6500		180.1833
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 261670-00 - 2012/07
196.21

Florida Agency For Health Care Administration
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Hawthorne Health & Rehab of Brandon

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/27/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,977,200.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Variable [3]	80% Capital(1):	4,730,493	12.7685
Indexed Asset Value	5,913,116	< 60% of Base:	False	20% ROE(2):	1,182,623	0.7749
FRVS Base Asset:	3,092,490	Interest Rate:	8.7965 %	Insurance Cost(3):	63,143	1.5303
Occup Adj Factor:	0.9000	Chase Rate:	8.3356 %	Taxes Cost(3):	56,900	1.3790
ROE Factor	0.025830	Amortization Rate:	8.7965 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	101,845	0.0000
		Yearly Payment:	503,333	Total FRVS PD:		16.4527

(1) 80% Capital (\$4,730,493) amortized at 8.7965% for 20 years Principal & Interest of \$503,333 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.7685

(2) 20% ROE (\$1,182,623) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7749

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	50,254
Comparison Bed 90	Effective PBS Limitation	3,092,490

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.6080	37.6080	2.2210	35.3870
Patient Care				
Direct Care	82.7814	82.7814	4.8888	77.8926
Indirect Care	46.1439	46.1439	2.7251	43.4188
Property	13.6500	16.4527	0.9716	15.4811
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1999
Supplemental Rate Add-on				\$8.8324
Totals	180.1833	182.9860	10.8065	196.2118

***Medicaid Trend Adjustment :**



0 263389-00 - 2012/07
205.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Atlantic Shores Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4251 Stack Blvd. Melbourne FL 32901 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/8/1995 Acquired Date: 12/8/1995 Entered Medicaid 12/8/1995 Med # Active Date: 10/1/2003 Previous Med # 212156	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,029 Medicare: 7,986 Medicaid: 24,054	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.23191% Occupancy: 95.95662% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.94290% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	937,040	1,991,623	1,094,613	892,403	0	4,915,679
1a	Audit Adjustments						
2	Cost Per Diem	38.9557	82.7980	45.5065	37.1000		204.3602
3	Cost Per Diem Inflated	41.0718	85.4075	47.9784			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0718	85.4075	47.9784	37.1000		211.5577
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3643		53.0766			
7	Provider Target Rate	50.5168		54.3158			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.0718	85.4075	47.9784	13.6500		188.1077
12/13	Medicaid Adjustment Rate		0.6949	0.3903			
14	Prospective Per Diem 11	41.0718	86.1024	48.3687	13.6500		189.1929
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263389-00 - 2012/07

Florida Agency For Health Care Administration
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205.76

Atlantic Shores Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/8/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,190,261.00		Total Amount	Per Diem
RS to Start Calcs:	1995/07	Type:	Fixed [2]	80% Capital(1):	4,459,934	9.9236
Indexed Asset Value	5,574,918	< 60% of Base:	False	20% ROE(2):	1,114,984	0.7807
FRVS Base Asset:	2,094,240	Interest Rate:	8.0700 %	Insurance Cost(3):	42,978	1.0226
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	82,672	1.9670
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	14,338	0.3411
		Interest Only:	False	Replacement(3&4):	15,757	0.0000
		Yearly Payment:	391,187	Total FRVS PD:		14.0350

(1) 80% Capital (\$4,459,934) amortized at 6.2500% for 20 years Principal & Interest of \$391,187 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9236

(2) 20% ROE (\$1,114,984) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7807

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,904
Comparison Date:	1/1/1995	Current RS PBS:	50,254
Comparison Bed	60	Effective PBS Limitation	2,094,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0718	41.0718	2.4256	38.6462
Patient Care				
Direct Care	86.1024	86.1024	5.0849	81.0175
Indirect Care	48.3687	48.3687	2.8565	45.5122
Property	13.6500	14.0350	0.8289	13.2061
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5406
Supplemental Rate Add-on				\$8.8324
Totals	189.1929	189.5779	11.1959	205.7550

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263443-00 - 2012/07

186.53

Bonifay Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
306 West Brock Avenue Bonifay FL 32425 County: Holmes [30] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1984 Acquired Date: 7/1/1984 Entered Medicaid 7/1/1984 Med # Active Date: 10/1/2003 Previous Med # 212377	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 59,104 Medicare: 8,905 Medicaid: 44,920	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 76.00162% Occupancy: 89.96043% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.32285% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,866,890	3,183,539	1,661,665	1,720,885	0	8,432,979
1a	Audit Adjustments						
2	Cost Per Diem	41.5603	70.8713	36.9917	38.3100		187.7333
3	Cost Per Diem Inflated	43.8179	73.1049	39.0011			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8179	73.1049	39.0011	38.3100		194.2339
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6333		46.3317			
7	Provider Target Rate	41.5819		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.5819	73.1049	39.0011	13.6500		167.3379
12/13	Medicaid Adjustment Rate		2.1385	1.1409			
14	Prospective Per Diem 11	41.5819	75.2434	40.1420	13.6500		170.6173
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263443-00 - 2012/07
186.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bonifav Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/2003 Year of Phase-In/ Full: RS to Start Calcs: 1984/07 Indexed Asset Value 6,855,626 FRVS Base Asset: 1,432,662 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,325,551.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,484,501	8.1355
	< 60% of Base:	False	20% ROE(2):	1,371,125	0.6400
	Interest Rate:	8.0700 %	Insurance Cost(3):	66,934	1.1325
	Chase Rate:	3.2500 %	Taxes Cost(3):	57,488	0.9727
	Amortization Rate:	6.2500 %	Home Office(3):	20,164	0.3412
	Interest Only:	False	Replacement(3&4):	33,283	0.0000
Yearly Payment:	481,053	Total FRVS PD:	11.2219		

(1) 80% Capital (\$5,484,501) amortized at 6.2500% for 20 years Principal & Interest of \$481,053 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.1355

(2) 20% ROE (\$1,371,125) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6400

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.5819	41.5819	2.4557	39.1262
Patient Care				
Direct Care	75.2434	75.2434	4.4436	70.7998
Indirect Care	40.1420	40.1420	2.3707	37.7713
Property	13.6500	11.2219	0.6627	10.5592
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.4412
Supplemental Rate Add-on				\$8.8324
Totals	170.6173	168.1892	9.9327	186.5301

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263451-00 - 2012/07

209.90

Riviera Palms Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
926 Haben Blvd. Palmetto FL 34221 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1988 Acquired Date: 3/1/1988 Entered Medicaid 3/7/1988 Med # Active Date: 10/1/2003 Previous Med # 212385	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,019 Medicare: 8,848 Medicaid: 23,358	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.43770% Occupancy: 86.80137% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.30829% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	933,016	1,981,849	1,117,696	921,707	0	4,954,268
1a	Audit Adjustments						
2	Cost Per Diem	39.9442	84.8467	47.8507	39.4600		212.1016
3	Cost Per Diem Inflated	42.1140	87.5207	50.4500			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.1140	87.5207	50.4500	39.4600		219.5447
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2189		52.2953			
7	Provider Target Rate	47.2980		53.5162			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.1140	87.5207	50.4500	13.6500		193.7347
12/13	Medicaid Adjustment Rate		1.1262	0.6492			
14	Prospective Per Diem 11	42.1140	88.6469	51.0992	13.6500		195.5101
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263451-00 - 2012/07
209.90

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Riviera Palms Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/7/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,899,682.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Fixed [2]	80% Capital(1):	4,129,464	9.1883
Indexed Asset Value	5,161,830	< 60% of Base:	False	20% ROE(2):	1,032,366	0.7228
FRVS Base Asset:	2,648,070	Interest Rate:	8.0700 %	Insurance Cost(3):	48,310	1.2707
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	62,146	1.6346
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	12,970	0.3411
		Interest Only:	False	Replacement(3&4):	32,738	0.0000
		Yearly Payment:	362,201	Total FRVS PD:		13.1575

(1) 80% Capital (\$4,129,464) amortized at 6.2500% for 20 years Principal & Interest of \$362,201 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1883

(2) 20% ROE (\$1,032,366) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7228

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 90	Effective PBS Limitation	2,648,070

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.1140	42.1140	2.4871	39.6269
Patient Care				
Direct Care	88.6469	88.6469	5.2352	83.4117
Indirect Care	51.0992	51.0992	3.0178	48.0814
Property	13.6500	13.1575	0.7770	12.3805
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5629
Supplemental Rate Add-on				\$8.8324
Totals	195.5101	195.0176	11.5171	209.8958

*Medicaid Trend Adjustment :



0 263460-00 - 2012/07
215.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bovnton Beach Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9600 Lawrence Road Boynton Beach FL 33436 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1977 Acquired Date: 7/1/1984 Entered Medicaid 7/1/1984 Med # Active Date: 10/1/2003 Previous Med # 211257	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 169 Maximum: 61,685 Max Annualized: 61,685 Total Patient: 53,038 Medicare: 18,052 Medicaid: 25,472	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 48.02594% Occupancy: 85.98201% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.26703% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	980,803	2,255,347	1,362,633	1,463,621	0	6,062,404
1a	Audit Adjustments						
2	Cost Per Diem	38.5051	88.5422	53.4953	57.4600		238.0026
3	Cost Per Diem Inflated	40.5967	91.3327	56.4012			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.5967	91.3327	56.4012	57.4600		245.7906
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3641		57.4126			
7	Provider Target Rate	44.3765		58.7530			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.5967	91.3327	56.4012	13.6500		201.9806
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.5967	91.3327	56.4012	13.6500		201.9806
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263460-00 - 2012/07
215.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bovnton Beach Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,365,423.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	6,410,842	10.1286
Indexed Asset Value	8,013,553	< 60% of Base:	False	20% ROE(2):	1,602,711	0.7968
FRVS Base Asset:	1,235,042	Interest Rate:	8.0700 %	Insurance Cost(3):	87,153	1.6432
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	119,540	2.2539
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	18,094	0.3412
		Interest Only:	False	Replacement(3&4):	48,602	0.0000
		Yearly Payment:	562,304	Total FRVS PD:		15.1637

(1) 80% Capital (\$6,410,842) amortized at 6.2500% for 20 years Principal & Interest of \$562,304 divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$10.1286

(2) 20% ROE (\$1,602,711) times the ROE factor (0.027600) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$0.7968

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 168	Effective PBS Limitation	4,788,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.5967	40.5967	2.3975	38.1992
Patient Care				
Direct Care	91.3327	91.3327	5.3938	85.9389
Indirect Care	56.4012	56.4012	3.3309	53.0703
Property	13.6500	15.1637	0.8955	14.2682
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.0992
Supplemental Rate Add-on				\$8.8324
Totals	201.9806	203.4943	12.0177	215.4082

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263478-00 - 2012/07 196.77

Arbor Trail Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
611 Turner Camp Road Inverness FL 34453 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/17/1987 Acquired Date: 7/17/1987 Entered Medicaid 7/17/1987 Med # Active Date: 10/1/2003 Previous Med # 211991	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 39,029 Medicare: 10,832 Medicaid: 16,786	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 43.00904% Occupancy: 92.17997% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.14349% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	699,042	1,325,208	688,932	828,557	0	3,541,739
1a	Audit Adjustments						
2	Cost Per Diem	41.6443	78.9472	41.0421	49.3600		210.9936
3	Cost Per Diem Inflated	43.9064	81.4353	43.2715			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.9064	81.4353	43.2715	49.3600		217.9732
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.3803		50.3783			
7	Provider Target Rate	43.3697		51.5545			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3697	81.4353	43.2715	13.6500		181.7265
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.3697	81.4353	43.2715	13.6500		181.7265
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263478-00 - 2012/07
196.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Arbor Trail Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/17/1987	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,025,253.00	Total Amount	Per Diem
RS to Start Calcs: 1987/07	Type: Fixed [2]	80% Capital(1): 4,235,136	9.7483
Indexed Asset Value 5,293,920	< 60% of Base: False	20% ROE(2): 1,058,784	0.7669
FRVS Base Asset: 1,751,700	Interest Rate: 8.0700 %	Insurance Cost(3): 49,764	1.2751
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %	Taxes Cost(3): 76,211	1.9527
ROE Factor 0.027600	Amortization Rate: 6.2500 %	Home Office(3): 13,315	0.3412
	Interest Only: False	Replacement(3&4): 43,710	0.0000
	Yearly Payment: 371,470	Total FRVS PD:	14.0842

(1) 80% Capital (\$4,235,136) amortized at 6.2500% for 20 years Principal & Interest of \$371,470 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$9.7483

(2) 20% ROE (\$1,058,784) times the ROE factor (0.027600) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.7669

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3697	43.3697	2.5613	40.8084
Patient Care				
Direct Care	81.4353	81.4353	4.8093	76.6260
Indirect Care	43.2715	43.2715	2.5555	40.7160
Property	13.6500	14.0842	0.8318	13.2524
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5372
Supplemental Rate Add-on				\$8.8324
Totals	181.7265	182.1607	10.7579	196.7724

***Medicaid Trend Adjustment :**



0 263486-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

221.22

Pinellas Point Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5601 31st Street South St. Petersburg FL 33712 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1972 Acquired Date: 3/8/1995 Entered Medicaid 3/8/1995 Med # Active Date: 10/1/2003 Previous Med # 211630	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,464 Medicare: 3,464 Medicaid: 13,631	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.82474% Occupancy: 84.31050% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 107.14285% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	733,921	1,092,090	688,428	249,447	0	2,763,886
1a	Audit Adjustments						
2	Cost Per Diem	53.8421	80.1181	50.5046	18.3000		202.7648
3	Cost Per Diem Inflated	55.2800	81.5662	51.8534			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.2800	81.5662	51.8534	18.3000		206.9996
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.2921		56.1471			
7	Provider Target Rate	59.6530		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	55.2800	81.5662	51.8534	13.6500		202.3496
12/13	Medicaid Adjustment Rate		2.1862	1.3898			
14	Prospective Per Diem 11	55.2800	83.7524	53.2432	13.6500		205.9256
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263486-00 - 2012/07
221.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Pinellas Point Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/8/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,040,258.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Fixed [2]	80% Capital(1):	2,235,982	9.9503
Indexed Asset Value	2,794,978	< 60% of Base:	False	20% ROE(2):	558,996	0.6855
FRVS Base Asset:	1,604,692	Interest Rate:	8.0700 %	Insurance Cost(3):	22,401	1.2132
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	27,936	1.5130
ROE Factor	0.024170	Amortization Rate:	6.2500 %	Home Office(3):	5,773	0.3127
		Interest Only:	False	Replacement(3&4):	24,708	0.0000
		Yearly Payment:	196,121	Total FRVS PD:		13.6747

(1) 80% Capital (\$2,235,982) amortized at 6.2500% for 20 years Principal & Interest of \$196,121 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.9503

(2) 20% ROE (\$558,996) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6855

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,061,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	55.2800	55.2800	3.2647	52.0153
Patient Care				
Direct Care	83.7524	83.7524	4.9461	78.8063
Indirect Care	53.2432	53.2432	3.1444	50.0988
Property	13.6500	13.6747	0.8076	12.8671
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5956
Supplemental Rate Add-on				\$8.8324
Totals	205.9256	205.9503	12.1628	221.2155

***Medicaid Trend Adjustment :**



0 263494-00 - 2012/07
208.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Jacksonville Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4134 Dunn Ave. Jacksonville FL 32218 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1990 Acquired Date: 10/1/1990 Entered Medicaid 10/31/1990 Med # Active Date: 10/1/2003 Previous Med # 212725	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 163 Maximum: 59,495 Max Annualized: 59,495 Total Patient: 54,201 Medicare: 8,217 Medicaid: 38,854	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 71.68502% Occupancy: 91.10177% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.77330% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,663,941	3,347,373	1,645,036	911,903	0	7,568,253
1a	Audit Adjustments						
2	Cost Per Diem	42.8255	86.1526	42.3389	23.4700		194.7870
3	Cost Per Diem Inflated	45.1518	88.8678	44.6388			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.1518	88.8678	44.6388	23.4700		202.1284
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0449		48.0432			
7	Provider Target Rate	43.0265		49.1648			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.0265	88.8678	44.6388	13.6500		190.1831
12/13	Medicaid Adjustment Rate		2.1680	1.0890			
14	Prospective Per Diem 11	43.0265	91.0358	45.7278	13.6500		193.4401
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263494-00 - 2012/07
208.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Jacksonville Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/31/1990	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,227,709.00	Total Amount	Per Diem
RS to Start Calcs: 1990/07	Type: Fixed [2]	80% Capital(1): 5,557,442	9.1035
Indexed Asset Value 6,946,803	< 60% of Base: False	20% ROE(2): 1,389,361	0.7161
FRVS Base Asset: 3,017,400	Interest Rate: 8.0700 %	Insurance Cost(3): 49,150	0.9068
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %	Taxes Cost(3): 45,255	0.8349
ROE Factor 0.027600	Amortization Rate: 6.2500 %	Home Office(3): 18,491	0.3412
	Interest Only: False	Replacement(3&4): 165,101	0.0000
	Yearly Payment: 487,451	Total FRVS PD:	11.9025

(1) 80% Capital (\$5,557,442) amortized at 6.2500% for 20 years Principal & Interest of \$487,451 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$9.1035

(2) 20% ROE (\$1,389,361) times the ROE factor (0.027600) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$0.7161

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	50,254
Comparison Bed 100	Effective PBS Limitation	3,017,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.0265	43.0265	2.5410	40.4855
Patient Care				
Direct Care	91.0358	91.0358	5.3763	85.6595
Indirect Care	45.7278	45.7278	2.7005	43.0273
Property	13.6500	11.9025	0.7029	11.1996
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.4198
Supplemental Rate Add-on				\$8.8324
Totals	193.4401	191.6926	11.3207	208.6241

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263508-00 - 2012/07
214.88

Port Orange Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5600 Victory Gardens Blvd. Port Orange FL 32127 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/16/1992 Acquired Date: 9/16/1992 Entered Medicaid 10/9/1992 Med # Active Date: 10/1/2003 Previous Med # 211320	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,104 Medicare: 14,309 Medicaid: 14,414	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 36.86068% Occupancy: 89.27854% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.45630% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	616,135	1,291,134	765,733	853,597	0	3,526,599
1a	Audit Adjustments						
2	Cost Per Diem	42.7456	89.5750	53.1243	59.2200		244.6649
3	Cost Per Diem Inflated	43.8872	91.1941	54.5430			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8872	91.1941	54.5430	59.2200		248.8443
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1131		55.4525			
7	Provider Target Rate	47.1897		56.7471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.8872	91.1941	54.5430	13.6500		203.2743
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.8872	91.1941	54.5430	13.6500		203.2743
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263508-00 - 2012/07
214.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Port Orange Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/9/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 3,905,038.00			Total Amount	Per Diem
RS to Start Calcs: 1992/07	Type: Fixed [2]		80% Capital(1): 4,377,010	9.7391	
Indexed Asset Value 5,471,263	< 60% of Base: False		20% ROE(2): 1,094,253	0.6709	
FRVS Base Asset: 3,793,080	Interest Rate: 8.0700 %		Insurance Cost(3): 58,375	1.4928	
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %		Taxes Cost(3): 66,944	1.7119	
ROE Factor 0.024170	Amortization Rate: 6.2500 %		Home Office(3): 12,225	0.3126	
	Interest Only: False		Replacement(3&4): 26,584	0.0000	
	Yearly Payment: 383,914		Total FRVS PD:	13.9273	

(1) 80% Capital (\$4,377,010) amortized at 6.2500% for 20 years Principal & Interest of \$383,914 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7391

(2) 20% ROE (\$1,094,253) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6709

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 31,609
Comparison Date: 1/1/1992	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,793,080

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.8872	43.8872	2.5918	41.2954
Patient Care				
Direct Care	91.1941	91.1941	5.3856	85.8085
Indirect Care	54.5430	54.5430	3.2211	51.3219
Property	13.6500	13.9273	0.8225	13.1048
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.5141
Supplemental Rate Add-on				\$8.8324
Totals	203.2743	203.5516	12.0210	214.8771

***Medicaid Trend Adjustment :**



0 263516-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

198.80

Macclenny Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
755 South 5th Street MacClenny FL 32063 County: Baker [2] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/27/1990 Acquired Date: 9/29/1995 Entered Medicaid 8/27/1990 Med # Active Date: 10/1/2003 Previous Med # 212105	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,762 Medicare: 6,111 Medicaid: 28,679	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 70.35720% Occupancy: 93.06393% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.26682% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,244,144	2,183,037	1,210,870	955,011	0	5,593,062
1a	Audit Adjustments						
2	Cost Per Diem	43.3817	76.1197	42.2215	33.3000		195.0229
3	Cost Per Diem Inflated	44.5402	77.4955	43.3491			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5402	77.4955	43.3491	33.3000		198.6848
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9370		47.0476			
7	Provider Target Rate	47.0095		48.1460			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.5402	77.4955	43.3491	13.6500		179.0348
12/13	Medicaid Adjustment Rate		1.7748	0.9928			
14	Prospective Per Diem 11	44.5402	79.2703	44.3419	13.6500		181.8024
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263516-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

198.80

Macclenny Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/27/1990 Year of Phase-In/ Full: RS to Start Calcs: 1995/07 Indexed Asset Value 5,450,729 FRVS Base Asset: 3,917,950 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,102,079.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,360,583	9.7025
	< 60% of Base:	False	20% ROE(2):	1,090,146	0.6684
	Interest Rate:	8.0700 %	Insurance Cost(3):	34,394	0.8438
	Chase Rate:	3.2500 %	Taxes Cost(3):	62,570	1.5350
	Amortization Rate:	6.2500 %	Home Office(3):	12,744	0.3126
	Interest Only:	False	Replacement(3&4):	14,892	0.0000
Yearly Payment:	382,473	Total FRVS PD:	13.0623		

(1) 80% Capital (\$4,360,583) amortized at 6.2500% for 20 years Principal & Interest of \$382,473 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7025

(2) 20% ROE (\$1,090,146) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6684

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,810,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.5402	44.5402	2.6304	41.9098
Patient Care				
Direct Care	79.2703	79.2703	4.6814	74.5889
Indirect Care	44.3419	44.3419	2.6187	41.7232
Property	13.6500	13.0623	0.7714	12.2909
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.4584
Supplemental Rate Add-on				\$8.8324
Totals	181.8024	181.2147	10.7019	198.8036

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263524-00 - 2012/07

204.81

Medicana Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1710 Lake Worth Road Lake Worth FL 33460 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1978 Acquired Date: 7/1/1978 Entered Medicaid 7/1/1978 Med # Active Date: 10/1/2003 Previous Med # 260096	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 117 Maximum: 42,705 Max Annualized: 42,705 Total Patient: 31,894 Medicare: 3,990 Medicaid: 21,008	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.86819% Occupancy: 74.68446% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 94.90997% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.28710041
		Cost: 1.05432042	Target: 1.01634256
		DC FY Index: 1.17400000	DC Sem Index: 1.21100000
		DC Inflation: 1.03151618	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	951,116	1,686,356	940,221	205,668	0	3,783,361
1a	Audit Adjustments						
2	Cost Per Diem	45.2740	80.2721	44.7554	9.7900		180.0915
3	Cost Per Diem Inflated	47.7333	82.8020	47.1865			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.7333	82.8020	47.1865	9.7900		187.5118
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.2226		62.3583			
7	Provider Target Rate	64.6986		63.8141			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.7333	82.8020	47.1865	9.7900		187.5118
12/13	Medicaid Adjustment Rate		1.4782	0.8424			
14	Prospective Per Diem 11	47.7333	84.2802	48.0289	9.7900		189.8324
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263524-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

204.81

Medicana Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/1/1997 Year of Phase-In/ Full: RS to Start Calcs: 1978/07 Indexed Asset Value 2,124,825 FRVS Base Asset: 1,241,751 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,343,842.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,699,860	3.8792
	< 60% of Base:	False	20% ROE(2):	424,965	0.3052
	Interest Rate:	8.0700 %	Insurance Cost(3):	24,032	0.7535
	Chase Rate:	3.2500 %	Taxes Cost(3):	53,395	1.6741
	Amortization Rate:	6.2500 %	Home Office(3):	10,881	0.3412
	Interest Only:	False	Replacement(3&4):	20,071	0.0000
Yearly Payment:	149,097	Total FRVS PD:		6.9532	

(1) 80% Capital (\$1,699,860) amortized at 6.2500% for 20 years Principal & Interest of \$149,097 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$3.8792

(2) 20% ROE (\$424,965) times the ROE factor (0.027600) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.3052

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 117	Effective PBS Limitation	3,334,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.7333	47.7333	2.8190	44.9143
Patient Care				
Direct Care	84.2802	84.2802	4.9773	79.3029
Indirect Care	48.0289	48.0289	2.8364	45.1925
Property	9.7900	6.9532	0.4106	6.5426
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.0264
Supplemental Rate Add-on				\$8.8324
Totals	189.8324	186.9956	11.0433	204.8111

***Medicaid Trend Adjustment :**



0 263532-00 - 2012/07

207.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Tiffany Hall Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1800 SE Hillmoor Drive Port St. Lucie FL 34952 County: St Lucie[56] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/8/1993 Acquired Date: 6/8/1993 Entered Medicaid 7/6/1993 Med # Active Date: 10/1/2003 Previous Med # 258466	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,863 Medicare: 7,228 Medicaid: 26,320	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
Medicaid Utilization 66.02614% Occupancy: 91.01142% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.65846% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,244,617	2,127,867	1,160,244	1,169,661	0	5,702,389
1a	Audit Adjustments						
2	Cost Per Diem	47.2879	80.8460	44.0822	44.4400		216.6561
3	Cost Per Diem Inflated	48.5508	82.3073	45.2594			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.5508	82.3073	45.2594	44.4400		220.5575
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4817		54.8005			
7	Provider Target Rate	51.6603		56.0799			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.5508	82.3073	45.2594	13.6500		189.7675
12/13	Medicaid Adjustment Rate		1.4840	0.8160			
14	Prospective Per Diem 11	48.5508	83.7913	46.0754	13.6500		192.0675
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263532-00 - 2012/07
207.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Tiffany Hall Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/6/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,903,365.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Fixed [2]	80% Capital(1):	4,205,346	9.3571
Indexed Asset Value	5,256,683	< 60% of Base:	False	20% ROE(2):	1,051,337	0.6446
FRVS Base Asset:	3,861,960	Interest Rate:	8.0700 %	Insurance Cost(3):	36,630	0.9189
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	80,255	2.0133
ROE Factor	0.024170	Amortization Rate:	6.2500 %	Home Office(3):	12,463	0.3126
		Interest Only:	False	Replacement(3&4):	15,405	0.0000
		Yearly Payment:	368,857	Total FRVS PD:		13.2465

(1) 80% Capital (\$4,205,346) amortized at 6.2500% for 20 years Principal & Interest of \$368,857 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.3571

(2) 20% ROE (\$1,051,337) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6446

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.5508	48.5508	2.8673	45.6835
Patient Care				
Direct Care	83.7913	83.7913	4.9484	78.8429
Indirect Care	46.0754	46.0754	2.7211	43.3543
Property	13.6500	13.2465	0.7823	12.4642
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7396
Supplemental Rate Add-on				\$8.8324
Totals	192.0675	191.6640	11.3191	207.9169

***Medicaid Trend Adjustment :**



0 263541-00 - 2012/07

218.07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Metrowest Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5900 West Gate Drive Orlando FL 32835 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/21/1994 Acquired Date: 10/1/1995 Entered Medicaid 10/21/1994 Med # Active Date: 10/1/2003 Previous Med # 212041	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,490 Medicare: 6,762 Medicaid: 27,335	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 71.01845% Occupancy: 87.87671% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.67485% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,377,519	2,212,670	1,403,891	603,830	0	5,597,910
1a	Audit Adjustments						
2	Cost Per Diem	50.3940	80.9464	51.3587	22.0900		204.7891
3	Cost Per Diem Inflated	53.1314	83.4975	54.1485			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.1314	83.4975	54.1485	22.0900		212.8674
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7691		53.8258			
7	Provider Target Rate	47.8610		55.0824			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.8610	83.4975	54.1485	13.6500		199.1570
12/13	Medicaid Adjustment Rate		1.9744	1.2804			
14	Prospective Per Diem 11	47.8610	85.4719	55.4289	13.6500		202.4118
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263541-00 - 2012/07
218.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Metrowest Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/21/1994 Year of Phase-In/ Full: RS to Start Calcs: 1995/07 Indexed Asset Value 5,272,032 FRVS Base Asset: 4,070,662 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,974,992.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,217,626	9.3844
	< 60% of Base:	False	20% ROE(2):	1,054,406	0.7382
	Interest Rate:	8.0700 %	Insurance Cost(3):	41,370	1.0748
	Chase Rate:	3.2500 %	Taxes Cost(3):	77,421	2.0115
	Amortization Rate:	6.2500 %	Home Office(3):	13,131	0.3412
	Interest Only:	False	Replacement(3&4):	22,691	0.0000
Yearly Payment:	369,934	Total FRVS PD:	13.5501		

(1) 80% Capital (\$4,217,626) amortized at 6.2500% for 20 years Principal & Interest of \$369,934 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.3844

(2) 20% ROE (\$1,054,406) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7382

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.8610	47.8610	2.8265	45.0345
Patient Care				
Direct Care	85.4719	85.4719	5.0477	80.4242
Indirect Care	55.4289	55.4289	3.2734	52.1555
Property	13.6500	13.5501	0.8002	12.7499
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8686
Supplemental Rate Add-on				\$8.8324
Totals	202.4118	202.3119	11.9478	218.0651

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263559-00 - 2012/07 201.43

Moultrie Creek Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
200 Mariner Health Way St. Augustine FL 32086 County: St Johns [55] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/9/1986 Acquired Date: 12/9/1986 Entered Medicaid 12/9/1986 Med # Active Date: 10/1/2003 Previous Med # 212300	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,884 Medicare: 13,913 Medicaid: 21,391	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 53.63304% Occupancy: 91.05936% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.71940% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	975,725	1,726,799	978,805	1,187,628	0	4,868,957
1a	Audit Adjustments						
2	Cost Per Diem	45.6138	80.7255	45.7578	55.5200		227.6171
3	Cost Per Diem Inflated	46.8320	82.1846	46.9798			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.8320	82.1846	46.9798	55.5200		231.5164
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2778		49.1559			
7	Provider Target Rate	48.3816		50.3035			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.8320	82.1846	46.9798	13.6500		189.6464
12/13	Medicaid Adjustment Rate		0.3359	0.1920			
14	Prospective Per Diem 11	46.8320	82.5205	47.1718	13.6500		190.1743
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263559-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

201.43

Moultrie Creek Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1986/07 Indexed Asset Value 5,364,914 FRVS Base Asset: 1,629,898 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	4,102,200.00		
	Type:	Fixed [2]		
	< 60% of Base:	False	80% Capital(1):	4,291,931
	Interest Rate:	8.0700 %	20% ROE(2):	1,072,983
	Chase Rate:	3.2500 %	Insurance Cost(3):	47,706
	Amortization Rate:	6.2500 %	Taxes Cost(3):	24,188
	Interest Only:	False	Home Office(3):	12,469
Yearly Payment:	376,451	Replacement(3&4):	47,227	
		Total FRVS PD:	12.3228	

(1) 80% Capital (\$4,291,931) amortized at 6.2500% for 20 years Principal & Interest of \$376,451 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5497

(2) 20% ROE (\$1,072,983) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6579

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,737
Comparison Date: 1/1/1986	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,724,220

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.8320	46.8320	2.7657	44.0663
Patient Care				
Direct Care	82.5205	82.5205	4.8734	77.6471
Indirect Care	47.1718	47.1718	2.7858	44.3860
Property	13.6500	12.3228	0.7277	11.5951
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.9051
Supplemental Rate Add-on				\$8.8324
Totals	190.1743	188.8471	11.1526	201.4320

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263567-00 - 2012/07
207.22

Orange City Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2810 Enterprise Road DeBary FL 32713 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/31/1991 Acquired Date: 5/31/1991 Entered Medicaid 6/26/1991 Med # Active Date: 10/1/2003 Previous Med # 211371	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,002 Medicare: 10,552 Medicaid: 21,665	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.15979% Occupancy: 91.32877% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.06176% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	944,597	1,820,781	1,069,425	1,001,356	0	4,836,159
1a	Audit Adjustments						
2	Cost Per Diem	43.6001	84.0425	49.3619	46.2200		223.2245
3	Cost Per Diem Inflated	44.7645	85.5616	50.6801			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7645	85.5616	50.6801	46.2200		227.2262
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9648		48.2509			
7	Provider Target Rate	46.0146		49.3774			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7645	85.5616	49.3774	13.6500		193.3535
12/13	Medicaid Adjustment Rate		0.4004	0.2311			
14	Prospective Per Diem 11	44.7645	85.9620	49.6085	13.6500		193.9850
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263567-00 - 2012/07
207.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Orange City Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/26/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,937,265.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	4,195,819	9.3359
Indexed Asset Value	5,244,774	< 60% of Base:	False	20% ROE(2):	1,048,955	0.6432
FRVS Base Asset:	3,642,240	Interest Rate:	8.0700 %	Insurance Cost(3):	35,281	0.8820
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	56,787	1.4196
ROE Factor	0.024170	Amortization Rate:	6.2500 %	Home Office(3):	12,506	0.3126
		Interest Only:	False	Replacement(3&4):	15,259	0.0000
		Yearly Payment:	368,021	Total FRVS PD:		12.5933

(1) 80% Capital (\$4,195,819) amortized at 6.2500% for 20 years Principal & Interest of \$368,021 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.3359

(2) 20% ROE (\$1,048,955) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6432

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7645	44.7645	2.6436	42.1209
Patient Care				
Direct Care	85.9620	85.9620	5.0766	80.8854
Indirect Care	49.6085	49.6085	2.9297	46.6788
Property	13.6500	12.5933	0.7437	11.8496
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8519
Supplemental Rate Add-on				\$8.8324
Totals	193.9850	192.9283	11.3936	207.2190

***Medicaid Trend Adjustment :**



0 263575-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

203.96

Bayshore Pointe Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3117 West Gandy Blvd. Tampa FL 33611 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 12/1/2003 Previous Med # 218022	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 117 Maximum: 42,705 Max Annualized: 42,705 Total Patient: 39,017 Medicare: 13,414 Medicaid: 21,864	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 56.03711% Occupancy: 91.36401% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.10655% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,017,016	1,785,126	968,754	594,264	0	4,365,160
1a	Audit Adjustments						
2	Cost Per Diem	46.5156	81.6468	44.3082	27.1800		199.6506
3	Cost Per Diem Inflated	49.0423	84.2200	46.7150			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.0423	84.2200	46.7150	27.1800		207.1573
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0512		51.5302			
7	Provider Target Rate	44.0563		52.7333			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.0563	84.2200	46.7150	13.6500		188.6413
12/13	Medicaid Adjustment Rate		0.5720	0.3173			
14	Prospective Per Diem 11	44.0563	84.7920	47.0323	13.6500		189.5306
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263575-00 - 2012/07
203.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bayshore Pointe Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,925,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	3,772,960	10.0373
Indexed Asset Value	4,716,200	< 60% of Base:	False	20% ROE(2):	943,240	0.6773
FRVS Base Asset:	683,039	Interest Rate:	8.2500 %	Insurance Cost(3):	43,712	1.1203
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	130,811	3.3527
ROE Factor	0.027600	Amortization Rate:	8.2500 %	Home Office(3):	13,311	0.3412
		Interest Only:	False	Replacement(3&4):	61,541	0.0000
		Yearly Payment:	385,777	Total FRVS PD:		15.5288

(1) 80% Capital (\$3,772,960) amortized at 8.2500% for 20 years Principal & Interest of \$385,777 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$10.0373

(2) 20% ROE (\$943,240) times the ROE factor (0.027600) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.6773

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 75	Effective PBS Limitation	2,137,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.0563	44.0563	2.6018	41.4545
Patient Care				
Direct Care	84.7920	84.7920	5.0075	79.7845
Indirect Care	47.0323	47.0323	2.7776	44.2547
Property	13.6500	15.5288	0.9171	14.6117
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.0204
Supplemental Rate Add-on				\$8.8324
Totals	189.5306	191.4094	11.3040	203.9582

***Medicaid Trend Adjustment :**



0 263583-00 - 2012/07

208.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Royal Oaks Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2225 Knox McRae Drive Titusville FL 32780 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/9/1993 Acquired Date: 4/9/1993 Entered Medicaid 4/9/1993 Med # Active Date: 10/1/2003 Previous Med # 210609	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,129 Medicare: 9,450 Medicaid: 18,684	Superior: 0 Standard: 157 Conditional: 27 Total: 184
	Medicaid Utilization 46.55984% Occupancy: 91.61872% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.43023% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	811,436	1,534,136	900,080	1,018,465	0	4,264,117
1a	Audit Adjustments						
2	Cost Per Diem	43.4295	82.1096	48.1738	54.5100		228.2229
3	Cost Per Diem Inflated	45.7886	84.6974	50.7906			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.7886	84.6974	50.7906	54.5100		235.7866
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4533		49.4473			
7	Provider Target Rate	44.4678		50.6017			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.4678	84.6974	50.6017	13.6500		193.4169
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.4678	84.6974	50.6017	13.6500		193.4169
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Royal Oaks Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/9/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,912,325.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Fixed [2]	80% Capital(1):	4,095,693	9.1131
Indexed Asset Value	5,119,616	< 60% of Base:	False	20% ROE(2):	1,023,923	0.7169
FRVS Base Asset:	3,861,960	Interest Rate:	8.0700 %	Insurance Cost(3):	62,052	1.5463
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	71,105	1.7719
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	13,690	0.3411
		Interest Only:	False	Replacement(3&4):	21,855	0.0000
		Yearly Payment:	359,239	Total FRVS PD:		13.4893

(1) 80% Capital (\$4,095,693) amortized at 6.2500% for 20 years Principal & Interest of \$359,239 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1131

(2) 20% ROE (\$1,023,923) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7169

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	8/1/1992	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.4678	44.4678	2.6261	41.8417
Patient Care				
Direct Care	84.6974	84.6974	5.0019	79.6955
Indirect Care	50.6017	50.6017	2.9884	47.6133
Property	13.6500	13.4893	0.7966	12.6927
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4996
Supplemental Rate Add-on				\$8.8324
Totals	193.4169	193.2562	11.4130	208.1752

***Medicaid Trend Adjustment :**



0 263591-00 - 2012/07

209.21

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Tuskawilla Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1024 Willa Springs Drive Winter Springs FL 32708 County: Seminole[59] Region: Central[3] Area: 7 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 11/7/1994 Acquired Date: 11/7/1994 Entered Medicaid 11/7/1994 Med # Active Date: 10/1/2003 Previous Med # 211966	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 98 Maximum: 35,770 Max Annualized: 35,770 Total Patient: 32,712 Medicare: 13,520 Medicaid: 15,359	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	688,751	1,310,977	792,596	877,767	0	3,670,091
1a	Audit Adjustments						
2	Cost Per Diem	44.8435	85.3556	51.6047	57.1500		238.9538
3	Cost Per Diem Inflated	46.0411	86.8984	52.9828			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.0411	86.8984	52.9828	57.1500		243.0723
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		56.1471			
7	Provider Target Rate	48.7494		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.0411	86.8984	52.9828	13.6500		199.5723
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.0411	86.8984	52.9828	13.6500		199.5723
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263591-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

209.21

Tuskawilla Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/7/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/07 Indexed Asset Value 3,869,143 FRVS Base Asset: 3,043,800 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,981,982.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,095,314	8.4333
	< 60% of Base:	False	20% ROE(2):	773,829	0.5810
	Interest Rate:	8.0700 %	Insurance Cost(3):	48,204	1.4736
	Chase Rate:	3.2500 %	Taxes Cost(3):	64,151	1.9611
	Amortization Rate:	6.2500 %	Home Office(3):	10,227	0.3126
	Interest Only:	False	Replacement(3&4):	38,044	0.0000
Yearly Payment:	271,494	Total FRVS PD:		12.7616	

(1) 80% Capital (\$3,095,314) amortized at 6.2500% for 20 years Principal & Interest of \$271,494 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$8.4333

(2) 20% ROE (\$773,829) times the ROE factor (0.024170) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$0.5810

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	50,254
Comparison Bed 90	Effective PBS Limitation	3,043,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.0411	46.0411	2.7190	43.3221
Patient Care				
Direct Care	86.8984	86.8984	5.1319	81.7665
Indirect Care	52.9828	52.9828	3.1290	49.8538
Property	13.6500	12.7616	0.7537	12.0079
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.4295
Supplemental Rate Add-on				\$8.8324
Totals	199.5723	198.6839	11.7336	209.2122

***Medicaid Trend Adjustment :**



0 263605-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

228.40

Hunter's Creek Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
14155 Town Loop Blvd. Orlando FL 32837 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/26/1998 Acquired Date: 5/26/1998 Entered Medicaid 5/26/1998 Med # Active Date: 10/1/2003 Previous Med # 213691	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 39,886 Medicare: 12,007 Medicaid: 24,756	Superior: 0 Standard: 164 Conditional: 20 Total: 184
	Medicaid Utilization 62.06689% Occupancy: 94.20406% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.71573% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,122,646	2,237,994	1,577,832	1,350,440	0	6,288,912
1a	Audit Adjustments						
2	Cost Per Diem	45.3484	90.4021	63.7353	54.5500		254.0358
3	Cost Per Diem Inflated	47.8117	93.2512	67.1974			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.8117	93.2512	67.1974	54.5500		262.8103
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5931		72.6637			
7	Provider Target Rate	47.6809		74.3601			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.6809	93.2512	57.8638	13.6500		212.4459
12/13	Medicaid Adjustment Rate		1.1283	0.7001			
14	Prospective Per Diem 11	47.6809	94.3795	58.5639	13.6500		214.2743
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263605-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

228.40

Hunter's Creek Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/26/1998 Year of Phase-In/ Full: RS to Start Calcs: 1998/01 Indexed Asset Value 5,363,997 FRVS Base Asset: 4,343,620 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,052,231.00			
	Type:	Fixed [2]	80% Capital(1):	4,291,198	9.8774
	< 60% of Base:	False	20% ROE(2):	1,072,799	0.7770
	Interest Rate:	8.0700 %	Insurance Cost(3):	66,085	1.6568
	Chase Rate:	3.2500 %	Taxes Cost(3):	122,575	3.0731
	Amortization Rate:	6.2500 %	Home Office(3):	13,607	0.3411
	Interest Only:	False	Replacement(3&4):	20,689	0.0000
Yearly Payment:	376,387	Total FRVS PD:	15.7254		

(1) 80% Capital (\$4,291,198) amortized at 6.2500% for 20 years Principal & Interest of \$376,387 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$9.8774

(2) 20% ROE (\$1,072,799) times the ROE factor (0.027600) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.7770

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	50,254
Comparison Bed 116	Effective PBS Limitation	4,343,620

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.6809	47.6809	2.8159	44.8650
Patient Care				
Direct Care	94.3795	94.3795	5.5737	88.8058
Indirect Care	58.5639	58.5639	3.4586	55.1053
Property	13.6500	15.7254	0.9287	14.7967
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9994
Supplemental Rate Add-on				\$8.8324
Totals	214.2743	216.3497	12.7769	228.4046

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263613-00 - 2012/07

197.68

Boulevard Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2839 South Seacrest Boulevard Boynton Beach FL 33435 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1975 Acquired Date: 1/1/1975 Entered Medicaid 1/1/1975 Med # Active Date: 10/1/2003 Previous Med # 259951	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 167 Maximum: 60,955 Max Annualized: 60,955 Total Patient: 55,997 Medicare: 9,150 Medicaid: 27,893	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 49.81160% Occupancy: 91.86613% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.74465% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,160,064	2,272,295	1,197,550	962,866	0	5,592,775
1a	Audit Adjustments						
2	Cost Per Diem	41.5898	81.4647	42.9337	34.5200		200.5082
3	Cost Per Diem Inflated	42.7005	82.9372	44.0803			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.7005	82.9372	44.0803	34.5200		204.2380
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.9035		56.8417			
7	Provider Target Rate	51.0686		58.1688			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.7005	82.9372	44.0803	13.6500		183.3680
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.7005	82.9372	44.0803	13.6500		183.3680
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263613-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

197.68

Boulevard Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/29/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,011,868.00		Total Amount	Per Diem
RS to Start Calcs:	1975/01	Type:	Fixed [2]	80% Capital(1):	4,203,617	6.7209
Indexed Asset Value	5,254,521	< 60% of Base:	False	20% ROE(2):	1,050,904	0.4630
FRVS Base Asset:	1,533,066	Interest Rate:	8.0700 %	Insurance Cost(3):	48,769	0.8709
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	126,770	2.2639
ROE Factor	0.024170	Amortization Rate:	6.2500 %	Home Office(3):	17,507	0.3126
		Interest Only:	False	Replacement(3&4):	46,810	0.0000
		Yearly Payment:	368,705	Total FRVS PD:		10.6313

(1) 80% Capital (\$4,203,617) amortized at 6.2500% for 20 years Principal & Interest of \$368,705 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$6.7209

(2) 20% ROE (\$1,050,904) times the ROE factor (0.024170) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$0.4630

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.7005	42.7005	2.5218	40.1787
Patient Care				
Direct Care	82.9372	82.9372	4.8980	78.0392
Indirect Care	44.0803	44.0803	2.6032	41.4771
Property	13.6500	10.6313	0.6278	10.0035
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1497
Supplemental Rate Add-on				\$8.8324
Totals	183.3680	180.3493	10.6508	197.6806

***Medicaid Trend Adjustment :**



0 263621-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

213.02

Palm City Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2505 SW Martin Highway Palm City FL 34990 County: Martin [43] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/19/1993 Acquired Date: 10/19/1993 Entered Medicaid 10/19/1993 Med # Active Date: 10/1/2003 Previous Med # 211265	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,278 Medicare: 11,709 Medicaid: 22,834	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Medicaid Utilization 55.31760% Occupancy: 94.24201% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.76395% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,027,991	2,044,632	1,066,598	1,271,169	0	5,410,390
1a	Audit Adjustments						
2	Cost Per Diem	45.0202	89.5433	46.7110	55.6700		236.9445
3	Cost Per Diem Inflated	46.2225	91.1618	47.9585			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2225	91.1618	47.9585	55.6700		241.0128
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5030		52.9540			
7	Provider Target Rate	47.5887		54.1903			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.2225	91.1618	47.9585	13.6500		198.9928
12/13	Medicaid Adjustment Rate		0.5454	0.2869			
14	Prospective Per Diem 11	46.2225	91.7072	48.2454	13.6500		199.8251
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263621-00 - 2012/07
213.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Palm City Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/19/1993 Year of Phase-In/ Full: RS to Start Calcs: 1993/07 Indexed Asset Value 5,038,835 FRVS Base Asset: 3,930,360 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,785,633.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,031,068	8.9693
	< 60% of Base:	False	20% ROE(2):	1,007,767	0.6179
	Interest Rate:	8.0700 %	Insurance Cost(3):	53,538	1.2970
	Chase Rate:	3.2500 %	Taxes Cost(3):	90,978	2.2040
	Amortization Rate:	6.2500 %	Home Office(3):	12,905	0.3126
	Interest Only:	False	Replacement(3&4):	13,361	0.0000
Yearly Payment:	353,571	Total FRVS PD:	13.4008		

(1) 80% Capital (\$4,031,068) amortized at 6.2500% for 20 years Principal & Interest of \$353,571 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.9693

(2) 20% ROE (\$1,007,767) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6179

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,753
Comparison Date: 1/1/1993	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,930,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.2225	46.2225	2.7297	43.4928
Patient Care				
Direct Care	91.7072	91.7072	5.4159	86.2913
Indirect Care	48.2454	48.2454	2.8492	45.3962
Property	13.6500	13.4008	0.7914	12.6094
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.3970
Supplemental Rate Add-on				\$8.8324
Totals	199.8251	199.5759	11.7862	213.0191

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263834-00 - 2012/07

202.53

Bav Pointe Nursing Pavilion

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4201 31st Street South St. Petersburg FL 33712 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1984 Acquired Date: 11/1/1984 Entered Medicaid 11/1/1984 Med # Active Date: 7/1/2003 Previous Med # 251216	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,179 Medicare: 4,091 Medicaid: 30,734	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.44509% Occupancy: 89.44977% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.67390% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,651,311	2,248,924	1,553,866	678,914	0	6,133,015
1a	Audit Adjustments						
2	Cost Per Diem	53.7291	73.1738	50.5585	22.0900		199.5514
3	Cost Per Diem Inflated	55.1640	74.4964	51.9087			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.1640	74.4964	51.9087	22.0900		203.6591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	74.4964	49.3864	13.6500		178.3867
12/13	Medicaid Adjustment Rate		2.3839	1.5804			
14	Prospective Per Diem 11	40.8539	76.8803	50.9668	13.6500		182.3510
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263834-00 - 2012/07
202.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bav Pointe Nursing Pavilion

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	4,081,700	10.9803
Indexed Asset Value	5,102,125	< 60% of Base:	False	20% ROE(2):	1,020,425	0.6257
FRVS Base Asset:	3,072,207	Interest Rate:	11.9600 %	Insurance Cost(3):	89,919	2.2951
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	57,602	1.4702
ROE Factor	0.024170	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	171,245	0.0000
		Yearly Payment:	432,845	Total FRVS PD:		15.3713

(1) 80% Capital (\$4,081,700) amortized at 8.7500% for 20 years Principal & Interest of \$432,845 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9803

(2) 20% ROE (\$1,020,425) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6257

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	76.8803	76.8803	4.5403	72.3400
Indirect Care	50.9668	50.9668	3.0099	47.9569
Property	13.6500	15.3713	0.9078	14.4635
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4999
Supplemental Rate Add-on				\$8.8324
Totals	182.3510	184.0723	10.8707	202.5339

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263842-00 - 2012/07

193.06

Boca Raton Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
755 Meadows Road Boca Raton FL 33486 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1978 Acquired Date: 9/1/1978 Entered Medicaid 9/1/1978 Med # Active Date: 7/1/2003 Previous Med # 202177	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,498 Medicare: 5,073 Medicaid: 22,021	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.72580% Occupancy: 85.61187% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.79666% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148	Semester Index: 1.28710041
		Cost: 1.02670577	Target: 1.01634256
		DC FY Index: 1.18950000	DC Sem Index: 1.21100000
		DC Inflation: 1.01807482	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	854,859	1,608,039	1,049,391	598,311	0	4,110,600
1a	Audit Adjustments						
2	Cost Per Diem	38.8202	73.0230	47.6541	27.1700		186.6673
3	Cost Per Diem Inflated	39.8569	74.3429	48.9267			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.8569	74.3429	48.9267	27.1700		190.2965
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.8569	74.3429	48.9267	13.6500		176.7765
12/13	Medicaid Adjustment Rate		0.7298	0.4803			
14	Prospective Per Diem 11	39.8569	75.0727	49.4070	13.6500		177.9866
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263842-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

193.06

Boca Raton Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1998 Year of Phase-In/ Full: RS to Start Calcs: 1978/07 Indexed Asset Value 2,508,825 FRVS Base Asset: 1,240,709 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,700,000.00			
	Type:	Variable [3]	80% Capital(1):	2,007,060	5.3993
	< 60% of Base:	False	20% ROE(2):	501,765	0.3077
	Interest Rate:	11.9600 %	Insurance Cost(3):	89,620	2.3900
	Chase Rate:	6.7500 %	Taxes Cost(3):	87,052	2.3215
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	129,466	0.0000
Yearly Payment:	212,839	Total FRVS PD:	10.4185		

(1) 80% Capital (\$2,007,060) amortized at 8.7500% for 20 years Principal & Interest of \$212,839 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.3993

(2) 20% ROE (\$501,765) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3077

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.8569	39.8569	2.3538	37.5031
Patient Care				
Direct Care	75.0727	75.0727	4.4335	70.6392
Indirect Care	49.4070	49.4070	2.9178	46.4892
Property	13.6500	10.4185	0.6153	9.8032
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7933
Supplemental Rate Add-on				\$8.8324
Totals	177.9866	174.7551	10.3204	193.0604

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263851-00 - 2012/07 216.17

Deerfield Beach Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
401 East Sample Road Pompano Beach FL 33064 County: Broward [6] Region: South [2] Area: 10 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/1/1978 Acquired Date: 10/26/1988 Entered Medicaid 10/26/1988 Med # Active Date: 7/1/2003 Previous Med # 211770	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 194 Maximum: 70,810 Max Annualized: 70,810 Total Patient: 45,789 Medicare: 6,149 Medicaid: 28,663	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.59800% Occupancy: 64.66460% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 82.17659% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,135,015	2,165,584	1,614,119	959,064	0	5,873,782
1a	Audit Adjustments						
2	Cost Per Diem	39.5986	75.5533	56.3137	33.4600		204.9256
3	Cost Per Diem Inflated	41.7496	77.9345	59.3727			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.7496	77.9345	59.3727	33.4600		212.5168
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.8263		57.6717			
7	Provider Target Rate	49.9662		59.0181			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.7496	77.9345	59.0181	13.6500		192.3522
12/13	Medicaid Adjustment Rate		1.1045	0.8364			
14	Prospective Per Diem 11	41.7496	79.0390	59.8545	13.6500		194.2931
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263851-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

216.17

Deerfield Beach Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/26/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable [3]	80% Capital(1):	6,053,966	10.0738
Indexed Asset Value	7,567,458	< 60% of Base:	False	20% ROE(2):	1,513,492	0.6555
FRVS Base Asset:	2,135,400	Interest Rate:	9.7100 %	Insurance Cost(3):	151,522	3.3091
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	211,081	4.6099
ROE Factor	0.027600	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	164,198	0.0000
		Yearly Payment:	641,995	Total FRVS PD:		18.6483

(1) 80% Capital (\$6,053,966) amortized at 8.7500% for 20 years Principal & Interest of \$641,995 divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = \$10.0738

(2) 20% ROE (\$1,513,492) times the ROE factor (0.027600) divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = \$0.6555

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	17,795
Comparison Date:	1/1/1978	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	2,135,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.7496	41.7496	2.4656	39.2840
Patient Care				
Direct Care	79.0390	79.0390	4.6678	74.3712
Indirect Care	59.8545	59.8545	3.5348	56.3197
Property	13.6500	18.6483	1.1013	17.5470
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8161
Supplemental Rate Add-on				\$8.8324
Totals	194.2931	199.2914	11.7695	216.1704

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263869-00 - 2012/07

197.19

Rehabilitation and Health Care Center of Cape Co

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2629 Del Prado Blvd Cape Coral FL 33904 County: Lee [36] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1979 Acquired Date: 1/1/1979 Entered Medicaid 3/1/1979 Med # Active Date: 7/1/2003 Previous Med # 219231	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 40,080 Max Annualized: 43,800 Total Patient: 38,453 Medicare: 9,854 Medicaid: 22,731	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Medicaid Utilization 59.11372% Occupancy: 95.94062% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.92256% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	750,924	1,850,397	1,129,601	483,261	0	4,214,183
1a	Audit Adjustments						
2	Cost Per Diem	33.0352	81.4041	49.6943	21.2600		185.3936
3	Cost Per Diem Inflated	34.7814	83.9101	52.3211			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.7814	83.9101	52.3211	21.2600		192.2726
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.7814	83.9101	51.3593	13.6500		183.7008
12/13	Medicaid Adjustment Rate		0.8603	0.5266			
14	Prospective Per Diem 11	34.7814	84.7704	51.8859	13.6500		185.0877
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263869-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

197.19

Rehabilitation and Health Care Center of Cape Co

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1979/01 Indexed Asset Value 2,711,563 FRVS Base Asset: 1,715,226 Occup Adj Factor: 0.9000 ROE Factor 0.026930	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,000,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,169,250	5.8356
	< 60% of Base:	False	20% ROE(2):	542,313	0.3705
	Interest Rate:	11.9600 %	Insurance Cost(3):	90,009	2.3408
	Chase Rate:	6.7500 %	Taxes Cost(3):	80,717	2.0991
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	213,390	0.0000
Yearly Payment:	230,039	Total FRVS PD:	10.6460		

(1) 80% Capital (\$2,169,250) amortized at 8.7500% for 20 years Principal & Interest of \$230,039 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.8356

(2) 20% ROE (\$542,313) times the ROE factor (0.026930) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3705

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.7814	34.7814	2.0541	32.7273
Patient Care				
Direct Care	84.7704	84.7704	5.0063	79.7641
Indirect Care	51.8859	51.8859	3.0642	48.8217
Property	13.6500	10.6460	0.6287	10.0173
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0242
Supplemental Rate Add-on				\$8.8324
Totals	185.0877	182.0837	10.7533	197.1870

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263877-00 - 2012/07
189.44

Carrollwood Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
15002 Hutchinson Road Tampa FL 33625 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1987 Acquired Date: 1/1/1987 Entered Medicaid 1/1/1987 Med # Active Date: 7/1/2003 Previous Med # 209236	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,310 Medicare: 8,542 Medicaid: 27,392	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.74120% Occupancy: 96.59817% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.75819% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	880,584	2,021,395	1,299,059	594,132	0	4,795,170
1a	Audit Adjustments						
2	Cost Per Diem	32.1475	73.7951	47.4248	21.6900		175.0574
3	Cost Per Diem Inflated	33.0060	75.1289	48.6913			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.0060	75.1289	48.6913	21.6900		178.5162
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.0060	75.1289	48.6913	13.6500		170.4762
12/13	Medicaid Adjustment Rate		1.2459	0.8075			
14	Prospective Per Diem 11	33.0060	76.3748	49.4988	13.6500		172.5296
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263877-00 - 2012/07
189.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Carrollwood Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1987/01	Amount: 5,100,000.00	80% Capital(1): 4,256,464	11.4505
Indexed Asset Value 5,320,580	Type: Variable [3]	20% ROE(2): 1,064,116	0.6525
FRVS Base Asset: 3,057,712	< 60% of Base: False	Insurance Cost(3): 92,459	2.1853
Occup Adj Factor: 0.9000	Interest Rate: 11.9600 %	Taxes Cost(3): 46,867	1.1077
ROE Factor 0.024170	Chase Rate: 6.7500 %	Home Office(3): 0	0.0000
	Amortization Rate: 8.7500 %	Replacement(3&4): 101,314	0.0000
	Interest Only: False	Total FRVS PD:	15.3960
	Yearly Payment: 451,378		

(1) 80% Capital (\$4,256,464) amortized at 8.7500% for 20 years Principal & Interest of \$451,378 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4505

(2) 20% ROE (\$1,064,116) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6525

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,441,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.0060	33.0060	1.9492	31.0568
Patient Care				
Direct Care	76.3748	76.3748	4.5104	71.8644
Indirect Care	49.4988	49.4988	2.9232	46.5756
Property	13.6500	15.3960	0.8061	12.8439
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2687
Supplemental Rate Add-on				\$8.8324
Totals	172.5296	174.2756	10.1889	189.4418

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263885-00 - 2012/07

203.16

Casa Mora Rehabilitation and Extended Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1902 59th St West Bradenton FL 34209 County: Manatee [41] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1978 Acquired Date: 1/1/1978 Entered Medicaid 6/1/1979 Med # Active Date: 7/1/2003 Previous Med # 211745	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 61,895 Medicare: 8,248 Medicaid: 47,242	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 76.32604% Occupancy: 70.65639% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 89.79105% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,554,592	3,990,782	2,156,877	1,305,769	0	9,008,020
1a	Audit Adjustments						
2	Cost Per Diem	32.9070	84.4753	45.6559	27.6400		190.6782
3	Cost Per Diem Inflated	34.6945	87.1376	48.1359			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.6945	87.1376	48.1359	27.6400		197.6080
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.6945	87.1376	48.1359	13.6500		183.6180
12/13	Medicaid Adjustment Rate		2.5807	1.4256			
14	Prospective Per Diem 11	34.6945	89.7183	49.5615	13.6500		187.6243
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263885-00 - 2012/07
203.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Casa Mora Rehabilitation and Extended Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	1978/01	Type:	Variable [3]	80% Capital(1):	4,751,126	6.3906
Indexed Asset Value	5,938,907	< 60% of Base:	False	20% ROE(2):	1,187,781	0.4158
FRVS Base Asset:	3,474,070	Interest Rate:	11.9600 %	Insurance Cost(3):	185,514	2.9972
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	102,860	1.6618
ROE Factor	0.027600	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	101,478	0.0000
		Yearly Payment:	503,835	Total FRVS PD:		11.4654

(1) 80% Capital (\$4,751,126) amortized at 8.7500% for 20 years Principal & Interest of \$503,835 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$6.3906

(2) 20% ROE (\$1,187,781) times the ROE factor (0.027600) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.4158

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.6945	34.6945	2.0489	32.6456
Patient Care				
Direct Care	89.7183	89.7183	5.2985	84.4198
Indirect Care	49.5615	49.5615	2.9269	46.6346
Property	13.6500	11.4654	0.6771	10.7883
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8397
Supplemental Rate Add-on				\$8.8324
Totals	187.6243	185.4397	10.9514	203.1604

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263893-00 - 2012/07

194.13

Evergreen Woods Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7045 Evergreen Woods Trail Springhill FL 34608 County: Hernando [27] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1984 Acquired Date: 4/1/1984 Entered Medicaid 4/1/1984 Med # Active Date: 7/1/2003 Previous Med # 207837	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,583 Medicare: 11,347 Medicaid: 23,486	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 56.47981% Occupancy: 94.93836% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.64887% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	948,223	1,678,629	1,240,561	515,048	0	4,382,461
1a	Audit Adjustments						
2	Cost Per Diem	40.3740	71.4736	52.8213	21.9300		186.5989
3	Cost Per Diem Inflated	41.4522	72.7655	54.2319			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4522	72.7655	54.2319	21.9300		190.3796
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.7082		46.3317			
7	Provider Target Rate	41.6586		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.4522	72.7655	47.4134	13.6500		175.2811
12/13	Medicaid Adjustment Rate		0.5304	0.3456			
14	Prospective Per Diem 11	41.4522	73.2959	47.7590	13.6500		176.1571
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263893-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

194.13

Evergreen Woods Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,300,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Variable [3]	80% Capital(1):	4,306,262	11.5844
Indexed Asset Value	5,382,827	< 60% of Base:	False	20% ROE(2):	1,076,565	0.6601
FRVS Base Asset:	1,541,932	Interest Rate:	11.9600 %	Insurance Cost(3):	89,919	2.1624
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	96,533	2.3215
ROE Factor	0.024170	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	67,025	0.0000
		Yearly Payment:	456,659	Total FRVS PD:		16.7284

- (1) 80% Capital (\$4,306,262) amortized at 8.7500% for 20 years Principal & Interest of \$456,659 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5844
- (2) 20% ROE (\$1,076,565) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6601
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.4522	41.4522	2.4480	39.0042
Patient Care				
Direct Care	73.2959	73.2959	4.3286	68.9673
Indirect Care	47.7590	47.7590	2.8205	44.9385
Property	13.6500	16.7284	0.9879	15.7405
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.6439
Supplemental Rate Add-on				\$8.8324
Totals	176.1571	179.2355	10.5850	194.1268

***Medicaid Trend Adjustment :**



0 263907-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

193.16

Highland Pines Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1111 South Highland Avenue Clearwater FL 33756 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1971 Acquired Date: 1/1/1971 Entered Medicaid 1/1/1971 Med # Active Date: 7/1/2003 Previous Med # 211737	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,285 Medicare: 4,179 Medicaid: 31,603	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 82.54669% Occupancy: 87.40867% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.08005% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,013,703	2,500,663	1,449,434	952,198	0	5,915,998
1a	Audit Adjustments						
2	Cost Per Diem	32.0762	79.1274	45.8638	30.1300		187.1974
3	Cost Per Diem Inflated	32.9328	80.5576	47.0886			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	32.9328	80.5576	47.0886	30.1300		190.7090
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	32.9328	80.5576	47.0886	13.6500		174.2290
12/13	Medicaid Adjustment Rate		2.9496	1.7242			
14	Prospective Per Diem 11	32.9328	83.5072	48.8128	13.6500		178.9028
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263907-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

193.16

Highland Pines Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 1,921,301 FRVS Base Asset: 1,236,839 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem				
	Amount: 2,400,000.00		<table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type: Variable [3]		80% Capital(1): 1,537,041	4.1349			
	< 60% of Base: False		20% ROE(2): 384,260	0.2356			
	Interest Rate: 11.9600 %		Insurance Cost(3): 117,821	3.0775			
	Chase Rate: 6.7500 %		Taxes Cost(3): 58,186	1.5198			
	Amortization Rate: 8.7500 %		Home Office(3): 0	0.0000			
Interest Only: False		Replacement(3&4): 42,051	0.0000				
Yearly Payment: 162,996		Total FRVS PD:	8.9678				

(1) 80% Capital (\$1,537,041) amortized at 8.7500% for 20 years Principal & Interest of \$162,996 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.1349

(2) 20% ROE (\$384,260) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.2356

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	32.9328	32.9328	1.9449	30.9879
Patient Care				
Direct Care	83.5072	83.5072	4.9317	78.5755
Indirect Care	48.8128	48.8128	2.8827	45.9301
Property	13.6500	8.9678	0.5296	8.4382
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.3914
Supplemental Rate Add-on				\$8.8324
Totals	178.9028	174.2206	10.2889	193.1555

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263915-00 - 2012/07

205.10

Rehabilitation Center of The Palm Beaches

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
301 Northpointe Parkway West Palm Beach FL 33407 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 7/1/2003 Previous Med # 228419	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 34,802 Medicare: 5,979 Medicaid: 22,768	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.42153% Occupancy: 96.31106% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.39332% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	949,301	1,616,667	1,182,079	554,856	0	4,302,903
1a	Audit Adjustments						
2	Cost Per Diem	41.6945	71.0061	51.9184	24.3700		188.9890
3	Cost Per Diem Inflated	42.8080	72.2895	53.3049			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.8080	72.2895	53.3049	24.3700		192.7724
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		61.3003			
7	Provider Target Rate	53.5724		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.8080	72.2895	53.3049	13.6500		182.0524
12/13	Medicaid Adjustment Rate		1.2542	0.9248			
14	Prospective Per Diem 11	42.8080	73.5437	54.2297	13.6500		184.2314
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263915-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

205.10

Rehabilitation Center of The Palm Beaches

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 4,372,989 FRVS Base Asset: 1,055,594 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,300,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,498,391	11.4075
	< 60% of Base:	False	20% ROE(2):	874,598	0.6500
	Interest Rate:	11.9600 %	Insurance Cost(3):	79,196	2.2756
	Chase Rate:	6.7500 %	Taxes Cost(3):	122,464	3.5189
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	194,169	0.0000
Yearly Payment:	370,988	Total FRVS PD:	17.8520		

(1) 80% Capital (\$3,498,391) amortized at 8.7500% for 20 years Principal & Interest of \$370,988 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$11.4075

(2) 20% ROE (\$874,598) times the ROE factor (0.024170) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.6500

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.8080	42.8080	2.5281	40.2799
Patient Care				
Direct Care	73.5437	73.5437	4.3432	69.2005
Indirect Care	54.2297	54.2297	3.2026	51.0271
Property	13.6500	17.8520	1.0543	16.7977
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9575
Supplemental Rate Add-on				\$8.8324
Totals	184.2314	188.4334	11.1282	205.0951

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 263923-00 - 2012/07

208.76

Pompano Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
51 West Sample Road Pompano Beach FL 33064 County: Broward [6] Region: South [2] Area: 10 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/1987 Acquired Date: 11/1/1990 Entered Medicaid 11/1/1990 Med # Active Date: 7/1/2003 Previous Med # 211800	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 127 Maximum: 42,418 Max Annualized: 46,355 Total Patient: 35,719 Medicare: 5,945 Medicaid: 26,981	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Medicaid Utilization 75.53683% Occupancy: 84.20718% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 107.01156% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,022,659	2,105,465	1,449,212	667,240	0	5,244,576
1a	Audit Adjustments						
2	Cost Per Diem	37.9029	78.0351	53.7123	24.7300		194.3803
3	Cost Per Diem Inflated	39.9064	80.4374	56.5515			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.9064	80.4374	56.5515	24.7300		201.6253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9064	80.4374	51.3593	13.6500		185.3531
12/13	Medicaid Adjustment Rate		2.3109	1.4755			
14	Prospective Per Diem 11	39.9064	82.7483	52.8348	13.6500		189.1395
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263923-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

208.76

Pompano Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 5,210,417 FRVS Base Asset: 3,642,614 Occup Adj Factor: 0.9000 ROE Factor 0.026930	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,500,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,168,334	10.5953
	< 60% of Base:	False	20% ROE(2):	1,042,083	0.6727
	Interest Rate:	11.9600 %	Insurance Cost(3):	87,704	2.4554
	Chase Rate:	6.7500 %	Taxes Cost(3):	106,534	2.9826
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	197,604	0.0000
Yearly Payment:	442,032	Total FRVS PD:	16.7060		

(1) 80% Capital (\$4,168,334) amortized at 8.7500% for 20 years Principal & Interest of \$442,032 divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = \$10.5953

(2) 20% ROE (\$1,042,083) times the ROE factor (0.026930) divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = \$0.6727

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	50,254
Comparison Bed 127	Effective PBS Limitation	3,642,614

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9064	39.9064	2.3567	37.5497
Patient Care				
Direct Care	82.7483	82.7483	4.8868	77.8615
Indirect Care	52.8348	52.8348	3.1202	49.7146
Property	13.6500	16.7060	0.9866	15.7194
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0802
Supplemental Rate Add-on				\$8.8324
Totals	189.1395	192.1955	11.3503	208.7578

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263931-00 - 2012/07

184.32

Healthcare and Rehabilitation Center of Sanford

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
950 Mellonville Avenue Sanford FL 32771 County: Seminole [59] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1972 Acquired Date: 3/1/1972 Entered Medicaid 1/1/1970 Med # Active Date: 7/1/2003 Previous Med # 226866	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 114 Maximum: 38,076 Max Annualized: 41,610 Total Patient: 36,506 Medicare: 6,647 Medicaid: 26,084	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 71.45127% Occupancy: 95.87667% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.84129% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22248089 Semester Index: 1.28710041 Cost: 1.05285933 Target: 1.01634256 DC FY Index: 1.17483274 DC Sem Index: 1.21100000 DC Inflation: 1.03078503 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,439	1,995,144	1,129,511	552,981	0	4,467,075
1a	Audit Adjustments						
2	Cost Per Diem	30.2653	76.4892	43.3028	21.2000		171.2573
3	Cost Per Diem Inflated	31.8651	78.8439	45.5918			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	31.8651	78.8439	45.5918	21.2000		177.5008
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	31.8651	78.8439	45.5918	13.6500		169.9508
12/13	Medicaid Adjustment Rate		1.9027	1.1003			
14	Prospective Per Diem 11	31.8651	80.7466	46.6921	13.6500		172.9538
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263931-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

184.32

Healthcare and Rehabilitation Center of Sanford

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,200,000.00		Total Amount	Per Diem
RS to Start Calcs:	1972/01	Type:	Variable [3]	80% Capital(1):	1,419,805	4.0205
Indexed Asset Value	1,774,756	< 60% of Base:	False	20% ROE(2):	354,951	0.2552
FRVS Base Asset:	952,106	Interest Rate:	11.9600 %	Insurance Cost(3):	78,734	2.1567
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	31,785	0.8707
ROE Factor	0.026930	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	136,455	0.0000
		Yearly Payment:	150,564	Total FRVS PD:		7.3031

(1) 80% Capital (\$1,419,805) amortized at 8.7500% for 20 years Principal & Interest of \$150,564 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$4.0205

(2) 20% ROE (\$354,951) times the ROE factor (0.026930) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$0.2552

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	31.8651	31.8651	1.8818	29.9833
Patient Care				
Direct Care	80.7466	80.7466	4.7686	75.9780
Indirect Care	46.6921	46.6921	2.7575	43.9346
Property	13.6500	7.3031	0.4313	6.8718
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7222
Supplemental Rate Add-on				\$8.8324
Totals	172.9538	166.6069	9.8392	184.3223

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263940-00 - 2012/07

190.74

Rehabilitation and Healthcare Center of Tampa

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4411 North Habana Ave Tampa FL 33614 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1971 Entered Medicaid 1/1/1974 Med # Active Date: 7/1/2003 Previous Med # 227102	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 174 Maximum: 63,510 Max Annualized: 63,510 Total Patient: 59,804 Medicare: 13,471 Medicaid: 39,993	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.87345% Occupancy: 94.16470% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.66569% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,936,840	2,893,805	1,955,914	924,238	0	7,710,797
1a	Audit Adjustments						
2	Cost Per Diem	48.4295	72.3578	48.9064	23.1100		192.8037
3	Cost Per Diem Inflated	49.7228	73.6657	50.2125			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.7228	73.6657	50.2125	23.1100		196.7110
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	73.6657	49.3864	13.6500		177.5560
12/13	Medicaid Adjustment Rate		1.3984	0.9375			
14	Prospective Per Diem 11	40.8539	75.0641	50.3239	13.6500		179.8919
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263940-00 - 2012/07
190.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Rehabilitation and Healthcare Center of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 4,600,000.00			Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: Variable [3]		80% Capital(1): 2,091,096		3.8795
Indexed Asset Value 2,613,870	< 60% of Base: False		20% ROE(2): 522,774		0.2211
FRVS Base Asset: 1,545,483	Interest Rate: 11.9600 %		Insurance Cost(3): 130,172		2.1766
Occup Adj Factor: 0.9000	Chase Rate: 6.7500 %		Taxes Cost(3): 117,052		1.9573
ROE Factor 0.024170	Amortization Rate: 8.7500 %		Home Office(3): 0		0.0000
	Interest Only: False		Replacement(3&4): 70,899		0.0000
	Yearly Payment: 221,751		Total FRVS PD:		8.2345

(1) 80% Capital (\$2,091,096) amortized at 8.7500% for 20 years Principal & Interest of \$221,751 divided by annual available days (63,510) divided by Occup. Adj. (0.9000) = \$3.8795

(2) 20% ROE (\$522,774) times the ROE factor (0.024170) divided by annual available days (63,510) divided by Occup. Adj. (0.9000) = \$0.2211

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 174	Effective PBS Limitation 4,959,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	75.0641	75.0641	4.4330	70.6311
Indirect Care	50.3239	50.3239	2.9720	47.3519
Property	13.6500	8.2345	0.4863	7.7482
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7340
Supplemental Rate Add-on				\$8.8324
Totals	179.8919	174.4764	10.3040	190.7388

***Medicaid Trend Adjustment :**



0 263958-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

202.51

The Abbeve Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7101 9th St. North St. Petersburg FL 33702 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1977 Acquired Date: 8/1/1977 Entered Medicaid 8/1/1977 Med # Active Date: 7/1/2003 Previous Med # 211711	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 152 Maximum: 55,480 Max Annualized: 55,480 Total Patient: 37,481 Medicare: 4,908 Medicaid: 30,365	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 81.01438% Occupancy: 67.55768% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 85.85316% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.28710041
		Cost: 1.05432042	Target: 1.01634256
		DC FY Index: 1.17400000	DC Sem Index: 1.21100000
		DC Inflation: 1.03151618	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,070,653	2,479,123	1,494,257	858,419	0	5,902,452
1a	Audit Adjustments						
2	Cost Per Diem	35.2594	81.6441	49.2098	28.2700		194.3833
3	Cost Per Diem Inflated	37.1747	84.2172	51.8829			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.1747	84.2172	51.8829	28.2700		201.5448
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.1747	84.2172	49.3864	13.6500		184.4283
12/13	Medicaid Adjustment Rate		2.9384	1.7231			
14	Prospective Per Diem 11	37.1747	87.1556	51.1095	13.6500		189.0898
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263958-00 - 2012/07

Florida Agency For Health Care Administration
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202.51

The Abbey Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1977/07 Indexed Asset Value 2,608,523 FRVS Base Asset: 1,258,236 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount: 2,600,000.00			Total Amount	Per Diem
	Type: Variable [3]		80% Capital(1): 2,086,818	4.4320	
	< 60% of Base: False		20% ROE(2): 521,705	0.2884	
	Interest Rate: 11.9600 %		Insurance Cost(3): 123,185	3.2866	
	Chase Rate: 6.7500 %		Taxes Cost(3): 46,813	1.2490	
	Amortization Rate: 8.7500 %		Home Office(3): 0	0.0000	
	Interest Only: False		Replacement(3&4): 73,297	0.0000	
Yearly Payment: 221,297		Total FRVS PD:	9.2560		

(1) 80% Capital (\$2,086,818) amortized at 8.7500% for 20 years Principal & Interest of \$221,297 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$4.4320

(2) 20% ROE (\$521,705) times the ROE factor (0.027600) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$0.2884

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 146	Effective PBS Limitation 4,161,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.1747	37.1747	2.1954	34.9793
Patient Care				
Direct Care	87.1556	87.1556	5.1471	82.0085
Indirect Care	51.1095	51.1095	3.0184	48.0911
Property	13.6500	9.2560	0.5466	8.7094
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8926
Supplemental Rate Add-on				\$8.8324
Totals	189.0898	184.6958	10.9075	202.5133

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263966-00 - 2012/07

199.25

The Oaks at Avon

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1010 US 27 N Avon Park FL 33825 County: Highlands [28] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/25/1992 Acquired Date: 1/5/1993 Entered Medicaid 1/5/1993 Med # Active Date: 7/1/2003 Previous Med # 228486	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 61.20480% Occupancy: 89.82350% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.14884% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 34,097 Medicare: 8,833 Medicaid: 20,869	Superior: 0 Standard: 184 Conditional: 0 Total: 184		
			Inflation		
			FY Index: 1.22078676		
			Semester Index: 1.28710041		
			Cost: 1.05432042		
			Target: 1.01634256		
			DC FY Index: 1.17400000		
			DC Sem Index: 1.21100000		
			DC Inflation: 1.03151618		
			PS Target: 1.02334651		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	732,220	1,604,611	964,103	595,184	0	3,896,118
1a	Audit Adjustments						
2	Cost Per Diem	35.0865	76.8897	46.1979	28.5200		186.6941
3	Cost Per Diem Inflated	36.9924	79.3130	48.7074			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.9924	79.3130	48.7074	28.5200		193.5328
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9664		48.2597			
7	Provider Target Rate	40.8995		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.9924	79.3130	48.7074	13.6500		178.6628
12/13	Medicaid Adjustment Rate		0.9998	0.6140			
14	Prospective Per Diem 11	36.9924	80.3128	49.3214	13.6500		180.2766
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263966-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

199.25

The Oaks at Avon

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/5/1993 Year of Phase-In/ Full: RS to Start Calcs: 1993/01 Indexed Asset Value 4,726,526 FRVS Base Asset: 2,781,592 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,764,618.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,781,221	11.1091
	< 60% of Base:	False	20% ROE(2):	945,305	0.7637
	Interest Rate:	8.0000 %	Insurance Cost(3):	78,642	2.3064
	Chase Rate:	7.7500 %	Taxes Cost(3):	120,503	3.5341
	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	236,790	0.0000
Yearly Payment:	379,532	Total FRVS PD:	17.7133		

(1) 80% Capital (\$3,781,221) amortized at 8.0000% for 20 years Principal & Interest of \$379,532 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$11.1091

(2) 20% ROE (\$945,305) times the ROE factor (0.027600) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.7637

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	31,609
Comparison Date: 1/1/1992	Current RS PBS:	50,254
Comparison Bed 88	Effective PBS Limitation	2,781,592

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.9924	36.9924	2.1846	34.8078
Patient Care				
Direct Care	80.3128	80.3128	4.7430	75.5698
Indirect Care	49.3214	49.3214	2.9128	46.4086
Property	13.6500	17.7133	1.0461	16.6672
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9602
Supplemental Rate Add-on				\$8.8324
Totals	180.2766	184.3399	10.8865	199.2460

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263974-00 - 2012/07

198.79

Titusville Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1705 Jess Parrish Court Titusville FL 32796 County: Brevard [5] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1971 Acquired Date: 11/1/1971 Entered Medicaid 11/1/1971 Med # Active Date: 7/1/2003 Previous Med # 227692	02/01/2010-12/31/2010 Days In CR 334 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 157 Maximum: 52,438 Max Annualized: 57,305 Total Patient: 40,153 Medicare: 5,619 Medicaid: 30,221	Superior: 0 Standard: 178 Conditional: 6 Total: 184
			Medicaid Utilization 75.26461% Occupancy: 76.57233% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 97.30910% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	976,191	2,488,657	1,401,458	774,564	0	5,640,870
1a	Audit Adjustments						
2	Cost Per Diem	32.3017	82.3486	46.3736	25.6300		186.6539
3	Cost Per Diem Inflated	34.0091	84.8837	48.8249			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.0091	84.8837	48.8249	25.6300		193.3477
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.0091	84.8837	48.8249	13.6500		181.3677
12/13	Medicaid Adjustment Rate		2.3340	1.3425			
14	Prospective Per Diem 11	34.0091	87.2177	50.1674	13.6500		185.0442
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263974-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

198.79

Titusville Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,201,518 FRVS Base Asset: 1,729,005 Occup Adj Factor: 0.9000 ROE Factor 0.026930	Mortgage Information		Calculation of FRVS Per Diem		
	Amount: 4,300,000.00			Total Amount	Per Diem
	Type: Variable [3]		80% Capital(1): 2,561,214	5.2663	
	< 60% of Base: False		20% ROE(2): 640,304	0.3343	
	Interest Rate: 11.9600 %		Insurance Cost(3): 108,433	2.7005	
	Chase Rate: 6.7500 %		Taxes Cost(3): 50,609	1.2604	
	Amortization Rate: 8.7500 %		Home Office(3): 0	0.0000	
	Interest Only: False		Replacement(3&4): 19,729	0.0000	
Yearly Payment: 271,605		Total FRVS PD:	9.5615		

(1) 80% Capital (\$2,561,214) amortized at 8.7500% for 20 years Principal & Interest of \$271,605 divided by annual available days (57,305) divided by Occup. Adj. (0.9000) = \$5.2663

(2) 20% ROE (\$640,304) times the ROE factor (0.026930) divided by annual available days (57,305) divided by Occup. Adj. (0.9000) = \$0.3343

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 157	Effective PBS Limitation 4,474,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.0091	34.0091	2.0085	32.0006
Patient Care				
Direct Care	87.2177	87.2177	5.1508	82.0669
Indirect Care	50.1674	50.1674	2.9627	47.2047
Property	13.6500	9.5615	0.5647	8.9968
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6868
Supplemental Rate Add-on				\$8.8324
Totals	185.0442	180.9557	10.6867	198.7882

***Medicaid Trend Adjustment :**



0 263982-00 - 2012/07

216.61

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Sarasota Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1524 East Avenue S Sarasota FL 34239 County: Sarasota [58] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1971 Acquired Date: 10/1/1971 Entered Medicaid 10/1/1971 Med # Active Date: 7/1/2003 Previous Med # 214922	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 169 Maximum: 61,685 Max Annualized: 61,685 Total Patient: 36,991 Medicare: 2,380 Medicaid: 32,091	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 86.75353% Occupancy: 59.96758% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 76.20756% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,185,833	2,715,589	1,704,725	1,022,740	0	6,628,887
1a	Audit Adjustments						
2	Cost Per Diem	36.9522	84.6215	53.1216	31.8700		206.5653
3	Cost Per Diem Inflated	38.9595	87.2884	56.0072			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.9595	87.2884	56.0072	31.8700		214.1251
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.9595	87.2884	51.3593	13.6500		191.2572
12/13	Medicaid Adjustment Rate		3.6092	2.1236			
14	Prospective Per Diem 11	38.9595	90.8976	53.4829	13.6500		196.9900
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263982-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

216.61

Sarasota Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 5,787,185 FRVS Base Asset: 3,074,906 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,000,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,629,748	8.8436
	< 60% of Base:	False	20% ROE(2):	1,157,437	0.5754
	Interest Rate:	11.9600 %	Insurance Cost(3):	128,056	3.4618
	Chase Rate:	6.7500 %	Taxes Cost(3):	68,084	1.8406
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	72,448	0.0000
Yearly Payment:	490,963	Total FRVS PD:	14.7214		

(1) 80% Capital (\$4,629,748) amortized at 8.7500% for 20 years Principal & Interest of \$490,963 divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$8.8436

(2) 20% ROE (\$1,157,437) times the ROE factor (0.027600) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$0.5754

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 169	Effective PBS Limitation	4,816,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.9595	38.9595	2.3008	36.6587
Patient Care				
Direct Care	90.8976	90.8976	5.3681	85.5295
Indirect Care	53.4829	53.4829	3.1585	50.3244
Property	13.6500	14.7214	0.8694	13.8520
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.4173
Supplemental Rate Add-on				\$8.8324
Totals	196.9900	198.0614	11.6968	216.6143

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 263991-00 - 2012/07 193.25

Windsor Woods Rehabilitation and Healthcare Ce

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13719 Dallas Drive Hudson FL 34667 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1987 Acquired Date: 4/1/1987 Entered Medicaid 5/11/1987 Med # Active Date: 7/1/2003 Previous Med # 227030	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 103 Maximum: 34,402 Max Annualized: 37,595 Total Patient: 31,799 Medicare: 4,335 Medicaid: 17,435	Superior: 0 Standard: 162 Conditional: 22 Total: 184
	Medicaid Utilization 54.82877% Occupancy: 92.43358% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.46577% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22248089 Semester Index: 1.28710041 Cost: 1.05285933 Target: 1.01634256 DC FY Index: 1.17483274 DC Sem Index: 1.21100000 DC Inflation: 1.03078503 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	605,772	1,245,300	802,943	364,566	0	3,018,581
1a	Audit Adjustments						
2	Cost Per Diem	34.7446	71.4253	46.0535	20.9100		173.1334
3	Cost Per Diem Inflated	36.5812	73.6241	48.4879			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.5812	73.6241	48.4879	20.9100		179.6032
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.5812	73.6241	48.4879	13.6500		172.3432
12/13	Medicaid Adjustment Rate		0.3521	0.2319			
14	Prospective Per Diem 11	36.5812	73.9762	48.7198	13.6500		172.9272
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263991-00 - 2012/07
193.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Windsor Woods Rehabilitation and Healthcare Ce

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1993	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,400,000.00	Total Amount	Per Diem
RS to Start Calcs: 1987/01	Type: Variable [3]	80% Capital(1): 3,606,142	11.3022
Indexed Asset Value 4,507,678	< 60% of Base: False	20% ROE(2): 901,536	0.7175
FRVS Base Asset: 1,720,920	Interest Rate: 11.9600 %	Insurance Cost(3): 80,128	2.5198
Occup Adj Factor: 0.9000	Chase Rate: 6.7500 %	Taxes Cost(3): 37,058	1.1654
ROE Factor 0.026930	Amortization Rate: 8.7500 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 100,061	0.0000
	Yearly Payment: 382,414	Total FRVS PD: 15.7049	

(1) 80% Capital (\$3,606,142) amortized at 8.7500% for 20 years Principal & Interest of \$382,414 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$11.3022

(2) 20% ROE (\$901,536) times the ROE factor (0.026930) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$0.7175

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,720,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.5812	36.5812	2.1604	34.4208
Patient Care				
Direct Care	73.9762	73.9762	4.3688	69.6074
Indirect Care	48.7198	48.7198	2.8772	45.8426
Property	13.6500	15.7049	0.9275	14.7774
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7695
Supplemental Rate Add-on				\$8.8324
Totals	172.9272	174.9821	10.3339	193.2501

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 264008-00 - 2012/07

200.98

Winkler Court

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3250 Winkler Ave Fort Myers FL 33916 County: Lee [36] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/12/1995 Acquired Date: 4/12/1995 Entered Medicaid 4/12/1995 Med # Active Date: 7/1/2003 Previous Med # 211818	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,919 Medicare: 5,193 Medicaid: 31,568	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.14754% Occupancy: 93.42238% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.72234% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,298,182	2,301,598	1,421,805	745,636	0	5,767,221
1a	Audit Adjustments						
2	Cost Per Diem	41.1234	72.9092	45.0394	23.6200		182.6920
3	Cost Per Diem Inflated	42.2216	74.2270	46.2422			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2216	74.2270	46.2422	23.6200		186.3108
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.2216	74.2270	46.2422	13.6500		176.3408
12/13	Medicaid Adjustment Rate		2.2670	1.4123			
14	Prospective Per Diem 11	42.2216	76.4940	47.6545	13.6500		180.0201
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 264008-00 - 2012/07
200.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Winkler Court

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/12/1995 Year of Phase-In/ Full: RS to Start Calcs: 1995/01 Indexed Asset Value 5,278,673 FRVS Base Asset: 4,098,639 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,300,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,222,938	11.3603
	< 60% of Base:	False	20% ROE(2):	1,055,735	0.6473
	Interest Rate:	11.9600 %	Insurance Cost(3):	91,152	2.2276
	Chase Rate:	6.7500 %	Taxes Cost(3):	96,623	2.3613
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	1,062,004	0.0000
Yearly Payment:	447,823	Total FRVS PD:	16.5965		

(1) 80% Capital (\$4,222,938) amortized at 8.7500% for 20 years Principal & Interest of \$447,823 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3603

(2) 20% ROE (\$1,055,735) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6473

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	7/1/1994	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	4,123,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.2216	42.2216	2.4935	39.7281
Patient Care				
Direct Care	76.4940	76.4940	4.5175	71.9765
Indirect Care	47.6545	47.6545	2.8143	44.8402
Property	13.6500	16.5965	0.9801	15.6164
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9850
Supplemental Rate Add-on				\$8.8324
Totals	180.0201	182.9666	10.8054	200.9786

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 264482-00 - 2012/07

181.86

Lafayette Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
512 West Main Sreet Mayo FL 32066 County: Lafayette[34] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/16/1997 Acquired Date: 6/16/1997 Entered Medicaid 7/15/1997 Med # Active Date: 5/1/2003 Previous Med # 213179	11/01/2010-10/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,699 Medicare: 1,956 Medicaid: 16,104	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 81.75034% Occupancy: 89.94977% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.30931% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24804976 Semester Index: 1.28710041 Cost: 1.03128934 Target: 1.01634256 DC FY Index: 1.18649811 DC Sem Index: 1.21100000 DC Inflation: 1.02065059 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	655,375	977,456	602,638	435,613	0	2,671,082
1a	Audit Adjustments						
2	Cost Per Diem	40.6964	60.6965	37.4216	27.0500		165.8645
3	Cost Per Diem Inflated	41.9698	61.9499	38.5925			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9698	61.9499	38.5925	27.0500		169.5622
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		50.9938			
7	Provider Target Rate	43.9259		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9698	61.9499	38.5925	13.6500		156.1622
12/13	Medicaid Adjustment Rate		2.2128	1.3785			
14	Prospective Per Diem 11	41.9698	64.1627	39.9710	13.6500		159.7535
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 264482-00 - 2012/07
181.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lafayette Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/15/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/01 Indexed Asset Value 2,693,432 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.025000	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,510,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,154,746	12.3683
	< 60% of Base:	False	20% ROE(2):	538,686	0.6833
	Interest Rate:	9.6630 %	Insurance Cost(3):	18,868	0.9578
	Chase Rate:	8.2500 %	Taxes Cost(3):	31,856	1.6171
	Amortization Rate:	9.6630 %	Home Office(3):	4,847	0.2461
	Interest Only:	False	Replacement(3&4):	2,536	0.0000
Yearly Payment:	243,780	Total FRVS PD:	15.8726		

(1) 80% Capital (\$2,154,746) amortized at 9.6630% for 20 years Principal & Interest of \$243,780 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.3683

(2) 20% ROE (\$538,686) times the ROE factor (0.025000) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6833

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,526
Comparison Date:	7/1/1996	Current RS PBS:	50,254
Comparison Bed	60	Effective PBS Limitation	2,191,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9698	41.9698	2.4786	39.4912
Patient Care				
Direct Care	64.1627	64.1627	3.7892	60.3735
Indirect Care	39.9710	39.9710	2.3606	37.6104
Property	13.6500	15.8726	0.9374	14.9352
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6172
Supplemental Rate Add-on				\$8.8324
Totals	159.7535	161.9761	9.5658	181.8599

***Medicaid Trend Adjustment :**



0 264491-00 - 2012/07

221.19

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Clifford Chester Sims State Veterans Nursing Hom

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4419 Tram Road Springfield FL 32404 County: Bay[3] Region: North [1] Area: 2 Control Government Non-Prof Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/20/2003 Acquired Date: 10/20/2003 Entered Medicaid 11/5/2003 Med # Active Date: 11/5/2003 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,378 Medicare: 1,869 Medicaid: 10,992	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	496,417	1,096,924	570,921	138,060	0	2,302,322
1a	Audit Adjustments						
2	Cost Per Diem	45.1617	99.7929	51.9397	12.5600		209.4543
3	Cost Per Diem Inflated	47.0993	102.4580	54.1681			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.0993	102.4580	54.1681	12.5600		216.2854
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.5421		51.0915			
7	Provider Target Rate	58.8855		52.2843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.0993	96.6592	52.2843	12.5600		208.6028
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.0993	96.6592	52.2843	12.5600		208.6028
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 264491-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

221.19

Clifford Chester Sims State Veterans Nursing Hom

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/5/2003 Year of Phase-In/ Full: RS to Start Calcs: 2003/07 Indexed Asset Value 5,365,191 FRVS Base Asset: 5,104,200 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	4,292,153	4.2893
	< 60% of Base:	True	20% ROE(2):	1,073,038	0.7031
	Interest Rate:	4.0000 %	Insurance Cost(3):	8,581	0.2025
	Chase Rate:	4.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	4.0000 %	Home Office(3):	50,731	1.1971
	Interest Only:	True	Replacement(3&4):	27,992	0.0000
Yearly Payment:	169,083	Total FRVS PD:	6.3920		

- (1) 80% Capital (\$4,292,153) amortized at 4.0000% for 20 years Interest of \$169,083 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.2893
- (2) 20% ROE (\$1,073,038) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7031
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	42,535
Comparison Date: 1/1/2003	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	5,104,200

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.0993	47.0993	2.7815	44.3178
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	52.2843	52.2843	3.0877	49.1966
Property	12.5600	6.3920	0.3775	6.0145
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.8805
Supplemental Rate Add-on				\$8.8324
Totals	208.6028	202.4348	11.9551	221.1926

***Medicaid Trend Adjustment :**



0 264512-00 - 2012/07
217.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Conway Lakes Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5201 Curry Ford Road Orlando FL 32812 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/13/1991 Acquired Date: 11/13/1991 Entered Medicaid 12/23/1991 Med # Active Date: 12/1/2003 Previous Med # 259969	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,162 Medicare: 15,129 Medicaid: 18,720 Medicaid Utilization 46.61122% Occupancy: 91.69406% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.52598% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	933,132	1,565,760	1,048,196	343,138	0	3,890,226
1a	Audit Adjustments						
2	Cost Per Diem	49.8468	83.6410	55.9934	18.3300		207.8112
3	Cost Per Diem Inflated	51.1780	85.1528	57.4887			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.1780	85.1528	57.4887	18.3300		212.1495
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6268		59.3330			
7	Provider Target Rate	49.7621		60.7182			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.7621	85.1528	57.4887	13.6500		206.0536
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.7621	85.1528	57.4887	13.6500		206.0536
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 264512-00 - 2012/07
217.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Conway Lakes Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/23/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,146,031.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Variable [3]	80% Capital(1):	4,281,916	10.5726
Indexed Asset Value	5,352,395	< 60% of Base:	False	20% ROE(2):	1,070,479	0.6564
FRVS Base Asset:	3,663,600	Interest Rate:	7.5900 %	Insurance Cost(3):	49,255	1.2264
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	54,565	1.3586
ROE Factor	0.024170	Amortization Rate:	7.5900 %	Home Office(3):	16,383	0.4079
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	416,770	Total FRVS PD:		14.2219

(1) 80% Capital (\$4,281,916) amortized at 7.5900% for 20 years Principal & Interest of \$416,770 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5726

(2) 20% ROE (\$1,070,479) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6564

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 1/1/1991	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.7621	49.7621	2.9388	46.8233
Patient Care				
Direct Care	85.1528	85.1528	5.0288	80.1240
Indirect Care	57.4887	57.4887	3.3951	54.0936
Property	13.6500	14.2219	0.8399	13.3820
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.2673
Supplemental Rate Add-on				\$8.8324
Totals	206.0536	206.6255	12.2026	217.5226

***Medicaid Trend Adjustment :**



0 264521-00 - 2012/07
212.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Belleair East Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1150 PONCE DE LEON BLV Clearwater FL 33756 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1981 Acquired Date: 9/1/1981 Entered Medicaid 9/1/1981 Med # Active Date: 12/1/2003 Previous Med # 259977	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,416 Medicare: 10,289 Medicaid: 22,355	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 55.31225% Occupancy: 92.27397% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.26294% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,062,103	1,950,333	1,365,047	435,252	0	4,812,735
1a	Audit Adjustments						
2	Cost Per Diem	47.5108	87.2437	61.0623	19.4700		215.2868
3	Cost Per Diem Inflated	48.7796	88.8206	62.6930			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.7796	88.8206	62.6930	19.4700		219.7632
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7447		48.6344			
7	Provider Target Rate	44.7660		49.7698			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7660	88.8206	49.7698	13.6500		197.0064
12/13	Medicaid Adjustment Rate		0.5308	0.2974			
14	Prospective Per Diem 11	44.7660	89.3514	50.0672	13.6500		197.8346
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 264521-00 - 2012/07
212.36

Belleair East Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1981/07 Indexed Asset Value 4,441,614 FRVS Base Asset: 2,648,565 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,852,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,553,291	10.4384
	< 60% of Base:	False	20% ROE(2):	888,323	0.5447
	Interest Rate:	10.0000 %	Insurance Cost(3):	52,652	1.3028
	Chase Rate:	8.0000 %	Taxes Cost(3):	52,333	1.2949
	Amortization Rate:	10.0000 %	Home Office(3):	16,105	0.3985
	Interest Only:	False	Replacement(3&4):	173,238	0.0000
Yearly Payment:	411,480	Total FRVS PD:		13.9793	

(1) 80% Capital (\$3,553,291) amortized at 10.0000% for 20 years Principal & Interest of \$411,480 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.4384

(2) 20% ROE (\$888,323) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5447

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7660	44.7660	2.6437	42.1223
Patient Care				
Direct Care	89.3514	89.3514	5.2768	84.0746
Indirect Care	50.0672	50.0672	2.9568	47.1104
Property	13.6500	13.9793	0.8256	13.1537
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0627
Supplemental Rate Add-on				\$8.8324
Totals	197.8346	198.1639	11.7029	212.3561

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 264539-00 - 2012/07
218.00

East Bay Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4470 East Bay Drive Clearwater FL 33764 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/3/1990 Acquired Date: 5/3/1990 Entered Medicaid 7/26/1990 Med # Active Date: 12/1/2003 Previous Med # 259985	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,850 Medicare: 10,886 Medicaid: 22,132	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.17870% Occupancy: 93.26484% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.52214% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,050,531	1,918,904	1,200,797	269,789	0	4,440,021
1a	Audit Adjustments						
2	Cost Per Diem	47.4666	86.7027	54.2561	12.1900		200.6154
3	Cost Per Diem Inflated	48.7342	88.2698	55.7051			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.7342	88.2698	55.7051	12.1900		204.8991
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6066		50.1356			
7	Provider Target Rate	48.7180		51.3061			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.7180	88.2698	51.3061	12.1900		200.4839
12/13	Medicaid Adjustment Rate		0.4150	0.2412			
14	Prospective Per Diem 11	48.7180	88.6848	51.5473	12.1900		201.1401
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 264539-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

218.00

East Bay Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/26/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/01 Indexed Asset Value 5,649,867 FRVS Base Asset: 3,602,760 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,600,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,519,894	11.6806
	< 60% of Base:	False	20% ROE(2):	1,129,973	0.6928
	Interest Rate:	8.2000 %	Insurance Cost(3):	49,854	1.2204
	Chase Rate:	7.7500 %	Taxes Cost(3):	62,184	1.5223
	Amortization Rate:	8.2000 %	Home Office(3):	15,765	0.3859
	Interest Only:	False	Replacement(3&4):	201,940	0.0000
Yearly Payment:	460,449	Total FRVS PD:		15.5020	

(1) 80% Capital (\$4,519,894) amortized at 8.2000% for 20 years Principal & Interest of \$460,449 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6806

(2) 20% ROE (\$1,129,973) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6928

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,023
Comparison Date:	7/1/1989	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.7180	48.7180	2.8771	45.8409
Patient Care				
Direct Care	88.6848	88.6848	5.2374	83.4474
Indirect Care	51.5473	51.5473	3.0442	48.5031
Property	12.1900	15.5020	0.9155	14.5865
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.7901
Supplemental Rate Add-on				\$8.8324
Totals	201.1401	204.4521	12.0742	218.0004

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 264547-00 - 2012/07 221.15

MELBOURNE TERRACE RESTORATIVE CAR

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
251 Florida Ave Melbourne FL 32901 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/9/1989 Acquired Date: 2/9/1989 Entered Medicaid 2/9/1989 Med # Active Date: 12/1/2003 Previous Med # 258458	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,706 Medicare: 11,622 Medicaid: 22,741	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.52693% Occupancy: 95.21918% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.00574% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,124,825	2,018,193	1,281,967	380,912	0	4,805,897
1a	Audit Adjustments						
2	Cost Per Diem	49.4624	88.7469	56.3725	16.7500		211.3318
3	Cost Per Diem Inflated	50.7833	90.3510	57.8780			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.7833	90.3510	57.8780	16.7500		215.7623
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5607		49.3056			
7	Provider Target Rate	48.6711		50.4567			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.6711	90.3510	50.4567	13.6500		203.1288
12/13	Medicaid Adjustment Rate		0.4601	0.2570			
14	Prospective Per Diem 11	48.6711	90.8111	50.7137	13.6500		203.8459
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 264547-00 - 2012/07
221.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

MELBOURNE TERRACE RESTORATIVE CAR

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/9/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,782,837.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Fixed [2]	80% Capital(1):	4,722,569	14.4690
Indexed Asset Value	5,903,211	< 60% of Base:	False	20% ROE(2):	1,180,642	0.7239
FRVS Base Asset:	3,557,520	Interest Rate:	10.6200 %	Insurance Cost(3):	44,750	1.0730
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	51,163	1.2268
ROE Factor	0.024170	Amortization Rate:	10.6200 %	Home Office(3):	17,122	0.4105
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	570,366	Total FRVS PD:		17.9032

(1) 80% Capital (\$4,722,569) amortized at 10.6200% for 20 years Principal & Interest of \$570,366 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.4690

(2) 20% ROE (\$1,180,642) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7239

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,557,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.6711	48.6711	2.8744	45.7967
Patient Care				
Direct Care	90.8111	90.8111	5.3630	85.4481
Indirect Care	50.7137	50.7137	2.9950	47.7187
Property	13.6500	17.9032	1.0573	16.8459
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5114
Supplemental Rate Add-on				\$8.8324
Totals	203.8459	208.0991	12.2897	221.1532

***Medicaid Trend Adjustment :**



0 264563-00 - 2012/07
206.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Centre Point Health and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2255 Centerville Road Tallahassee FL 32308 County: Leon [37] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/25/1987 Acquired Date: 6/25/1987 Entered Medicaid 6/25/1987 Med # Active Date: 12/1/2003 Previous Med # 260070	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,507 Medicare: 16,147 Medicaid: 17,404	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.93028% Occupancy: 94.76484% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.42837% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	818,303	1,420,487	1,029,745	244,178	0	3,512,713
1a	Audit Adjustments						
2	Cost Per Diem	47.0181	81.6184	59.1671	14.0300		201.8336
3	Cost Per Diem Inflated	48.2738	83.0936	60.7472			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.2738	83.0936	60.7472	14.0300		206.1446
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.1421		51.5846			
7	Provider Target Rate	53.3594		52.7889			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	83.0936	52.7889	13.6500		197.0105
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	83.0936	52.7889	13.6500		197.0105
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 264563-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

206.83

Centre Point Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/25/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Variable [3]	80% Capital(1):	4,692,318	8.9120
Indexed Asset Value	5,865,398	< 60% of Base:	False	20% ROE(2):	1,173,080	0.7193
FRVS Base Asset:	2,524,016	Interest Rate:	4.3375 %	Insurance Cost(3):	26,246	0.6323
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	63,829	1.5378
ROE Factor	0.024170	Amortization Rate:	4.3375 %	Home Office(3):	16,616	0.4003
		Interest Only:	False	Replacement(3&4):	243,984	0.0000
		Yearly Payment:	351,311	Total FRVS PD:		12.2017

(1) 80% Capital (\$4,692,318) amortized at 4.3375% for 20 years Principal & Interest of \$351,311 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.9120

(2) 20% ROE (\$1,173,080) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7193

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	50,254
Comparison Bed 88	Effective PBS Limitation	2,524,016

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	83.0936	83.0936	4.9072	78.1864
Indirect Care	52.7889	52.7889	3.1175	49.6714
Property	13.6500	12.2017	0.7206	11.4811
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.9854
Supplemental Rate Add-on				\$8.8324
Totals	197.0105	195.5622	11.5492	206.8308

***Medicaid Trend Adjustment :**



0 264571-00 - 2012/07
220.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Spring Lake Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1540 Sixth Street NW Winter Haven FL 33881 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/4/1991 Acquired Date: 5/17/1991 Entered Medicaid 5/17/1991 Med # Active Date: 12/1/2003 Previous Med # 260088	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,874 Medicare: 18,150 Medicaid: 16,216	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 40.66810% Occupancy: 91.03653% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.69037% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	835,407	1,522,253	919,458	306,645	0	3,583,763
1a	Audit Adjustments						
2	Cost Per Diem	51.5175	93.8735	56.7007	18.9100		221.0017
3	Cost Per Diem Inflated	52.8933	95.5702	58.2149			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.8933	95.5702	58.2149	18.9100		225.5884
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1966		49.5709			
7	Provider Target Rate	52.3919		50.7282			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9425	95.5702	50.7282	13.6500		209.8909
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9425	95.5702	50.7282	13.6500		209.8909
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 264571-00 - 2012/07
220.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Spring Lake Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/17/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,599,947.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Variable [3]	80% Capital(1):	4,359,705	10.7646
Indexed Asset Value	5,449,631	< 60% of Base:	False	20% ROE(2):	1,089,926	0.6683
FRVS Base Asset:	3,642,240	Interest Rate:	7.5900 %	Insurance Cost(3):	56,593	1.4193
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	75,917	1.9039
ROE Factor	0.024170	Amortization Rate:	7.5900 %	Home Office(3):	17,867	0.4481
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	424,342	Total FRVS PD:		15.2042

(1) 80% Capital (\$4,359,705) amortized at 7.5900% for 20 years Principal & Interest of \$424,342 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7646

(2) 20% ROE (\$1,089,926) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6683

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	95.5702	95.5702	5.6441	89.9261
Indirect Care	50.7282	50.7282	2.9958	47.7324
Property	13.6500	15.2042	0.8979	14.3063
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.4708
Supplemental Rate Add-on				\$8.8324
Totals	209.8909	211.4451	12.4872	220.2611

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 265381-00 - 2012/07

218.52

Life Care Center of Estero

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3850 Williams Road Estero FL 33929 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/23/2003 Acquired Date: 9/23/2003 Entered Medicaid 10/23/2003 Med # Active Date: 10/23/2003 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 155 Maximum: 56,575 Max Annualized: 56,575 Total Patient: 52,234 Medicare: 16,534 Medicaid: 27,250	Superior: 0 Standard: 154 Conditional: 30 Total: 184
	Medicaid Utilization 52.16909% Occupancy: 92.32700% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.33032% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,104,303	2,558,001	1,413,209	752,645	0	5,828,158
1a	Audit Adjustments						
2	Cost Per Diem	40.5249	93.8716	51.8609	27.6200		213.8774
3	Cost Per Diem Inflated	42.2635	96.3786	54.0859			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2635	96.3786	54.0859	27.6200		220.3480
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6395		55.4495			
7	Provider Target Rate	50.7984		56.7441			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.2635	96.3786	54.0859	13.6500		206.3780
12/13	Medicaid Adjustment Rate		0.1968	0.1105			
14	Prospective Per Diem 11	42.2635	96.5754	54.1964	13.6500		206.6853
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 265381-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

218.52

Life Care Center of Estero

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/23/2003	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	11,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	2003/07	Type:	Variable [3]	80% Capital(1):	6,018,020	8.8205
Indexed Asset Value	7,522,525	< 60% of Base:	False	20% ROE(2):	1,504,505	0.7632
FRVS Base Asset:	6,592,925	Interest Rate:	4.3000 %	Insurance Cost(3):	21,814	0.4176
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	114,781	2.1974
ROE Factor	0.025830	Amortization Rate:	4.3000 %	Home Office(3):	51,590	0.9877
		Interest Only:	False	Replacement(3&4):	817,110	0.0000
		Yearly Payment:	449,116	Total FRVS PD:		13.1864

(1) 80% Capital (\$6,018,020) amortized at 4.3000% for 20 years Principal & Interest of \$449,116 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$8.8205

(2) 20% ROE (\$1,504,505) times the ROE factor (0.025830) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.7632

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	42,535
Comparison Date: 1/1/2003	Current RS PBS:	50,254
Comparison Bed 155	Effective PBS Limitation	6,592,925

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.2635	42.2635	2.4959	39.7676
Patient Care				
Direct Care	96.5754	96.5754	5.7034	90.8720
Indirect Care	54.1964	54.1964	3.2007	50.9957
Property	13.6500	13.1864	0.7787	12.4077
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6445
Supplemental Rate Add-on				\$8.8324
Totals	206.6853	206.2217	12.1787	218.5199

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 265560-00 - 2012/07
188.00

Valencia Hills Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1350 Sleepy Hill Road Lakeland FL 33810 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1982 Acquired Date: 1/1/1982 Entered Medicaid 1/1/1985 Med # Active Date: 9/4/2003 Previous Med # 269026	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 300 Maximum: 109,500 Max Annualized: 109,500 Total Patient: 89,733 Medicare: 9,992 Medicaid: 57,900	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.52476% Occupancy: 81.94795% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.14050% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,981,122	4,847,203	2,742,367	917,715	0	10,488,407
1a	Audit Adjustments						
2	Cost Per Diem	34.2163	83.7168	47.3639	15.8500		181.1470
3	Cost Per Diem Inflated	36.0749	86.3552	49.9367			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.0749	86.3552	49.9367	15.8500		188.2168
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		51.1028			
7	Provider Target Rate	40.8539		52.2959			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.0749	86.3552	49.9367	13.6500		186.0168
12/13	Medicaid Adjustment Rate		1.4111	0.8160			
14	Prospective Per Diem 11	36.0749	87.7663	50.7527	13.6500		188.2439
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 265560-00 - 2012/07
188.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Valencia Hills Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,625,000.00	Total Amount	Per Diem
RS to Start Calcs: 1982/01	Type: Fixed [2]	80% Capital(1): 8,103,625	9.4440
Indexed Asset Value 10,129,531	< 60% of Base: False	20% ROE(2): 2,025,906	0.5674
FRVS Base Asset: 5,789,828	Interest Rate: 9.8800 %	Insurance Cost(3): 94,863	1.0572
Occup Adj Factor: 0.9000	Chase Rate: 7.7500 %	Taxes Cost(3): 72,406	0.8069
ROE Factor 0.027600	Amortization Rate: 9.8800 %	Home Office(3): 14,313	0.1595
	Interest Only: False	Replacement(3&4): 98,285	0.0000
	Yearly Payment: 930,703	Total FRVS PD:	12.0350

(1) 80% Capital (\$8,103,625) amortized at 9.8800% for 20 years Principal & Interest of \$930,703 divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = \$9.4440

(2) 20% ROE (\$2,025,906) times the ROE factor (0.027600) divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = \$0.5674

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 300	Effective PBS Limitation 8,550,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.0749	36.0749	2.1305	33.9444
Patient Care				
Direct Care	87.7663	87.7663	5.1832	82.5831
Indirect Care	50.7527	50.7527	2.9973	47.7554
Property	13.6500	12.0350	0.7107	11.3243
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.5635
Supplemental Rate Add-on				\$8.8324
Totals	188.2439	186.6289	11.0217	188.0031

***Medicaid Trend Adjustment :**



0 265721-00 - 2012/07
166.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Summer Brook Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5377 Moncrief Road Jacksonville FL 32209 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 11/19/2003 Previous Med # 200786	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,765 Medicare: 2,717 Medicaid: 35,971	Superior: 0 Standard: 171 Conditional: 13 Total: 184
	Medicaid Utilization 86.12714% Occupancy: 95.35388% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.17693% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,559,333	2,054,807	1,008,806	300,718	0	4,923,664
1a	Audit Adjustments						
2	Cost Per Diem	43.3497	57.1240	28.0450	8.3600		136.8787
3	Cost Per Diem Inflated	45.2095	58.6496	29.2482			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.2095	58.6496	29.2482	8.3600		141.4673
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0535		46.3317			
7	Provider Target Rate	47.1287		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.2095	58.6496	29.2482	8.3600		141.4673
12/13	Medicaid Adjustment Rate		2.2153	1.1047			
14	Prospective Per Diem 11	45.2095	60.8649	30.3529	8.3600		144.7873
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 265721-00 - 2012/07
166.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Summer Brook Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,376,424 FRVS Base Asset: 1,522,570 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,232,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,701,139	5.8910
	< 60% of Base:	False	20% ROE(2):	675,285	0.4425
	Interest Rate:	6.0000 %	Insurance Cost(3):	21,465	0.5139
	Chase Rate:	4.0000 %	Taxes Cost(3):	30,735	0.7359
	Amortization Rate:	6.0000 %	Home Office(3):	41,547	0.9948
	Interest Only:	False	Replacement(3&4):	32,908	0.0000
Yearly Payment:	232,222	Total FRVS PD:		8.5781	

(1) 80% Capital (\$2,701,139) amortized at 6.0000% for 20 years Principal & Interest of \$232,222 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.8910

(2) 20% ROE (\$675,285) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4425

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.2095	45.2095	2.6699	42.5396
Patient Care				
Direct Care	60.8649	60.8649	3.5945	57.2704
Indirect Care	30.3529	30.3529	1.7925	28.5604
Property	8.3600	8.5781	0.5066	8.0715
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.4009
Supplemental Rate Add-on				\$8.8324
Totals	144.7873	145.0054	8.5635	166.6752

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 265730-00 - 2012/07

189.07

Hialeah Convalescent Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
190 W. 28th Street Hialeah FL 33010 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/1/1984 Acquired Date: 2/1/1984 Entered Medicaid 2/1/1984 Med # Active Date: 9/1/2003 Previous Med # 207713	04/01/2010-03/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 276 Maximum: 100,740 Max Annualized: 100,740 Total Patient: 89,436 Medicare: 17,030 Medicaid: 64,555	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.18011% Occupancy: 88.77903% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.82152% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22587622 Semester Index: 1.28710041 Cost: 1.04994321 Target: 1.01634256 DC FY Index: 1.17650000 DC Sem Index: 1.21100000 DC Inflation: 1.02932427 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,253,243	5,245,061	2,847,333	899,251	0	11,244,888
1a	Audit Adjustments						
2	Cost Per Diem	34.9042	81.2495	44.1071	13.9300		174.1908
3	Cost Per Diem Inflated	36.6474	83.6321	46.3100			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.6474	83.6321	46.3100	13.9300		180.5195
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		51.5713			
7	Provider Target Rate	42.9794		52.7753			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.6474	83.6321	46.3100	13.6500		180.2395
12/13	Medicaid Adjustment Rate		2.0868	1.1556			
14	Prospective Per Diem 11	36.6474	85.7189	47.4656	13.6500		183.4819
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 265730-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

189.07

Hialeah Convalescent Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,132,355.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	9,386,395	15.1751
Indexed Asset Value	11,732,994	< 60% of Base:	False	20% ROE(2):	2,346,599	0.6929
FRVS Base Asset:	6,410,022	Interest Rate:	13.6960 %	Insurance Cost(3):	143,604	1.6057
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	71,216	0.7963
ROE Factor	0.026770	Amortization Rate:	13.6960 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	65,755	0.0000
		Yearly Payment:	1,375,862	Total FRVS PD:		18.2700

(1) 80% Capital (\$9,386,395) amortized at 13.6960% for 20 years Principal & Interest of \$1,375,862 divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = \$15.1751

(2) 20% ROE (\$2,346,599) times the ROE factor (0.026770) divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = \$0.6929

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 276	Effective PBS Limitation	7,866,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.6474	36.6474	2.1643	34.4831
Patient Care				
Direct Care	85.7189	85.7189	5.0623	80.6566
Indirect Care	47.4656	47.4656	2.8032	44.6624
Property	13.6500	18.2700	1.0790	17.1910
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.2464
Supplemental Rate Add-on				\$8.8324
Totals	183.4819	188.1019	11.1088	189.0719

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 266108-00 - 2012/07

214.94

Life Care Center of Ocala

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2800 SW 41st Street Ocala FL 34474 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1998 Acquired Date: 10/1/1998 Entered Medicaid 10/1/1998 Med # Active Date: 2/1/2004 Previous Med # 253154	02/01/2010-01/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,375 Medicare: 22,279 Medicaid: 13,330	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 33.85397% Occupancy: 89.89726% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.24259% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22248089 Semester Index: 1.28710041 Cost: 1.05285933 Target: 1.01634256 DC FY Index: 1.17483274 DC Sem Index: 1.21100000 DC Inflation: 1.03078503 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	614,158	1,161,492	753,308	348,979	0	2,877,937
1a	Audit Adjustments						
2	Cost Per Diem	46.0734	87.1337	56.5122	26.1800		215.8993
3	Cost Per Diem Inflated	48.5088	89.8161	59.4994			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.5088	89.8161	59.4994	26.1800		224.0043
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0561		53.6301			
7	Provider Target Rate	48.1547		54.8822			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	89.8161	54.8822	13.6500		205.8263
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	89.8161	54.8822	13.6500		205.8263
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 266108-00 - 2012/07
214.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center of Ocala

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1998 Year of Phase-In/ Full: RS to Start Calcs: 1998/07 Indexed Asset Value 5,728,673 FRVS Base Asset: 4,545,840 Occup Adj Factor: 0.9000 ROE Factor 0.027080	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,929,850.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,582,938	12.1071
	< 60% of Base:	False	20% ROE(2):	1,145,735	0.7871
	Interest Rate:	8.5000 %	Insurance Cost(3):	34,214	0.8689
	Chase Rate:	8.5000 %	Taxes Cost(3):	54,843	1.3928
	Amortization Rate:	8.5000 %	Home Office(3):	45,212	1.1482
	Interest Only:	False	Replacement(3&4):	136,293	0.0000
Yearly Payment:	477,262	Total FRVS PD:	16.3041		

(1) 80% Capital (\$4,582,938) amortized at 8.5000% for 20 years Principal & Interest of \$477,262 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.1071

(2) 20% ROE (\$1,145,735) times the ROE factor (0.027080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7871

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,882
Comparison Date: 1/1/1998	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,545,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	89.8161	89.8161	5.3042	84.5119
Indirect Care	54.8822	54.8822	3.2412	51.6410
Property	13.6500	16.3041	0.9629	15.3412
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.9385
Supplemental Rate Add-on				\$8.8324
Totals	205.8263	208.4804	12.3122	214.9391

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 266124-00 - 2012/07
226.44

Oasis Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1201 12th Avenue South Lake Worth FL 33460 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1986 Acquired Date: 6/1/1986 Entered Medicaid 6/1/1986 Med # Active Date: 9/1/2003 Previous Med # 209279	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 32,532 Medicare: 3,134 Medicaid: 25,766	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 79.20202% Occupancy: 74.27397% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 94.38831% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22587622 Semester Index: 1.28710041 Cost: 1.04994321 Target: 1.01634256 DC FY Index: 1.17650000 DC Sem Index: 1.21100000 DC Inflation: 1.02932427 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,400,067	2,099,223	1,550,374	569,686	0	5,619,350
1a	Audit Adjustments						
2	Cost Per Diem	54.3378	81.4726	60.1713	22.1100		218.0917
3	Cost Per Diem Inflated	57.0516	83.8617	63.1764			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.0516	83.8617	63.1764	22.1100		226.1997
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0596		50.1876			
7	Provider Target Rate	57.3684		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	83.8617	51.3593	13.6500		201.0858
12/13	Medicaid Adjustment Rate		2.7550	1.6873			
14	Prospective Per Diem 11	52.2148	86.6167	53.0466	13.6500		205.5281
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 266124-00 - 2012/07
226.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Oasis Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/2002	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,500,000.00	Total Amount	Per Diem
RS to Start Calcs: 1986/01	Type: Variable [3]	80% Capital(1): 4,284,841	10.9102
Indexed Asset Value: 5,356,051	< 60% of Base: False	20% ROE(2): 1,071,210	0.7275
FRVS Base Asset: 3,092,950	Interest Rate: 8.0000 %	Insurance Cost(3): 85,336	2.6231
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 102,304	3.1447
ROE Factor: 0.026770	Amortization Rate: 8.0000 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 101,893	0.0000
	Yearly Payment: 430,082	Total FRVS PD:	17.4055

(1) 80% Capital (\$4,284,841) amortized at 8.0000% for 20 years Principal & Interest of \$430,082 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9102

(2) 20% ROE (\$1,071,210) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7275

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,737
Comparison Date: 1/1/1986	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,448,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	86.6167	86.6167	5.1153	81.5014
Indirect Care	53.0466	53.0466	3.1328	49.9138
Property	13.6500	17.4055	1.0279	16.3776
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6849
Supplemental Rate Add-on				\$8.8324
Totals	205.5281	209.2836	12.3596	226.4413

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 266281-00 - 2012/07
175.09

Southpoint Terrace

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4325 Southpoint Boulevard Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/8/2004 Acquired Date: 1/8/2004 Entered Medicaid 2/20/2004 Med # Active Date: 2/20/2004 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,021 Medicare: 9,397 Medicaid: 24,645	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.28598% Occupancy: 98.22146% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.82109% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	775,825	1,714,119	846,211	814,517	0	4,150,672
1a	Audit Adjustments						
2	Cost Per Diem	31.4800	69.5524	34.3360	33.0500		168.4184
3	Cost Per Diem Inflated	33.1900	71.7444	36.2011			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.1900	71.7444	36.2011	33.0500		174.1855
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.1900	71.7444	36.2011	13.6500		154.7855
12/13	Medicaid Adjustment Rate		0.5881	0.2967			
14	Prospective Per Diem 11	33.1900	72.3325	36.4978	13.6500		155.6703
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 266281-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

175.09

Southpoint Terrace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/20/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	2004/01	Type:	Variable [3]	80% Capital(1):	4,412,776	10.6172
Indexed Asset Value	5,515,970	< 60% of Base:	False	20% ROE(2):	1,103,194	0.7724
FRVS Base Asset:	5,163,720	Interest Rate:	8.1900 %	Insurance Cost(3):	49,110	1.1415
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	125,030	2.9063
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	9,612	0.2234
		Interest Only:	False	Replacement(3&4):	49,376	0.0000
		Yearly Payment:	418,530	Total FRVS PD:		15.6608

(1) 80% Capital (\$4,412,776) amortized at 7.2500% for 20 years Principal & Interest of \$418,530 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6172

(2) 20% ROE (\$1,103,194) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7724

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,031
Comparison Date: 7/1/2003	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	5,163,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.1900	33.1900	1.9601	31.2299
Patient Care				
Direct Care	72.3325	72.3325	4.2717	68.0608
Indirect Care	36.4978	36.4978	2.1554	34.3424
Property	13.6500	15.6608	0.9249	14.7359
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8902
Supplemental Rate Add-on				\$8.8324
Totals	155.6703	157.6811	9.3121	175.0916

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 266612-00 - 2012/07

156.51

Whispering Oaks

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1514 Chelsea St Tampa FL 33610 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 5/7/2003 Previous Med # 211125	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 77,027 Medicare: 4,484 Medicaid: 66,923	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 86.88252% Occupancy: 87.93036% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.74302% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.28710041
		Cost: 1.05432042	Target: 1.01634256
		DC FY Index: 1.17400000	DC Sem Index: 1.21100000
		DC Inflation: 1.03151618	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,790,912	4,826,862	2,346,665	831,184	0	9,795,623
1a	Audit Adjustments						
2	Cost Per Diem	26.7608	72.1256	35.0651	12.4200		146.3715
3	Cost Per Diem Inflated	28.2145	74.3987	36.9699			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	28.2145	74.3987	36.9699	12.4200		152.0031
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	28.2145	74.3987	36.9699	12.4200		152.0031
12/13	Medicaid Adjustment Rate		3.0870	1.5340			
14	Prospective Per Diem 11	28.2145	77.4857	38.5039	12.4200		156.6241
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 266612-00 - 2012/07
156.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Whispering Oaks

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	9,880,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed [2]	80% Capital(1):	5,488,558	6.6028
Indexed Asset Value	6,860,698	< 60% of Base:	False	20% ROE(2):	1,372,140	0.4804
FRVS Base Asset:	3,774,478	Interest Rate:	7.9632 %	Insurance Cost(3):	125,650	1.6312
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	1,076	0.0140
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	89,136	0.0000
		Yearly Payment:	520,563	Total FRVS PD:		8.7284

(1) 80% Capital (\$5,488,558) amortized at 7.2500% for 20 years Principal & Interest of \$520,563 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$6.6028

(2) 20% ROE (\$1,372,140) times the ROE factor (0.027600) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.4804

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	28.2145	28.2145	1.6663	26.5482
Patient Care				
Direct Care	77.4857	77.4857	4.5760	72.9097
Indirect Care	38.5039	38.5039	2.2739	36.2300
Property	12.4200	8.7284	0.5155	8.2129
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.7766
Supplemental Rate Add-on				\$8.8324
Totals	156.6241	152.9325	9.0317	156.5098

***Medicaid Trend Adjustment :**



0 267724-00 - 2012/07
219.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Springs At Boca Ciega Bay

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1255 Pasadena Avenue S. St. Petersburg FL 33707 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1974 Acquired Date: 7/1/1987 Entered Medicaid 7/1/1987 Med # Active Date: 1/1/2004 Previous Med # 213217	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 109 Maximum: 39,785 Max Annualized: 39,785 Total Patient: 36,301 Medicare: 14,289 Medicaid: 12,954	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 35.68497% Occupancy: 91.24293% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.95268% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	583,779	1,217,532	856,362	251,437	0	2,909,110
1a	Audit Adjustments						
2	Cost Per Diem	45.0655	93.9889	66.1079	19.4100		224.5723
3	Cost Per Diem Inflated	47.5135	96.9511	69.6989			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.5135	96.9511	69.6989	19.4100		233.5735
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6217		58.9971			
7	Provider Target Rate	45.6635		60.3745			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.6635	96.9511	57.8638	13.6500		214.1284
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.6635	96.9511	57.8638	13.6500		214.1284
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 267724-00 - 2012/07
219.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Springs At Boca Ciega Bay

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	None [1]	80% Capital(1):	2,038,278	4.7951
Indexed Asset Value	2,547,848	< 60% of Base:	True	20% ROE(2):	509,570	0.3928
FRVS Base Asset:	1,963,200	Interest Rate:	8.5000 %	Insurance Cost(3):	56,959	1.5691
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	45,614	1.2565
ROE Factor	0.027600	Amortization Rate:	8.5000 %	Home Office(3):	6,055	0.1668
		Interest Only:	True	Replacement(3&4):	47,224	0.0000
		Yearly Payment:	171,697	Total FRVS PD:		8.1803

- (1) 80% Capital (\$2,038,278) amortized at 8.5000% for 20 years Interest of \$171,697 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$4.7951
- (2) 20% ROE (\$509,570) times the ROE factor (0.027600) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.3928
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	13,088
Comparison Date: 1/1/1974	Current RS PBS:	50,254
Comparison Bed 150	Effective PBS Limitation	1,963,200

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.6635	45.6635	2.6967	42.9668
Patient Care				
Direct Care	96.9511	96.9511	5.7256	91.2255
Indirect Care	57.8638	57.8638	3.4172	54.4466
Property	13.6500	8.1803	0.4831	7.6972
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.8799
Supplemental Rate Add-on				\$8.8324
Totals	214.1284	208.6587	12.3226	219.0484

***Medicaid Trend Adjustment :**



0 267902-00 - 2012/07
187.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Nursing Center At Mercy

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3671 South Miami Avenue Miami FL 33133 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/6/1994 Acquired Date: 12/4/1994 Entered Medicaid 12/4/1994 Med # Active Date: 3/1/2003 Previous Med # 211494	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,878 Medicare: 27,822 Medicaid: 6,111	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 14.25206% Occupancy: 97.89498% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.40618% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	220,091	406,595	350,599	243,646	0	1,220,931
1a	Audit Adjustments						
2	Cost Per Diem	36.0155	66.5349	57.3718	39.8701		199.7923
3	Cost Per Diem Inflated	37.9719	68.6318	60.4883			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.9719	68.6318	60.4883	39.8701		206.9621
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5083		65.7465			
7	Provider Target Rate	46.5708		67.2815			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.9719	68.6318	59.7055	13.6500		179.9592
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.9719	68.6318	59.7055	13.6500		179.9592
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 267902-00 - 2012/07
187.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Nursing Center At Mercy

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/4/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,640,000.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Variable [3]	80% Capital(1):	3,913,894	9.4169
Indexed Asset Value	4,892,367	< 60% of Base:	False	20% ROE(2):	978,473	0.6851
FRVS Base Asset:	4,058,400	Interest Rate:	8.1900 %	Insurance Cost(3):	76,219	1.7776
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	148,642	3.4666
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	5,401	0.1260
		Interest Only:	False	Replacement(3&4):	36,090	0.0000
		Yearly Payment:	371,214	Total FRVS PD:		15.4722

(1) 80% Capital (\$3,913,894) amortized at 7.2500% for 20 years Principal & Interest of \$371,214 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4169

(2) 20% ROE (\$978,473) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6851

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.9719	37.9719	2.2425	35.7294
Patient Care				
Direct Care	68.6318	68.6318	4.0532	64.5786
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	15.4722	0.9137	14.5585
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$8.0375
Supplemental Rate Add-on				\$8.8324
Totals	179.9592	181.7814	10.7354	187.9159

*Medicaid Trend Adjustment :



0 268003-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

197.28

Lanier Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12740 Lanier Road Jacksonville FL 32226 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1984 Acquired Date: 7/1/1984 Entered Medicaid 8/15/1984 Med # Active Date: 9/1/2003 Previous Med # 228893	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,883 Medicare: 5,607 Medicaid: 31,952	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.15473% Occupancy: 93.34018% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.61789% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,165,793	2,359,457	1,549,805	445,091	0	5,520,146
1a	Audit Adjustments						
2	Cost Per Diem	36.4858	73.8438	48.5042	13.9300		172.7638
3	Cost Per Diem Inflated	37.9375	75.6984	50.4341			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.9375	75.6984	50.4341	13.9300		178.0000
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.9375	75.6984	47.4134	13.6500		174.6993
12/13	Medicaid Adjustment Rate		2.3977	1.5018			
14	Prospective Per Diem 11	37.9375	78.0961	48.9152	13.6500		178.5988
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 268003-00 - 2012/07
197.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Lanier Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	560,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	3,842,334	11.2875
Indexed Asset Value	4,802,917	< 60% of Base:	False	20% ROE(2):	960,583	0.6294
FRVS Base Asset:	623,247	Interest Rate:	10.0000 %	Insurance Cost(3):	47,841	1.1702
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	51,112	1.2502
ROE Factor	0.025830	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	13,207	0.0000
		Yearly Payment:	444,952	Total FRVS PD:		14.3373

- (1) 80% Capital (\$3,842,334) amortized at 10.0000% for 20 years Principal & Interest of \$444,952 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.2875
- (2) 20% ROE (\$960,583) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6294
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 55	Effective PBS Limitation	1,567,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.9375	37.9375	2.2405	35.6970
Patient Care				
Direct Care	78.0961	78.0961	4.6121	73.4840
Indirect Care	48.9152	48.9152	2.8888	46.0264
Property	13.6500	14.3373	0.8467	13.4906
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7507
Supplemental Rate Add-on				\$8.8324
Totals	178.5988	179.2861	10.5881	197.2811

***Medicaid Trend Adjustment :**



0 268062-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

232.32

Susanna Wesley Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5300 West 16th Ave Hialeah FL 33012 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/1985 Acquired Date: 4/1/1985 Entered Medicaid 4/1/1985 Med # Active Date: 7/1/2003 Previous Med # 228478	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,154 Medicare: 13,452 Medicaid: 25,013	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.77903% Occupancy: 93.95890% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.40417% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,318,045	2,312,727	1,492,883	246,628	0	5,370,283
1a	Audit Adjustments						
2	Cost Per Diem	52.6944	92.4610	59.6843	9.8600		214.6997
3	Cost Per Diem Inflated	54.1016	94.1322	61.2782			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.1016	94.1322	61.2782	9.8600		219.3720
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.3793		55.1142			
7	Provider Target Rate	63.8356		56.4009			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	94.1322	56.4009	9.8600		212.6079
12/13	Medicaid Adjustment Rate		1.1415	0.6839			
14	Prospective Per Diem 11	52.2148	95.2737	57.0848	9.8600		214.4333
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 268062-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

232.32

Susanna Wesley Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/30/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,995,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed [2]	80% Capital(1):	4,542,618	13.8060
Indexed Asset Value	5,678,273	< 60% of Base:	False	20% ROE(2):	1,135,655	0.6963
FRVS Base Asset:	3,420,000	Interest Rate:	10.5000 %	Insurance Cost(3):	84,919	2.0634
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.024170	Amortization Rate:	10.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	180,382	0.0000
		Yearly Payment:	544,231	Total FRVS PD:		16.5657

(1) 80% Capital (\$4,542,618) amortized at 10.5000% for 20 years Principal & Interest of \$544,231 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.8060

(2) 20% ROE (\$1,135,655) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6963

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	95.2737	95.2737	5.6266	89.6471
Indirect Care	57.0848	57.0848	3.3712	53.7136
Property	9.8600	16.5657	0.9783	15.5874
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4080
Supplemental Rate Add-on				\$8.8324
Totals	214.4333	221.1390	13.0597	232.3197

***Medicaid Trend Adjustment :**



0 268186-00 - 2012/07

204.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Life Care Center of Palm Bay

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
175 Villanueva Road Palm Bay FL 32907 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/2003 Acquired Date: 7/1/2003 Entered Medicaid 5/28/2004 Med # Active Date: 5/28/2004 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 141 Maximum: 51,465 Max Annualized: 51,465 Total Patient: 48,664 Medicare: 15,896 Medicaid: 20,264	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.64064% Occupancy: 94.55746% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.16482% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.28710041
		Cost: 1.05432042	Target: 1.01634256
		DC FY Index: 1.17400000	DC Sem Index: 1.21100000
		DC Inflation: 1.03151618	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	856,872	1,604,643	1,004,423	516,935	0	3,982,873
1a	Audit Adjustments						
2	Cost Per Diem	42.2854	79.1869	49.5669	25.5100		196.5492
3	Cost Per Diem Inflated	44.5824	81.6826	52.2594			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5824	81.6826	52.2594	25.5100		204.0344
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.9048		52.7450			
7	Provider Target Rate	55.1633		53.9764			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.5824	81.6826	52.2594	13.6500		192.1744
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.5824	81.6826	52.2594	13.6500		192.1744
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 268186-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

204.75

Life Care Center of Palm Bay

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/28/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,650,000.00		Total Amount	Per Diem
RS to Start Calcs:	2003/07	Type:	Variable [3]	80% Capital(1):	5,590,034	8.7761
Indexed Asset Value	6,987,543	< 60% of Base:	False	20% ROE(2):	1,397,509	0.8327
FRVS Base Asset:	0	Interest Rate:	4.0000 %	Insurance Cost(3):	17,305	0.3556
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	116,273	2.3893
ROE Factor	0.027600	Amortization Rate:	4.0000 %	Home Office(3):	46,511	0.9558
		Interest Only:	False	Replacement(3&4):	53,126	0.0000
		Yearly Payment:	406,494	Total FRVS PD:		13.3095

(1) 80% Capital (\$5,590,034) amortized at 4.0000% for 20 years Principal & Interest of \$406,494 divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = \$8.7761

(2) 20% ROE (\$1,397,509) times the ROE factor (0.027600) divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = \$0.8327

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	42,535
Comparison Date: 1/1/2003	Current RS PBS:	50,254
Comparison Bed 141	Effective PBS Limitation	5,997,435

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.5824	44.5824	2.6329	41.9495
Patient Care				
Direct Care	81.6826	81.6826	4.8239	76.8587
Indirect Care	52.2594	52.2594	3.0863	49.1731
Property	13.6500	13.3095	0.7860	12.5235
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4130
Supplemental Rate Add-on				\$8.8324
Totals	192.1744	191.8339	11.3291	204.7502

***Medicaid Trend Adjustment :**



0 268585-00 - 2012/07
220.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

HarborChase of Naples

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7801 AIRPORT PULLING RC Naples FL 34109 County: Collier[11] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 2/16/1998 Acquired Date: 9/12/1997 Entered Medicaid 6/16/1998 Med # Active Date: 1/1/2004 Previous Med # 214078	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 40 Maximum: 14,600 Max Annualized: 14,600 Total Patient: 13,221 Medicare: 8,725 Medicaid: 3,099	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 23.43998% Occupancy: 90.55479% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.07819% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	156,252	301,410	184,308	100,934	0	742,904
1a	Audit Adjustments						
2	Cost Per Diem	50.4201	97.2604	59.4734	32.5699		239.7238
3	Cost Per Diem Inflated	51.7666	99.0184	61.0617			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.7666	99.0184	61.0617	32.5699		244.4166
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		61.3003			
7	Provider Target Rate	53.5724		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.7666	99.0184	61.0617	13.6500		225.4967
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.7666	99.0184	61.0617	13.6500		225.4967
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 268585-00 - 2012/07
220.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

HarborChase of Naples

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/16/1998	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 13,681,685.00	Total Amount	Per Diem
RS to Start Calcs: 1997/07	Type: Variable [3]	80% Capital(1): 1,475,430	10.6497
Indexed Asset Value 1,844,288	< 60% of Base: False	20% ROE(2): 368,858	0.6785
FRVS Base Asset: 0	Interest Rate: 11.8800 %	Insurance Cost(3): 11,328	0.8568
Occup Adj Factor: 0.9000	Chase Rate: 5.2500 %	Taxes Cost(3): 15,142	1.1453
ROE Factor 0.024170	Amortization Rate: 7.2500 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 168,426	0.0000
	Yearly Payment: 139,937	Total FRVS PD: 13.3303	

(1) 80% Capital (\$1,475,430) amortized at 7.2500% for 20 years Principal & Interest of \$139,937 divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = \$10.6497

(2) 20% ROE (\$368,858) times the ROE factor (0.024170) divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = \$0.6785

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	50,254
Comparison Bed 40	Effective PBS Limitation	1,497,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.7666	51.7666	3.0572	48.7094
Patient Care				
Direct Care	99.0184	99.0184	5.8477	93.1707
Indirect Care	61.0617	61.0617	3.6061	57.4556
Property	13.6500	13.3303	0.7872	12.5431
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	225.4967	225.1770	13.2982	220.7112

***Medicaid Trend Adjustment :**



0 268755-00 - 2012/07
232.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Abbieian Russell Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
700 South 29th Street Ft. Pierce FL 34947 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 10/1/1976 Acquired Date: 10/1/1976 Entered Medicaid 10/1/1976 Med # Active Date: 5/1/2004 Previous Med # 204609	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 79 Maximum: 28,835 Max Annualized: 28,835 Total Patient: 22,992 Medicare: 3,460 Medicaid: 15,752	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 68.51079% Occupancy: 79.73643% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 101.33007% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,038,027	1,350,428	800,424	220,213	0	3,409,092
1a	Audit Adjustments						
2	Cost Per Diem	65.8981	85.7306	50.8141	13.9800		216.4228
3	Cost Per Diem Inflated	69.4777	88.4325	53.5743			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	69.4777	88.4325	53.5743	13.9800		225.4645
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.4958		61.3003			
7	Provider Target Rate	67.0249		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	88.4325	53.5743	13.6500		217.8365
12/13	Medicaid Adjustment Rate		1.8416	1.1157			
14	Prospective Per Diem 11	62.1797	90.2741	54.6900	13.6500		220.7938
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 268755-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

232.17

Abbieian Russell Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1976/07 Indexed Asset Value 3,108,697 FRVS Base Asset: 1,587,352 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	425,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,486,958	4.0128
	< 60% of Base:	True	20% ROE(2):	621,739	0.6612
	Interest Rate:	8.0000 %	Insurance Cost(3):	29,205	1.2702
	Chase Rate:	4.2500 %	Taxes Cost(3):	66,847	2.9074
	Amortization Rate:	4.2500 %	Home Office(3):	15,891	0.6912
	Interest Only:	True	Replacement(3&4):	26,706	0.0000
Yearly Payment:	104,137	Total FRVS PD:		9.5428	

(1) 80% Capital (\$2,486,958) amortized at 4.2500% for 20 years Interest of \$104,137 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$4.0128

(2) 20% ROE (\$621,739) times the ROE factor (0.027600) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$0.6612

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 78	Effective PBS Limitation	2,223,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	90.2741	90.2741	5.3313	84.9428
Indirect Care	54.6900	54.6900	3.2298	51.4602
Property	13.6500	9.5428	0.5636	8.9792
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.4453
Supplemental Rate Add-on				\$8.8324
Totals	220.7938	216.6866	12.7968	232.1675

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 268763-00 - 2012/07

193.23

Good Samaritan Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10676 Marvin Jones Boulevar Live Oak FL 32060 County: Suwannee [61] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 10/1/1985 Entered Medicaid 1/1/1970 Med # Active Date: 11/1/2003 Previous Med # 202771	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 161 Maximum: 58,765 Max Annualized: 58,765 Total Patient: 57,796 Medicare: 2,746 Medicaid: 44,050	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 76.21635% Occupancy: 98.35106% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.98578% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,498,141	3,452,811	1,746,609	531,243	0	7,228,804
1a	Audit Adjustments						
2	Cost Per Diem	34.0100	78.3839	39.6506	12.0600		164.1045
3	Cost Per Diem Inflated	35.4691	80.4772	41.3517			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.4691	80.4772	41.3517	12.0600		169.3580
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.4710		50.0326			
7	Provider Target Rate	42.4392		51.2007			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.4691	80.4772	41.3517	12.0600		169.3580
12/13	Medicaid Adjustment Rate		2.3735	1.2196			
14	Prospective Per Diem 11	35.4691	82.8507	42.5713	12.0600		172.9511
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 268763-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

193.23

Good Samaritan Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 6,501,873 FRVS Base Asset: 2,464,423 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,715,000.00			
	Type:	Fixed [2]			
	< 60% of Base:	False			
	Interest Rate:	7.0000 %	80% Capital(1):	5,201,498	9.1499
	Chase Rate:	10.5000 %	20% ROE(2):	1,300,375	0.6351
	Amortization Rate:	7.0000 %	Insurance Cost(3):	25,113	0.4345
	Interest Only:	False	Taxes Cost(3):	0	0.0000
Yearly Payment:	483,926	Home Office(3):	97,523	1.6874	
		Replacement(3&4):	25,724	0.0000	
		Total FRVS PD:		11.9069	

(1) 80% Capital (\$5,201,498) amortized at 7.0000% for 20 years Principal & Interest of \$483,926 divided by annual available days (58,765) divided by Occup. Adj. (0.9000) = \$9.1499

(2) 20% ROE (\$1,300,375) times the ROE factor (0.025830) divided by annual available days (58,765) divided by Occup. Adj. (0.9000) = \$0.6351

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 107	Effective PBS Limitation	3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.4691	35.4691	2.0947	33.3744
Patient Care				
Direct Care	82.8507	82.8507	4.8929	77.9578
Indirect Care	42.5713	42.5713	2.5141	40.0572
Property	12.0600	11.9069	0.7032	11.2037
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.8025
Supplemental Rate Add-on				\$8.8324
Totals	172.9511	172.7980	10.2049	193.2280

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 268780-00 - 2012/07
226.97

The Springs at Lake Pointe Woods

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3280 Lake Pointe Drive Sarasota FL 34238 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/6/1986 Acquired Date: 11/6/1986 Entered Medicaid 11/1/1989 Med # Active Date: 1/1/2004 Previous Med # 213225	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 119 Maximum: 43,435 Max Annualized: 43,435 Total Patient: 40,261 Medicare: 8,801 Medicaid: 21,110	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 52.43288% Occupancy: 92.69253% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.79485% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	850,101	2,069,107	1,253,893	547,593	17,440	4,738,134
1a	Audit Adjustments						
2	Cost Per Diem	40.2701	98.0155	59.3981	25.9400	0.8261	224.4499
3	Cost Per Diem Inflated	42.4576	101.1046	62.6246			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.4576	101.1046	62.6246	25.9400	0.8261	232.9529
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.3413		57.3151			
7	Provider Target Rate	46.3999		58.6532			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.4576	99.9145	58.6532	13.6500	0.8261	215.5014
12/13	Medicaid Adjustment Rate		0.2735	0.1605			
14	Prospective Per Diem 11	42.4576	100.1880	58.8137	13.6500	0.8261	215.9354
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 268780-00 - 2012/07
226.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

The Springs at Lake Pointe Woods

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	None [1]	80% Capital(1):	3,396,743	7.3195
Indexed Asset Value	4,245,929	< 60% of Base:	True	20% ROE(2):	849,186	0.5996
FRVS Base Asset:	1,523,061	Interest Rate:	8.5000 %	Insurance Cost(3):	66,206	1.6444
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	65,700	1.6319
ROE Factor	0.027600	Amortization Rate:	8.5000 %	Home Office(3):	6,478	0.1609
		Interest Only:	True	Replacement(3&4):	46,261	0.0000
		Yearly Payment:	286,130	Total FRVS PD:		11.3563

- (1) 80% Capital (\$3,396,743) amortized at 8.5000% for 20 years Interest of \$286,130 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$7.3195
- (2) 20% ROE (\$849,186) times the ROE factor (0.027600) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.5996
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,737
Comparison Date: 1/1/1986	Current RS PBS:	50,254
Comparison Bed 53	Effective PBS Limitation	1,523,061

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.4576	42.4576	2.5074	39.9502
Patient Care				
Direct Care	100.1880	100.1880	5.9168	94.2712
Indirect Care	58.8137	58.8137	3.4733	55.3404
Property	13.6500	11.3563	0.6707	10.6856
ROE	0.8261	0.3853	0.0228	0.3625
ROE Adjustment	-0.3853	-0.3853	-0.0228	-0.3625
Quality Assess-Medicaid Share				\$17.8863
Supplemental Rate Add-on				\$8.8324
Totals	215.5501	212.8156	12.5682	226.9661

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 269000-00 - 2012/07 199.26

Majestic Oaks Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
901 Veterans Memorial Parkw Orange City Fl 32763 County: Volusia[64] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/21/2003 Acquired Date: 1/21/2003 Entered Medicaid 1/21/2003 Med # Active Date: 1/21/2003 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 50,749 Medicare: 8,025 Medicaid: 16,673	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 32.85385% Occupancy: 92.69224% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.79448% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,010,691	1,649,667	744,281	232,255	0	3,636,894
1a	Audit Adjustments						
2	Cost Per Diem	60.6184	98.9424	44.6399	13.9300		218.1307
3	Cost Per Diem Inflated	62.2373	100.7308	45.8320			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	62.2373	100.7308	45.8320	13.9300		222.7301
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.9622		46.3317			
7	Provider Target Rate	54.1987		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	96.6592	45.8320	13.6500		203.6192
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	96.6592	45.8320	13.6500		203.6192
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 269000-00 - 2012/07
199.26

Florida Agency For Health Care Administration
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Majestic Oaks Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/21/2003	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,059,913.00		Total Amount	Per Diem
RS to Start Calcs:	2003/01	Type:	Fixed [2]	80% Capital(1):	5,302,605	9.1836
Indexed Asset Value	6,628,256	< 60% of Base:	False	20% ROE(2):	1,325,651	0.6502
FRVS Base Asset:	6,296,700	Interest Rate:	5.9085 %	Insurance Cost(3):	94,232	1.8568
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	36,449	0.7182
ROE Factor	0.024170	Amortization Rate:	5.9085 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	92,547	0.0000
		Yearly Payment:	452,522	Total FRVS PD:		12.4088

(1) 80% Capital (\$5,302,605) amortized at 5.9085% for 20 years Principal & Interest of \$452,522 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$9.1836

(2) 20% ROE (\$1,325,651) times the ROE factor (0.024170) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.6502

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,978
Comparison Date: 7/1/2002	Current RS PBS:	50,254
Comparison Bed 150	Effective PBS Limitation	6,296,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	45.8320	45.8320	2.7067	43.1253
Property	13.6500	12.4088	0.7328	11.6760
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	203.6192	202.3780	11.9518	199.2586

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

0 269107-00 - 2012/07 189.72

Harmony Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
9820 N. Kendall Drive Miami Fl 33176 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1970 Acquired Date: 12/11/1998 Entered Medicaid 11/13/2000 Med # Active Date: 9/1/2003 Previous Med # 226386	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 51.98380% Occupancy: 99.29280% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 126.18256% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 203 Maximum: 74,095 Max Annualized: 74,095 Total Patient: 73,571 Medicare: 18,083 Medicaid: 38,245	Superior: 0 Standard: 184 Conditional: 0 Total: 184		
			Inflation		
			FY Index: 1.22078676		
			Semester Index: 1.28710041		
			Cost: 1.05432042		
			Target: 1.01634256		
			DC FY Index: 1.17400000		
			DC Sem Index: 1.21100000		
			DC Inflation: 1.03151618		
			PS Target: 1.02334651		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,264,995	2,705,704	1,916,788	863,572	0	6,751,059
1a	Audit Adjustments						
2	Cost Per Diem	33.0761	70.7466	50.1187	22.5800		176.5214
3	Cost Per Diem Inflated	34.8728	72.9763	52.8412			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.8728	72.9763	52.8412	22.5800		183.2703
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		54.6559			
7	Provider Target Rate	42.9794		55.9319			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.8728	72.9763	52.8412	13.6500		174.3403
12/13	Medicaid Adjustment Rate		0.1629	0.1179			
14	Prospective Per Diem 11	34.8728	73.1392	52.9591	13.6500		174.6211
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 269107-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

189.72

Harmony Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/13/2000 Year of Phase-In/ Full: RS to Start Calcs: 1998/07 Indexed Asset Value 8,707,048 FRVS Base Asset: 8,707,048 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,000,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	6,965,638	8.9802
	< 60% of Base:	False	20% ROE(2):	1,741,410	0.7207
	Interest Rate:	6.0000 %	Insurance Cost(3):	75,538	1.0267
	Chase Rate:	4.0000 %	Taxes Cost(3):	155,621	2.1152
	Amortization Rate:	6.0000 %	Home Office(3):	5,852	0.0795
	Interest Only:	False	Replacement(3&4):	142,652	0.0000
Yearly Payment:	598,848	Total FRVS PD:	12.9223		

(1) 80% Capital (\$6,965,638) amortized at 6.0000% for 20 years Principal & Interest of \$598,848 divided by annual available days (74,095) divided by Occup. Adj. (0.9000) = \$8.9802

(2) 20% ROE (\$1,741,410) times the ROE factor (0.027600) divided by annual available days (74,095) divided by Occup. Adj. (0.9000) = \$0.7207

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,882
Comparison Date: 1/1/1998	Current RS PBS:	50,254
Comparison Bed 203	Effective PBS Limitation	7,690,046

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.8728	34.8728	2.0595	32.8133
Patient Care				
Direct Care	73.1392	73.1392	4.3194	68.8198
Indirect Care	52.9591	52.9591	3.1276	49.8315
Property	13.6500	12.9223	0.7631	12.1592
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2639
Supplemental Rate Add-on				\$8.8324
Totals	174.6211	173.8934	10.2696	189.7201

***Medicaid Trend Adjustment :**



0 269492-00 - 2012/07
222.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Douglas Jacobson State Veterans Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
21281 Grayston Terrance Port Charlotte FL 33954 County: Charlotte [8] Region: South [2] Area: 8 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/2004 Acquired Date: 4/1/2004 Entered Medicaid 6/7/2004 Med # Active Date: 6/7/2004 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,016 Medicare: 2,875 Medicaid: 16,535	Superior: 0 Standard: 154 Conditional: 30 Total: 184
	Medicaid Utilization 38.43919% Occupancy: 98.21004% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.80657% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	737,551	1,683,600	823,011	149,807	0	3,393,969
1a	Audit Adjustments						
2	Cost Per Diem	44.6054	101.8204	49.7739	9.0600		205.2597
3	Cost Per Diem Inflated	46.5191	104.5396	51.9093			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5191	104.5396	51.9093	9.0600		212.0280
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.0882		62.8445			
7	Provider Target Rate	75.8179		64.3117			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5191	99.9145	51.9093	9.0600		207.4029
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.5191	99.9145	51.9093	9.0600		207.4029
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 269492-00 - 2012/07
222.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Douglas Jacobson State Veterans Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/7/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	2004/01	Type:	None [1]	80% Capital(1):	4,438,148	4.4352
Indexed Asset Value	5,547,685	< 60% of Base:	True	20% ROE(2):	1,109,537	0.7270
FRVS Base Asset:	5,163,720	Interest Rate:	4.0000 %	Insurance Cost(3):	8,581	0.1995
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	4.0000 %	Home Office(3):	45,906	1.0672
		Interest Only:	True	Replacement(3&4):	71,142	0.0000
		Yearly Payment:	174,834	Total FRVS PD:		6.4289

- (1) 80% Capital (\$4,438,148) amortized at 4.0000% for 20 years Interest of \$174,834 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.4352
- (2) 20% ROE (\$1,109,537) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7270
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,031
Comparison Date: 7/1/2003	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	5,163,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5191	46.5191	2.7473	43.7718
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	51.9093	51.9093	3.0656	48.8437
Property	9.0600	6.4289	0.3797	6.0492
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.3601
Supplemental Rate Add-on				\$8.8324
Totals	207.4029	204.7718	12.0932	222.8711

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 269697-00 - 2012/07

204.51

Regents Park of Sunrise

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9711 West Oakland Park Blvd Sunrise FL 33351 County: Broward [6] Region: South [2] Area: 10 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/6/1989 Acquired Date: 11/6/1989 Entered Medicaid 11/6/1989 Med # Active Date: 6/1/2004 Previous Med # 210960	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,636 Medicare: 9,202 Medicaid: 22,148	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.84791% Occupancy: 85.92694% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.19704% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	803,695	1,672,535	1,100,734	733,542	0	4,310,506
1a	Audit Adjustments						
2	Cost Per Diem	36.2875	75.5163	49.6990	33.1200		194.6228
3	Cost Per Diem Inflated	38.2587	77.8963	52.3987			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.2587	77.8963	52.3987	33.1200		201.6737
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1046		58.8795			
7	Provider Target Rate	51.2744		60.2541			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.2587	77.8963	52.3987	13.6500		182.2037
12/13	Medicaid Adjustment Rate		0.7754	0.5216			
14	Prospective Per Diem 11	38.2587	78.6717	52.9203	13.6500		183.5007
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 269697-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

204.51

Regents Park of Sunrise

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/6/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 5,150,019 FRVS Base Asset: 3,578,520 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem				
	Amount: 4,762,500.00		<table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type: Variable [3]		80% Capital(1): 4,120,015	11.6907			
	< 60% of Base: False		20% ROE(2): 1,030,004	0.7212			
	Interest Rate: 9.5000 %		Insurance Cost(3): 83,260	2.2122			
	Chase Rate: 8.5000 %		Taxes Cost(3): 192,218	5.1073			
	Amortization Rate: 9.5000 %		Home Office(3): 0	0.0000			
Interest Only: False		Replacement(3&4): 52,070	0.0000				
Yearly Payment: 460,847		Total FRVS PD:	19.7314				

(1) 80% Capital (\$4,120,015) amortized at 9.5000% for 20 years Principal & Interest of \$460,847 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6907

(2) 20% ROE (\$1,030,004) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7212

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,821
Comparison Date: 1/1/1989	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.2587	38.2587	2.2594	35.9993
Patient Care				
Direct Care	78.6717	78.6717	4.6461	74.0256
Indirect Care	52.9203	52.9203	3.1253	49.7950
Property	13.6500	19.7314	1.1653	18.5661
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2934
Supplemental Rate Add-on				\$8.8324
Totals	183.5007	189.5821	11.1961	204.5118

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 269719-00 - 2012/07

198.88

Regents Park of Winter Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
558 Semoran Boulevard Winter Park FL 32792 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/23/1988 Acquired Date: 11/23/1988 Entered Medicaid 11/23/1988 Med # Active Date: 6/1/2004 Previous Med # 211044	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,185 Medicare: 9,393 Medicaid: 21,630	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 53.82605% Occupancy: 91.74657% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.59272% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	732,821	1,699,560	989,515	861,090	0	4,282,986
1a	Audit Adjustments						
2	Cost Per Diem	33.8798	78.5742	45.7473	39.8100		198.0113
3	Cost Per Diem Inflated	35.7202	81.0506	48.2323			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.7202	81.0506	48.2323	39.8100		204.8131
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3439		51.9612			
7	Provider Target Rate	44.3558		53.1743			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.7202	81.0506	48.2323	13.6500		178.6531
12/13	Medicaid Adjustment Rate		0.3489	0.2076			
14	Prospective Per Diem 11	35.7202	81.3995	48.4399	13.6500		179.2096
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 269719-00 - 2012/07
198.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Regents Park of Winter Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/23/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,688,955.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable [3]	80% Capital(1):	3,999,773	10.1844
Indexed Asset Value	4,999,716	< 60% of Base:	False	20% ROE(2):	999,943	0.7001
FRVS Base Asset:	3,559,440	Interest Rate:	8.0000 %	Insurance Cost(3):	87,296	2.1724
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	189,493	4.7155
ROE Factor	0.027600	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	18,655	0.0000
		Yearly Payment:	401,468	Total FRVS PD:		17.7724

(1) 80% Capital (\$3,999,773) amortized at 8.0000% for 20 years Principal & Interest of \$401,468 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1844

(2) 20% ROE (\$999,943) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7001

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.7202	35.7202	2.1095	33.6107
Patient Care				
Direct Care	81.3995	81.3995	4.8072	76.5923
Indirect Care	48.4399	48.4399	2.8607	45.5792
Property	13.6500	17.7724	1.0496	16.7228
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5396
Supplemental Rate Add-on				\$8.8324
Totals	179.2096	183.3320	10.8270	198.8770

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 269727-00 - 2012/07

193.85

Regents Park of Jacksonville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8700 AC Skinner Parkway Jacksonville FL 32256 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1986 Acquired Date: 2/1/1986 Entered Medicaid 2/1/1986 Med # Active Date: 6/1/2004 Previous Med # 211028	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,824 Medicare: 5,113 Medicaid: 25,468	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.59860% Occupancy: 88.63927% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.64391% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	832,595	1,924,301	1,051,108	927,799	0	4,735,803
1a	Audit Adjustments						
2	Cost Per Diem	32.6918	75.5576	41.2717	36.4300		185.9511
3	Cost Per Diem Inflated	34.4676	77.9389	43.5136			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.4676	77.9389	43.5136	36.4300		192.3501
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2515		51.2500			
7	Provider Target Rate	45.2846		52.4465			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.4676	77.9389	43.5136	13.6500		169.5701
12/13	Medicaid Adjustment Rate		1.3677	0.7636			
14	Prospective Per Diem 11	34.4676	79.3066	44.2772	13.6500		171.7014
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 269727-00 - 2012/07
193.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Regents Park of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/31/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,990,000.00	Total Amount	Per Diem
RS to Start Calcs: 1986/01	Type: Fixed [2]	80% Capital(1): 3,841,551	9.9642
Indexed Asset Value 4,801,939	< 60% of Base: False	20% ROE(2): 960,388	0.6724
FRVS Base Asset: 3,049,500	Interest Rate: 8.2500 %	Insurance Cost(3): 60,951	1.5699
Occup Adj Factor: 0.9000	Chase Rate: 12.0000 %	Taxes Cost(3): 203,798	5.2493
ROE Factor 0.027600	Amortization Rate: 8.2500 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 65,937	0.0000
	Yearly Payment: 392,790	Total FRVS PD:	17.4558

(1) 80% Capital (\$3,841,551) amortized at 8.2500% for 20 years Principal & Interest of \$392,790 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9642

(2) 20% ROE (\$960,388) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6724

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 107	Effective PBS Limitation 3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.4676	34.4676	2.0355	32.4321
Patient Care				
Direct Care	79.3066	79.3066	4.6836	74.6230
Indirect Care	44.2772	44.2772	2.6149	41.6623
Property	13.6500	17.4558	1.0309	16.4249
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8755
Supplemental Rate Add-on				\$8.8324
Totals	171.7014	175.5072	10.3649	193.8502

***Medicaid Trend Adjustment :**



0 281743-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

172.91

Jacaranda Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4250 66th Street North St. Petersburg FL 33709 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1970 Acquired Date: 5/1/1970 Entered Medicaid 5/1/1970 Med # Active Date: 10/15/2004 Previous Med # 211729	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 299 Maximum: 109,135 Max Annualized: 109,135 Total Patient: 102,298 Medicare: 9,207 Medicaid: 91,296	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 89.24515% Occupancy: 93.73528% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.11999% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,528,154	7,195,540	3,138,838	581,556	0	14,444,088
1a	Audit Adjustments						
2	Cost Per Diem	38.6452	78.8155	34.3809	6.3700		158.2116
3	Cost Per Diem Inflated	40.7444	81.2995	36.2485			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.7444	81.2995	36.2485	6.3700		164.6624
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.7444	81.2995	36.2485	6.3700		164.6624
12/13	Medicaid Adjustment Rate		3.5894	1.6004			
14	Prospective Per Diem 11	40.7444	84.8889	37.8489	6.3700		169.8522
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 281743-00 - 2012/07
172.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Jacaranda Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,179,545.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable [3]	80% Capital(1):	4,754,578	5.5098
Indexed Asset Value	5,943,223	< 60% of Base:	False	20% ROE(2):	1,188,645	0.3340
FRVS Base Asset:	2,853,393	Interest Rate:	11.2200 %	Insurance Cost(3):	20,134	0.1968
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	78,402	0.7664
ROE Factor	0.027600	Amortization Rate:	9.7500 %	Home Office(3):	21,294	0.2082
		Interest Only:	False	Replacement(3&4):	140,948	0.0000
		Yearly Payment:	541,176	Total FRVS PD:		7.0152

- (1) 80% Capital (\$4,754,578) amortized at 9.7500% for 20 years Principal & Interest of \$541,176 divided by annual available days (109,135) divided by Occup. Adj. (0.9000) = \$5.5098
- (2) 20% ROE (\$1,188,645) times the ROE factor (0.027600) divided by annual available days (109,135) divided by Occup. Adj. (0.9000) = \$0.3340
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 299	Effective PBS Limitation	8,521,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.7444	40.7444	2.4062	38.3382
Patient Care				
Direct Care	84.8889	84.8889	5.0133	79.8756
Indirect Care	37.8489	37.8489	2.2352	35.6137
Property	6.3700	7.0152	0.4143	6.6009
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.6491
Supplemental Rate Add-on				\$8.8324
Totals	169.8522	170.4974	10.0690	172.9099

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 281913-00 - 2012/07

187.73

Community Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2202 West Oak Avenue Plant City FL 33563 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1976 Acquired Date: 7/1/1976 Entered Medicaid 8/1/1976 Med # Active Date: 10/15/2004 Previous Med # 211796	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,187 Medicare: 4,770 Medicaid: 31,215	Superior: 0 Standard: 164 Conditional: 20 Total: 184
	Medicaid Utilization 75.78848% Occupancy: 94.03425% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.49992% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,014,788	2,314,770	1,364,872	677,053	0	5,371,483
1a	Audit Adjustments						
2	Cost Per Diem	32.5096	74.1557	43.7249	21.6900		172.0802
3	Cost Per Diem Inflated	33.9044	76.1361	45.6008			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.9044	76.1361	45.6008	21.6900		177.3313
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.9044	76.1361	45.6008	13.6500		169.2913
12/13	Medicaid Adjustment Rate		1.9688	1.1792			
14	Prospective Per Diem 11	33.9044	78.1049	46.7800	13.6500		172.4393
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 281913-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

187.73

Community Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1976/07 Indexed Asset Value 3,202,404 FRVS Base Asset: 1,653,368 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,432,920.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,561,923	6.8919
	< 60% of Base:	False	20% ROE(2):	640,481	0.4197
	Interest Rate:	11.7683 %	Insurance Cost(3):	85,804	2.0833
	Chase Rate:	6.7500 %	Taxes Cost(3):	17,790	0.4319
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	4,751	0.0000
Yearly Payment:	271,680	Total FRVS PD:		9.8268	

(1) 80% Capital (\$2,561,923) amortized at 8.7500% for 20 years Principal & Interest of \$271,680 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.8919

(2) 20% ROE (\$640,481) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4197

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.9044	33.9044	2.0023	31.9021
Patient Care				
Direct Care	78.1049	78.1049	4.6126	73.4923
Indirect Care	46.7800	46.7800	2.7627	44.0173
Property	13.6500	9.8268	0.5803	9.2465
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.2390
Supplemental Rate Add-on				\$8.8324
Totals	172.4393	168.6161	9.9579	187.7296

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 282359-00 - 2012/07 230.39

West Gables Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2525 SW 75th Avenue Miami FL 33155 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/6/1988 Acquired Date: 10/6/1988 Entered Medicaid 10/6/1988 Med # Active Date: 10/1/2001 Previous Med # 211095	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,813 Medicare: 25,313 Medicaid: 14,108	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 33.74070% Occupancy: 95.46347% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.31619% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	856,034	1,329,125	1,149,865	258,317	0	3,593,341
1a	Audit Adjustments						
2	Cost Per Diem	60.6772	94.2107	81.5045	18.3100		254.7024
3	Cost Per Diem Inflated	63.9732	97.1799	85.9319			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	63.9732	97.1799	85.9319	18.3100		265.3950
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.6370		73.7424			
7	Provider Target Rate	62.0527		75.4640			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	97.1799	59.7055	13.6500		222.7502
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	97.1799	59.7055	13.6500		222.7502
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 282359-00 - 2012/07

230.39

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

West Gables Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/6/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,566,419.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable [3]	80% Capital(1):	4,674,126	12.9579
Indexed Asset Value	5,842,657	< 60% of Base:	False	20% ROE(2):	1,168,531	0.8181
FRVS Base Asset:	5,339,160	Interest Rate:	9.1700 %	Insurance Cost(3):	30,376	0.7265
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	92,780	2.2189
ROE Factor	0.027600	Amortization Rate:	9.1700 %	Home Office(3):	1,582	0.0378
		Interest Only:	False	Replacement(3&4):	8,470	0.0000
		Yearly Payment:	510,801	Total FRVS PD:		16.7592

(1) 80% Capital (\$4,674,126) amortized at 9.1700% for 20 years Principal & Interest of \$510,801 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.9579

(2) 20% ROE (\$1,168,531) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8181

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,662
Comparison Date:	1/1/1988	Current RS PBS:	50,254
Comparison Bed	180	Effective PBS Limitation	5,339,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	97.1799	97.1799	5.7391	91.4408
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	16.7592	0.9897	15.7695
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.0327
Supplemental Rate Add-on				\$8.8324
Totals	222.7502	225.8594	13.3384	230.3861

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 282464-00 - 2012/07
202.85

Ridgecrest NH, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1200 North Stone Street Deland FL 32720 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1982 Acquired Date: 5/1/1982 Entered Medicaid 5/1/1982 Med # Active Date: 11/3/2004 Previous Med # 212075	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 160 Maximum: 58,400 Max Annualized: 58,400 Total Patient: 55,034 Medicare: 8,704 Medicaid: 33,147	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.23004% Occupancy: 94.23630% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.75670% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,442,374	2,498,352	1,557,525	955,959	13,686	6,467,896
1a	Audit Adjustments						
2	Cost Per Diem	43.5145	75.3719	46.9884	28.8400	0.4129	195.1277
3	Cost Per Diem Inflated	44.6766	76.7342	48.2433			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.6766	76.7342	48.2433	28.8400	0.4129	198.9070
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.9335		73.0739			
7	Provider Target Rate	61.3327		74.7799			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.6766	76.7342	48.2433	13.6500	0.4129	183.7170
12/13	Medicaid Adjustment Rate		0.8831	0.5552			
14	Prospective Per Diem 11	44.6766	77.6173	48.7985	13.6500	0.4129	185.1553
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 282464-00 - 2012/07
202.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Ridgecrest NH, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/3/2004 Year of Phase-In/ Full: RS to Start Calcs: 1982/01 Indexed Asset Value 7,095,999 FRVS Base Asset: 2,815,680 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,900,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,676,799	10.5762
	< 60% of Base:	False	20% ROE(2):	1,419,200	0.6526
	Interest Rate:	7.6700 %	Insurance Cost(3):	81,989	1.4898
	Chase Rate:	4.7500 %	Taxes Cost(3):	67,024	1.2179
	Amortization Rate:	7.6700 %	Home Office(3):	38,001	0.6905
	Interest Only:	False	Replacement(3&4):	86,273	0.0000
Yearly Payment:	555,886	Total FRVS PD:		14.6270	

(1) 80% Capital (\$5,676,799) amortized at 7.6700% for 20 years Principal & Interest of \$555,886 divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = \$10.5762

(2) 20% ROE (\$1,419,200) times the ROE factor (0.024170) divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = \$0.6526

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 134	Effective PBS Limitation	3,819,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.6766	44.6766	2.6385	42.0381
Patient Care				
Direct Care	77.6173	77.6173	4.5838	73.0335
Indirect Care	48.7985	48.7985	2.8819	45.9166
Property	13.6500	14.6270	0.8638	13.7632
ROE	0.4129	0.3682	0.0217	0.3465
ROE Adjustment	-0.3682	-0.3682	-0.0217	-0.3465
Quality Assess-Medicaid Share				\$19.2698
Supplemental Rate Add-on				\$8.8324
Totals	184.7871	185.7194	10.9680	202.8536

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 282529-00 - 2012/07 235.29

Coral Reef Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9869 S.W. 152nd Street Miami FL 33157 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/7/1995 Acquired Date: 3/1/1996 Entered Medicaid 3/1/1996 Med # Active Date: 1/12/2004 Previous Med # 213021	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 64,920 Max Annualized: 65,700 Total Patient: 59,580 Medicare: 11,748 Medicaid: 34,952	Superior: 0 Standard: 15 Conditional: 169 Total: 184
	Medicaid Utilization 58.66398% Occupancy: 91.77449% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.62819% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,734,815	3,429,102	1,779,685	906,305	0	7,849,907
1a	Audit Adjustments						
2	Cost Per Diem	49.6342	98.1089	50.9180	25.9300		224.5911
3	Cost Per Diem Inflated	52.3304	101.2009	53.6839			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.3304	101.2009	53.6839	25.9300		233.1452
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.5488		59.9999			
7	Provider Target Rate	53.7756		61.4007			
7a	Interim Adjustment				1.6577		
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	15.3077		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	99.9145	53.6839	15.3077		221.1209
12/13	Medicaid Adjustment Rate		0.0794	0.0427			
14	Prospective Per Diem 11	52.2148	99.9939	53.7266	15.3077		221.2430
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 282529-00 - 2012/07
235.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Coral Reef Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	9,441,690.00		Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	Variable [3]	80% Capital(1):	6,978,468	10.4469
Indexed Asset Value	8,723,085	< 60% of Base:	False	20% ROE(2):	1,744,617	0.8622
FRVS Base Asset:	4,188,480	Interest Rate:	10.1419 %	Insurance Cost(3):	118,820	1.9943
Occup Adj Factor:	0.8500	Chase Rate:	3.6551 %	Taxes Cost(3):	113,404	1.9034
ROE Factor	0.027600	Amortization Rate:	5.6551 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	143,784	0.0000
		Yearly Payment:	583,409	Total FRVS PD:		15.2068

(1) 80% Capital (\$6,978,468) amortized at 5.6551% for 20 years Principal & Interest of \$583,409 divided by annual available days (65,700) divided by Occup. Adj. (0.8500) = \$10.4469

(2) 20% ROE (\$1,744,617) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.8500) = \$0.8622

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,904
Comparison Date: 1/1/1995	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,188,480

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	99.9939	99.9939	5.9053	94.0886
Indirect Care	53.7266	53.7266	3.1729	50.5537
Property	15.3077	15.2068	0.8981	14.3087
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3765
Supplemental Rate Add-on				\$8.8324
Totals	221.2430	221.1421	13.0599	235.2911

***Medicaid Trend Adjustment :**



0 282537-00 - 2012/07
236.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Palm Terrace of St. Petersburg

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
521 69th Avenue North St. Petersburg Fl 33702 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 4/27/1995 Acquired Date: 4/27/1995 Entered Medicaid 6/1/1997 Med # Active Date: 10/29/2004 Previous Med # 227862	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 96 Maximum: 35,040 Max Annualized: 35,040 Total Patient: 29,815 Medicare: 2,120 Medicaid: 24,597 Medicaid Utilization 82.49874% Occupancy: 85.08847% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.13150% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,071,326	2,349,373	1,294,581	891,395	0	5,606,675
1a	Audit Adjustments						
2	Cost Per Diem	43.5551	95.5146	52.6317	36.2400		227.9414
3	Cost Per Diem Inflated	45.4237	98.0654	54.8897			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.4237	98.0654	54.8897	36.2400		234.6188
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2193		59.2054			
7	Provider Target Rate	49.3451		60.5876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.4237	98.0654	54.8897	13.6500		212.0288
12/13	Medicaid Adjustment Rate		3.5854	2.0068			
14	Prospective Per Diem 11	45.4237	101.6508	56.8965	13.6500		217.6210
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 282537-00 - 2012/07
236.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Palm Terrace of St. Petersburg

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Variable [3]	80% Capital(1):	3,551,102	10.2745
Indexed Asset Value	4,438,877	< 60% of Base:	False	20% ROE(2):	887,775	0.7271
FRVS Base Asset:	4,438,877	Interest Rate:	7.1000 %	Insurance Cost(3):	44,853	1.5044
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	39,133	1.3125
ROE Factor	0.025830	Amortization Rate:	6.7500 %	Home Office(3):	57,188	1.9181
		Interest Only:	False	Replacement(3&4):	73,216	0.0000
		Yearly Payment:	324,016	Total FRVS PD:		15.7366

(1) 80% Capital (\$3,551,102) amortized at 6.7500% for 20 years Principal & Interest of \$324,016 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$10.2745

(2) 20% ROE (\$887,775) times the ROE factor (0.025830) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$0.7271

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	50,254
Comparison Bed 96	Effective PBS Limitation	3,298,656

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.4237	45.4237	2.6826	42.7411
Patient Care				
Direct Care	101.6508	101.6508	6.0032	95.6476
Indirect Care	56.8965	56.8965	3.3601	53.5364
Property	13.6500	15.7366	0.9294	14.8072
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.2624
Supplemental Rate Add-on				\$8.8324
Totals	217.6210	219.7076	12.9753	236.8271

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 282553-00 - 2012/07 165.09

The Terrace at Daytona Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1704 Huntington Village Circl Daytona Beach FL 32114 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/29/1998 Acquired Date: 6/29/1998 Entered Medicaid 6/29/1998 Med # Active Date: 3/1/2004 Previous Med # 213764	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 108 Maximum: 39,420 Max Annualized: 39,420 Total Patient: 38,422 Medicare: 8,436 Medicaid: 19,390	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 50.46588% Occupancy: 97.46829% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.86395% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	667,006	1,259,962	600,352	509,763	0	3,037,083
1a	Audit Adjustments						
2	Cost Per Diem	34.3995	64.9800	30.9619	26.2900		156.6314
3	Cost Per Diem Inflated	35.7682	66.6120	32.1938			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.7682	66.6120	32.1938	26.2900		160.8640
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0790		50.6250			
7	Provider Target Rate	47.1548		51.8069			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.7682	66.6120	32.1938	13.6500		148.2240
12/13	Medicaid Adjustment Rate		0.0349	0.0169			
14	Prospective Per Diem 11	35.7682	66.6469	32.2107	13.6500		148.2758
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 282553-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

165.09

The Terrace at Daytona Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/29/1998 Year of Phase-In/ Full: RS to Start Calcs: 1998/01 Indexed Asset Value 5,026,003 FRVS Base Asset: 2,246,700 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount: 8,748,560.00			Total Amount	Per Diem
	Type: Variable [3]		80% Capital(1): 4,020,802	8.2411	
	< 60% of Base: False		20% ROE(2): 1,005,201	0.7318	
	Interest Rate: 3.9998 %		Insurance Cost(3): 46,561	1.2118	
	Chase Rate: 4.0000 %		Taxes Cost(3): 80,083	2.0843	
	Amortization Rate: 3.9998 %		Home Office(3): 6,957	0.1811	
	Interest Only: False		Replacement(3&4): 2,313	0.0000	
Yearly Payment: 292,377		Total FRVS PD:	12.4501		

(1) 80% Capital (\$4,020,802) amortized at 3.9998% for 20 years Principal & Interest of \$292,377 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$8.2411

(2) 20% ROE (\$1,005,201) times the ROE factor (0.025830) divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$0.7318

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 37,445
Comparison Date: 7/1/1997	Current RS PBS: 50,254
Comparison Bed 60	Effective PBS Limitation 2,246,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.7682	35.7682	2.1124	33.6558
Patient Care				
Direct Care	66.6469	66.6469	3.9359	62.7110
Indirect Care	32.2107	32.2107	1.9023	30.3084
Property	13.6500	12.4501	0.7353	11.7148
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8642
Supplemental Rate Add-on				\$8.8324
Totals	148.2758	147.0759	8.6859	165.0866

***Medicaid Trend Adjustment :**



0 282618-00 - 2012/07
221.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Palm Terrace of Clewiston

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
301 South Gloria Street Clewiston FL 33440	07/01/2010-06/30/2011	Number of Beds: 155	Superior: 0
County: Hendry [26]	Days In CR 365	Maximum: 56,575	Standard: 184
Region: South [2] Area: 8	First Used: 2012/07	Max Annualized: 56,575	Conditional: 0
Control Private For profit [1]	Last Used: 2012/07	Total Patient: 43,996	Total: 184
Current Class South Large [4]	Unaudited [3]	Medicare: 4,643	Inflation
Class at 1/94: South Large [4]	Initial CR? False	Medicaid: 32,828	FY Index: 1.23415178
Operating Ex > 18 months [1]	Medicaid Utilization 74.61587%		Semester Index: 1.28710041
Open Date: 12/1/1980	Occupancy: 77.76580%		Cost: 1.04290285
Acquired Date: 12/1/1980	Statewide Low Occupancy Threshold: 78.68980%		Target: 1.01634256
Entered Medicaid 2/1/1981	Medicaid Low Occupancy Threshold: 41.03510%		DC FY Index: 1.17950000
Med # Active Date: 10/29/2004	Low Occupancy Adjustment Factor: 98.82576%		DC Sem Index: 1.21100000
Previous Med # 221601	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02670623
			PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,347,841	2,656,826	1,916,464	1,215,949	0	7,137,080
1a	Audit Adjustments						
2	Cost Per Diem	41.0577	80.9317	58.3789	37.0400		217.4083
3	Cost Per Diem Inflated	42.8192	83.0931	60.8835			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.8192	83.0931	60.8835	37.0400		223.8358
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0636		67.5973			
7	Provider Target Rate	57.3725		69.1755			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.8192	83.0931	59.7055	13.6500		199.2678
12/13	Medicaid Adjustment Rate		2.3011	1.6534			
14	Prospective Per Diem 11	42.8192	85.3942	61.3589	13.6500		203.2223
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 282618-00 - 2012/07
221.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Palm Terrace of Clewiston

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Fixed [2]	80% Capital(1):	4,062,019	10.0907
Indexed Asset Value	5,077,524	< 60% of Base:	False	20% ROE(2):	1,015,505	0.5152
FRVS Base Asset:	1,564,246	Interest Rate:	11.3200 %	Insurance Cost(3):	51,854	1.1786
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	36,932	0.8394
ROE Factor	0.025830	Amortization Rate:	11.3200 %	Home Office(3):	75,840	1.7238
		Interest Only:	False	Replacement(3&4):	11,105	0.0000
		Yearly Payment:	513,791	Total FRVS PD:		14.3477

- (1) 80% Capital (\$4,062,019) amortized at 11.3200% for 20 years Principal & Interest of \$513,791 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$10.0907
- (2) 20% ROE (\$1,015,505) times the ROE factor (0.025830) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.5152
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.8192	42.8192	2.5288	40.2904
Patient Care				
Direct Care	85.3942	85.3942	5.0431	80.3511
Indirect Care	61.3589	61.3589	3.6237	57.7352
Property	13.6500	14.3477	0.8473	13.5004
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4744
Supplemental Rate Add-on				\$8.8324
Totals	203.2223	203.9200	12.0429	221.1839

***Medicaid Trend Adjustment :**



0 282626-00 - 2012/07
213.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Palm Terrace of Lakeland

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1919 Lakeland Hills Blvd Lakeland FL 33805 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1975 Acquired Date: 7/1/1975 Entered Medicaid 9/1/1976 Med # Active Date: 10/29/2004 Previous Med # 227854	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 185 Maximum: 67,525 Max Annualized: 67,525 Total Patient: 60,899 Medicare: 7,385 Medicaid: 36,286	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 59.58390% Occupancy: 90.18734% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.61122% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,506,480	3,230,133	1,674,048	981,173	0	7,391,834
1a	Audit Adjustments						
2	Cost Per Diem	41.5168	89.0187	46.1348	27.0400		203.7103
3	Cost Per Diem Inflated	43.2980	91.3961	48.1141			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2980	91.3961	48.1141	27.0400		209.8482
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.9541		48.2597			
7	Provider Target Rate	41.9102		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9102	91.3961	48.1141	13.6500		195.0704
12/13	Medicaid Adjustment Rate		0.9854	0.5188			
14	Prospective Per Diem 11	41.9102	92.3815	48.6329	13.6500		196.5746
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 282626-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

213.76

Palm Terrace of Lakeland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1975/07 Indexed Asset Value 6,812,167 FRVS Base Asset: 2,338,389 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	9,000,000.00			
	Type:	Variable [3]			
	< 60% of Base:	False			
	Interest Rate:	7.1000 %	80% Capital(1):	5,449,734	8.1822
	Chase Rate:	4.7500 %	20% ROE(2):	1,362,433	0.5791
	Amortization Rate:	6.7500 %	Insurance Cost(3):	88,219	1.4486
	Interest Only:	False	Taxes Cost(3):	84,405	1.3860
Yearly Payment:	497,254	Home Office(3):	115,303	1.8933	
		Replacement(3&4):	46,701	0.0000	
		Total FRVS PD:		13.4892	

- (1) 80% Capital (\$5,449,734) amortized at 6.7500% for 20 years Principal & Interest of \$497,254 divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = \$8.1822
- (2) 20% ROE (\$1,362,433) times the ROE factor (0.025830) divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = \$0.5791
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9102	41.9102	2.4751	39.4351
Patient Care				
Direct Care	92.3815	92.3815	5.4557	86.9258
Indirect Care	48.6329	48.6329	2.8721	45.7608
Property	13.6500	13.4892	0.7966	12.6926
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1142
Supplemental Rate Add-on				\$8.8324
Totals	196.5746	196.4138	11.5995	213.7609

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 283193-00 - 2012/07 216.33

Life Care Center of Jacksonville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4813 Lenoir Avenue Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/18/2004 Acquired Date: 11/18/2004 Entered Medicaid 1/4/2005 Med # Active Date: 1/4/2005 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,410 Medicare: 24,471 Medicaid: 8,480	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 20.98490% Occupancy: 92.26027% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.24553% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	362,206	813,865	489,443	287,387	0	1,952,901
1a	Audit Adjustments						
2	Cost Per Diem	42.7130	95.9746	57.7173	33.8900		230.2949
3	Cost Per Diem Inflated	44.5455	98.5377	60.1935			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5455	98.5377	60.1935	33.8900		237.1667
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.0763		74.5104			
7	Provider Target Rate	73.7590		76.2500			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.5455	96.6592	56.1342	13.6500		210.9889
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.5455	96.6592	56.1342	13.6500		210.9889
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 283193-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

216.33

Life Care Center of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/4/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	10,330,000.00		Total Amount	Per Diem
RS to Start Calcs:	2004/07	Type:	Variable [3]	80% Capital(1):	4,446,521	8.4180
Indexed Asset Value	5,558,151	< 60% of Base:	False	20% ROE(2):	1,111,630	0.7284
FRVS Base Asset:	0	Interest Rate:	4.3000 %	Insurance Cost(3):	19,329	0.4783
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	112,219	2.7770
ROE Factor	0.025830	Amortization Rate:	4.3000 %	Home Office(3):	47,919	1.1858
		Interest Only:	False	Replacement(3&4):	42,650	0.0000
		Yearly Payment:	331,838	Total FRVS PD:		13.5875

(1) 80% Capital (\$4,446,521) amortized at 4.3000% for 20 years Principal & Interest of \$331,838 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.4180

(2) 20% ROE (\$1,111,630) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7284

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,509
Comparison Date: 1/1/2004	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	5,221,080

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.5455	44.5455	2.6307	41.9148
Patient Care				
Direct Care	96.6592	96.6592	5.7084	90.9508
Indirect Care	56.1342	56.1342	3.3151	52.8191
Property	13.6500	13.5875	0.8024	12.7851
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.0285
Supplemental Rate Add-on				\$8.8324
Totals	210.9889	210.9264	12.4566	216.3307

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 284289-00 - 2012/07
181.27

Life Care Center of Orange Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2145 Kingsley Avenue Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/19/1996 Acquired Date: 9/19/1996 Entered Medicaid 9/19/1996 Med # Active Date: 1/19/2005 Previous Med # 212628	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,669 Medicare: 21,251 Medicaid: 29,983	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 47.84343% Occupancy: 95.38661% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.21851% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,108,273	2,254,272	1,127,924	581,370	0	5,071,839
1a	Audit Adjustments						
2	Cost Per Diem	36.9634	75.1850	37.6188	19.3900		169.1572
3	Cost Per Diem Inflated	38.4341	77.0733	39.1156			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.4341	77.0733	39.1156	19.3900		174.0130
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.2599		46.3317			
7	Provider Target Rate	46.3166		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.4341	77.0733	39.1156	13.6500		168.2730
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.4341	77.0733	39.1156	13.6500		168.2730
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 284289-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

181.27

Life Care Center of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/19/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	10,356,000.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable [3]	80% Capital(1):	6,718,531	8.8148
Indexed Asset Value	8,398,164	< 60% of Base:	False	20% ROE(2):	1,679,633	0.7337
FRVS Base Asset:	6,488,460	Interest Rate:	4.7550 %	Insurance Cost(3):	26,200	0.4181
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	109,608	1.7490
ROE Factor	0.025830	Amortization Rate:	4.7550 %	Home Office(3):	52,694	0.8408
		Interest Only:	False	Replacement(3&4):	226,732	0.0000
		Yearly Payment:	521,221	Total FRVS PD:		12.5564

(1) 80% Capital (\$6,718,531) amortized at 4.7550% for 20 years Principal & Interest of \$521,221 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.8148

(2) 20% ROE (\$1,679,633) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7337

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	6,488,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.4341	38.4341	2.2698	36.1643
Patient Care				
Direct Care	77.0733	77.0733	4.5517	72.5216
Indirect Care	39.1156	39.1156	2.3100	36.8056
Property	13.6500	12.5564	0.7415	11.8149
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1280
Supplemental Rate Add-on				\$8.8324
Totals	168.2730	167.1794	9.8730	181.2668

***Medicaid Trend Adjustment :**



0 284785-00 - 2012/07

169.39

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

The Terrace at Fleming Island

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1125 Fleming Plantation Road Orange Park FL 32003 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/19/2005 Acquired Date: 1/19/2005 Entered Medicaid 3/11/2005 Med # Active Date: 3/11/2005 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 108 Maximum: 39,420 Max Annualized: 39,420 Total Patient: 38,946 Medicare: 7,496 Medicaid: 23,897	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.35932% Occupancy: 98.79757% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 125.55320% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	765,638	1,587,298	776,510	793,858	0	3,923,304
1a	Audit Adjustments						
2	Cost Per Diem	32.0391	66.4225	32.4940	33.2200		164.1756
3	Cost Per Diem Inflated	33.3139	68.0907	33.7869			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.3139	68.0907	33.7869	33.2200		168.4115
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.3139	68.0907	33.7869	13.6500		148.8415
12/13	Medicaid Adjustment Rate		0.8701	0.4318			
14	Prospective Per Diem 11	33.3139	68.9608	34.2187	13.6500		150.1434
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 284785-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

169.39

The Terrace at Fleming Island

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/11/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,687,000.00		Total Amount	Per Diem
RS to Start Calcs:	2005/01	Type:	Variable [3]	80% Capital(1):	3,994,837	10.6796
Indexed Asset Value	4,993,546	< 60% of Base:	False	20% ROE(2):	998,709	0.7271
FRVS Base Asset:	4,738,392	Interest Rate:	8.1900 %	Insurance Cost(3):	64,311	1.6513
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	55,406	1.4226
ROE Factor	0.025830	Amortization Rate:	7.2500 %	Home Office(3):	778	0.0200
		Interest Only:	False	Replacement(3&4):	6,628	0.0000
		Yearly Payment:	378,891	Total FRVS PD:		14.5006

(1) 80% Capital (\$3,994,837) amortized at 7.2500% for 20 years Principal & Interest of \$378,891 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$10.6796

(2) 20% ROE (\$998,709) times the ROE factor (0.025830) divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$0.7271

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,874
Comparison Date: 7/1/2004	Current RS PBS:	50,254
Comparison Bed 108	Effective PBS Limitation	4,738,392

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.3139	33.3139	1.9674	31.3465
Patient Care				
Direct Care	68.9608	68.9608	4.0726	64.8882
Indirect Care	34.2187	34.2187	2.0208	32.1979
Property	13.6500	14.5006	0.8564	13.6442
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4843
Supplemental Rate Add-on				\$8.8324
Totals	150.1434	150.9940	8.9172	169.3935

***Medicaid Trend Adjustment :**



0 284793-00 - 2012/07

213.84

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Brighton Gardens of Tampa

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
14624 North Dale Mabry High Tampa FL 33618 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 9/1/1999 Acquired Date: 9/1/1999 Entered Medicaid 11/23/1999 Med # Active Date: 10/1/2003 Previous Med # 219819	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 45 Maximum: 16,425 Max Annualized: 16,425 Total Patient: 15,304 Medicare: 8,342 Medicaid: 3,384	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 22.11187% Occupancy: 93.17504% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.40802% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	188,093	317,108	234,618	45,278	0	785,097
1a	Audit Adjustments						
2	Cost Per Diem	55.5830	93.7080	69.3316	13.3800		232.0026
3	Cost Per Diem Inflated	57.0674	95.4018	71.1832			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.0674	95.4018	71.1832	13.3800		237.0324
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.8775		56.1471			
7	Provider Target Rate	64.3455		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	57.0674	95.4018	57.4579	13.3800		223.3071
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	57.0674	95.4018	57.4579	13.3800		223.3071
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 284793-00 - 2012/07
213.84

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Brighton Gardens of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/23/1999 Year of Phase-In/ Full: RS to Start Calcs: 1999/07 Indexed Asset Value 1,871,621 FRVS Base Asset: 1,748,070 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	700,473.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,497,297	3.9901
	< 60% of Base:	True	20% ROE(2):	374,324	0.6120
	Interest Rate:	5.1300 %	Insurance Cost(3):	14,970	0.9782
	Chase Rate:	4.0000 %	Taxes Cost(3):	36,220	2.3667
	Amortization Rate:	4.0000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	58,984	Total FRVS PD:	7.9470		

- (1) 80% Capital (\$1,497,297) amortized at 4.0000% for 20 years Interest of \$58,984 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$3.9901
- (2) 20% ROE (\$374,324) times the ROE factor (0.024170) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$0.6120
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	1/1/1999	Current RS PBS:	50,254
Comparison Bed	45	Effective PBS Limitation	1,748,070

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	57.0674	57.0674	3.3702	53.6972
Patient Care				
Direct Care	95.4018	95.4018	5.6341	89.7677
Indirect Care	57.4579	57.4579	3.3933	54.0646
Property	13.3800	7.9470	0.4693	7.4777
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	223.3071	217.8741	12.8669	213.8396

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 284823-00 - 2012/07

260.72

Aventura Plaza Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1800 NE 168TH Street N. Miami Beach FL 33162 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1978 Acquired Date: 7/1/1978 Entered Medicaid 7/1/1978 Med # Active Date: 1/1/2002 Previous Med # 205095	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 86 Maximum: 31,390 Max Annualized: 31,390 Total Patient: 29,399 Medicare: 4,303 Medicaid: 22,059	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 75.03316% Occupancy: 93.65721% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.02078% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,669,740	2,147,364	1,544,874	350,297	0	5,712,275
1a	Audit Adjustments						
2	Cost Per Diem	75.6943	97.3464	70.0337	15.8800		258.9544
3	Cost Per Diem Inflated	78.4711	99.6367	72.6028			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	78.4711	99.6367	72.6028	15.8800		266.5906
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.7923		67.1281			
7	Provider Target Rate	75.5151		68.6953			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	99.6367	68.6953	13.6500		244.1617
12/13	Medicaid Adjustment Rate		2.8060	1.9346			
14	Prospective Per Diem 11	62.1797	102.4427	70.6299	13.6500		248.9023
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 284823-00 - 2012/07
260.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Aventura Plaza Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	None [1]	80% Capital(1):	2,289,346	10.0750
Indexed Asset Value	2,861,683	< 60% of Base:	True	20% ROE(2):	572,337	0.5192
FRVS Base Asset:	590,346	Interest Rate:	12.5000 %	Insurance Cost(3):	17,175	0.5842
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025630	Amortization Rate:	12.5000 %	Home Office(3):	14,711	0.5004
		Interest Only:	True	Replacement(3&4):	257,333	0.0000
		Yearly Payment:	284,628	Total FRVS PD:		11.6788

(1) 80% Capital (\$2,289,346) amortized at 12.5000% for 20 years Interest of \$284,628 divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = \$10.0750

(2) 20% ROE (\$572,337) times the ROE factor (0.025630) divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = \$0.5192

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 50	Effective PBS Limitation	1,425,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	102.4427	102.4427	6.0499	96.3928
Indirect Care	70.6299	70.6299	4.1712	66.4587
Property	13.6500	11.6788	0.6897	10.9891
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5397
Supplemental Rate Add-on				\$8.8324
Totals	248.9023	246.9311	14.5829	260.7203

***Medicaid Trend Adjustment :**



0 307998-00 - 2012/07
211.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Cypress Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4600 Middleton Park, Circle E Jacksonville FL 32224 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/30/1991 Acquired Date: 8/30/1991 Entered Medicaid 10/14/1991 Med # Active Date: 4/6/2005 Previous Med # 203939	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,746 Medicare: 16,563 Medicaid: 13,962	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 36.03469% Occupancy: 88.46118% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.41760% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	727,905	1,278,449	879,716	388,423	0	3,274,493
1a	Audit Adjustments						
2	Cost Per Diem	52.1347	91.5663	63.0079	27.8200		234.5289
3	Cost Per Diem Inflated	53.5270	93.2213	64.6906			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.5270	93.2213	64.6906	27.8200		239.2589
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5980		74.8512			
7	Provider Target Rate	49.7326		76.5987			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	93.2213	56.1342	13.6500		210.4835
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	93.2213	56.1342	13.6500		210.4835
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 307998-00 - 2012/07
211.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Cypress Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/14/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/07 Indexed Asset Value 5,930,641 FRVS Base Asset: 1,831,800 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	8,103,119.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,744,513	10.8706
	< 60% of Base:	False	20% ROE(2):	1,186,128	0.7273
	Interest Rate:	6.6200 %	Insurance Cost(3):	36,722	0.9478
	Chase Rate:	5.7500 %	Taxes Cost(3):	94,472	2.4382
	Amortization Rate:	6.6200 %	Home Office(3):	122,590	3.1639
	Interest Only:	False	Replacement(3&4):	1,310,222	0.0000
Yearly Payment:	428,518	Total FRVS PD:		18.1478	

(1) 80% Capital (\$4,744,513) amortized at 6.6200% for 20 years Principal & Interest of \$428,518 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8706

(2) 20% ROE (\$1,186,128) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7273

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 1/1/1991	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,831,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	93.2213	93.2213	5.5053	87.7160
Indirect Care	56.1342	56.1342	3.3151	52.8191
Property	13.6500	18.1478	1.0717	17.0761
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	210.4835	214.9813	12.6960	211.1177

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 308111-00 - 2012/07
205.06

Bava Pointe Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
587 S.E. ERMINE AVE Lake City FL 32025 County: Columbia [12] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/7/1994 Acquired Date: 1/7/1994 Entered Medicaid 1/25/1994 Med # Active Date: 4/30/2005 Previous Med # 210919	10/01/2010-12/31/2011 Days In CR 457 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 41,130 Max Annualized: 32,850 Total Patient: 36,401 Medicare: 12,453 Medicaid: 19,841	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.50674% Occupancy: 88.50231% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.46986% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25083252 Semester Index: 1.28710041 Cost: 1.02899500 Target: 1.01634256 DC FY Index: 1.18799810 DC Sem Index: 1.21100000 DC Inflation: 1.01936190 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	852,005	1,590,957	932,812	771,220	0	4,146,994
1a	Audit Adjustments						
2	Cost Per Diem	42.9416	80.1853	47.0144	38.8700		209.0113
3	Cost Per Diem Inflated	44.1867	81.7378	48.3776			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.1867	81.7378	48.3776	38.8700		213.1721
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7435		50.9938			
7	Provider Target Rate	50.9048		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.1867	81.7378	48.3776	13.6500		187.9521
12/13	Medicaid Adjustment Rate		0.4144	0.2453			
14	Prospective Per Diem 11	44.1867	82.1522	48.6229	13.6500		188.6118
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 308111-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

205.06

Bava Pointe Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/25/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,603,187.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Fixed [2]	80% Capital(1):	3,450,822	13.1328
Indexed Asset Value	4,313,527	< 60% of Base:	False	20% ROE(2):	862,705	0.6930
FRVS Base Asset:	1,995,300	Interest Rate:	11.8267 %	Insurance Cost(3):	20,546	0.5644
Occup Adj Factor:	0.9000	Chase Rate:	6.5841 %	Taxes Cost(3):	105,283	2.8923
ROE Factor	0.023750	Amortization Rate:	9.5841 %	Home Office(3):	10,645	0.2924
		Interest Only:	False	Replacement(3&4):	21,202	0.0000
		Yearly Payment:	388,272	Total FRVS PD:		17.5749

(1) 80% Capital (\$3,450,822) amortized at 9.5841% for 20 years Principal & Interest of \$388,272 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$13.1328

(2) 20% ROE (\$862,705) times the ROE factor (0.023750) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.6930

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,255
Comparison Date: 7/1/1993	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,995,300

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.1867	44.1867	2.6095	41.5772
Patient Care				
Direct Care	82.1522	82.1522	4.8516	77.3006
Indirect Care	48.6229	48.6229	2.8715	45.7514
Property	13.6500	17.5749	1.0379	16.5370
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.0592
Supplemental Rate Add-on				\$8.8324
Totals	188.6118	192.5367	11.3705	205.0578

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 308242-00 - 2012/07
233.74

Hebrew Home of South Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
320 Collins Ave. Miami Beach FL 33139 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/2002 Previous Med # 200492	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 32,811 Medicare: 6,394 Medicaid: 23,865	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Medicaid Utilization 72.73475% Occupancy: 86.43572% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.84362% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,486,242	2,284,959	1,741,170	258,935	0	5,771,306
1a	Audit Adjustments						
2	Cost Per Diem	62.2771	95.7452	72.9591	10.8500		241.8314
3	Cost Per Diem Inflated	64.5617	97.9978	75.6355			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	64.5617	97.9978	75.6355	10.8500		249.0450
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8982		59.3652			
7	Provider Target Rate	49.0165		60.7512			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.0165	97.9978	59.7055	10.8500		217.5698
12/13	Medicaid Adjustment Rate		2.5065	1.5271			
14	Prospective Per Diem 11	49.0165	100.5043	61.2326	10.8500		221.6034
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 308242-00 - 2012/07
233.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Hebrew Home of South Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,533,244 FRVS Base Asset: 1,372,286 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	525,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,026,595	7.3750
	< 60% of Base:	True	20% ROE(2):	506,649	0.3801
	Interest Rate:	5.2500 %	Insurance Cost(3):	14,834	0.4521
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	15,587	0.4751
	Interest Only:	True	Replacement(3&4):	289,624	0.0000
Yearly Payment:	251,961	Total FRVS PD:		8.6823	

(1) 80% Capital (\$2,026,595) amortized at 12.5000% for 20 years Interest of \$251,961 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$7.3750

(2) 20% ROE (\$506,649) times the ROE factor (0.025630) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.3801

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.0165	49.0165	2.8948	46.1217
Patient Care				
Direct Care	100.5043	100.5043	5.9355	94.5688
Indirect Care	61.2326	61.2326	3.6162	57.6164
Property	10.8500	8.6823	0.5127	8.1696
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4293
Supplemental Rate Add-on				\$8.8324
Totals	221.6034	219.4357	12.9592	233.7382

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 308251-00 - 2012/07

231.64

Ponce Plaza Nursing & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
355 SW 12th Avenue Miami FL 33135 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/24/2000 Acquired Date: 2/24/2000 Entered Medicaid 4/21/2000 Med # Active Date: 1/1/2002 Previous Med # 221805	02/01/2010-01/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 147 Maximum: 53,655 Max Annualized: 53,655 Total Patient: 50,384 Medicare: 15,051 Medicaid: 33,266	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.02493% Occupancy: 93.90364% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.33395% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22248089 Semester Index: 1.28710041 Cost: 1.05285933 Target: 1.01634256 DC FY Index: 1.17483274 DC Sem Index: 1.21100000 DC Inflation: 1.03078503 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,621,272	2,987,590	2,125,421	658,999	0	7,393,282
1a	Audit Adjustments						
2	Cost Per Diem	48.7366	89.8091	63.8917	19.8100		222.2474
3	Cost Per Diem Inflated	51.3128	92.5739	67.2690			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.3128	92.5739	67.2690	19.8100		230.9657
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4993		61.6859			
7	Provider Target Rate	46.5615		63.1261			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5615	92.5739	59.7055	13.6500		212.4909
12/13	Medicaid Adjustment Rate		1.6689	1.0764			
14	Prospective Per Diem 11	46.5615	94.2428	60.7819	13.6500		215.2362
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 308251-00 - 2012/07
231.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Ponce Plaza Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/21/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,846,571.00		Total Amount	Per Diem
RS to Start Calcs:	2000/01	Type:	Fixed [2]	80% Capital(1):	5,590,617	14.2772
Indexed Asset Value	6,988,271	< 60% of Base:	False	20% ROE(2):	1,397,654	0.7838
FRVS Base Asset:	4,718,880	Interest Rate:	11.0000 %	Insurance Cost(3):	10,307	0.2046
Occup Adj Factor:	0.9000	Chase Rate:	7.9336 %	Taxes Cost(3):	122,137	2.4241
ROE Factor	0.027080	Amortization Rate:	10.9336 %	Home Office(3):	22,846	0.4534
		Interest Only:	False	Replacement(3&4):	213,322	0.0000
		Yearly Payment:	689,439	Total FRVS PD:		18.1431

(1) 80% Capital (\$5,590,617) amortized at 10.9336% for 20 years Principal & Interest of \$689,439 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$14.2772

(2) 20% ROE (\$1,397,654) times the ROE factor (0.027080) divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$0.7838

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,324
Comparison Date: 7/1/1999	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,718,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5615	46.5615	2.7498	43.8117
Patient Care				
Direct Care	94.2428	94.2428	5.5657	88.6771
Indirect Care	60.7819	60.7819	3.5896	57.1923
Property	13.6500	18.1431	1.0715	17.0716
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.0522
Supplemental Rate Add-on				\$8.8324
Totals	215.2362	219.7293	12.9766	231.6373

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 308501-00 - 2012/07
234.32

Sunset Lake Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
832 Sunset Lake Blvd Venice FL 34292 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/10/1992 Acquired Date: 2/10/1992 Entered Medicaid 3/17/1992 Med # Active Date: 5/31/2005 Previous Med # 212130	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,656 Medicare: 15,596 Medicaid: 15,232	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 38.41033% Occupancy: 90.53881% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.05787% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	765,422	1,462,516	970,947	405,324	28,536	3,632,745
1a	Audit Adjustments						
2	Cost Per Diem	50.2509	96.0160	63.7439	26.6100	1.8734	238.4942
3	Cost Per Diem Inflated	51.5929	97.7515	65.4462			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.5929	97.7515	65.4462	26.6100	1.8734	243.2740
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.8195		60.5713			
7	Provider Target Rate	59.1694		61.9854			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.5929	97.7515	59.7055	13.6500	1.8734	224.5733
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.5929	97.7515	59.7055	13.6500	1.8734	224.5733
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 308501-00 - 2012/07

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

234.32

Sunset Lake Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/17/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed [2]	80% Capital(1):	4,215,194	11.2740
Indexed Asset Value	5,268,992	< 60% of Base:	False	20% ROE(2):	1,053,798	0.6461
FRVS Base Asset:	3,718,320	Interest Rate:	8.6700 %	Insurance Cost(3):	72,690	1.8330
Occup Adj Factor:	0.9000	Chase Rate:	6.0000 %	Taxes Cost(3):	45,522	1.1479
ROE Factor	0.024170	Amortization Rate:	8.6700 %	Home Office(3):	36,682	0.9250
		Interest Only:	False	Replacement(3&4):	83,034	0.0000
		Yearly Payment:	444,423	Total FRVS PD:		15.8260

(1) 80% Capital (\$4,215,194) amortized at 8.6700% for 20 years Principal & Interest of \$444,423 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.2740

(2) 20% ROE (\$1,053,798) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6461

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,986
Comparison Date:	7/1/1991	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,718,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.5929	51.5929	3.0469	48.5460
Patient Care				
Direct Care	97.7515	97.7515	5.7729	91.9786
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	15.8260	0.9346	14.8914
ROE	1.8734	1.5241	0.0900	1.4341
ROE Adjustment	-1.5241	-1.5241	-0.0900	-1.4341
Quality Assess-Medicaid Share				\$13.8878
Supplemental Rate Add-on				\$8.8324
Totals	223.0492	224.8759	13.2804	234.3157

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

0 309800-00 - 2012/07
230.76

The Allegro at College Harbor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4600 54th Avenue South St. Petersburg Fl 33711 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/1/1986 Acquired Date: 5/5/1995 Entered Medicaid 8/20/1999 Med # Active Date: 7/29/2005 Previous Med # 216470	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 52 Maximum: 18,980 Max Annualized: 18,980 Total Patient: 16,867 Medicare: 5,307 Medicaid: 6,654	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 39.44981% Occupancy: 88.86723% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.93361% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	298,942	637,558	392,893	95,285	0	1,424,678
1a	Audit Adjustments						
2	Cost Per Diem	44.9267	95.8157	59.0461	14.3200		214.1085
3	Cost Per Diem Inflated	47.3671	98.8354	62.2535			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.3671	98.8354	62.2535	14.3200		222.7760
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		63.4355			
7	Provider Target Rate	48.7494		64.9165			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.3671	98.8354	62.2535	13.6500		222.1060
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.3671	98.8354	62.2535	13.6500		222.1060
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

230.76

The Allegro at College Harbor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/20/1999 Year of Phase-In/ Full: RS to Start Calcs: 1995/01 Indexed Asset Value 1,605,475 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	8,816,924.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,284,380	6.8552
	< 60% of Base:	False	20% ROE(2):	321,095	0.5188
	Interest Rate:	6.7400 %	Insurance Cost(3):	33,484	1.9852
	Chase Rate:	6.2500 %	Taxes Cost(3):	23,019	1.3647
	Amortization Rate:	6.7400 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	24,193	0.0000
Yearly Payment:	117,100	Total FRVS PD:	10.7239		

(1) 80% Capital (\$1,284,380) amortized at 6.7400% for 20 years Principal & Interest of \$117,100 divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = \$6.8552

(2) 20% ROE (\$321,095) times the ROE factor (0.027600) divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = \$0.5188

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	50,254
Comparison Bed 42	Effective PBS Limitation	1,443,162

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.3671	47.3671	2.7973	44.5698
Patient Care				
Direct Care	98.8354	98.8354	5.8369	92.9985
Indirect Care	62.2535	62.2535	3.6765	58.5770
Property	13.6500	10.7239	0.6333	10.0906
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6879
Supplemental Rate Add-on				\$8.8324
Totals	222.1060	219.1799	12.9440	230.7562

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 310409-00 - 2012/07

226.68

Watercrest Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16650 West Dixie Hwy North Miami Beach FL 33160 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 11/1/1984 Med # Active Date: 9/1/2005 Previous Med # 219576	04/01/2011-12/31/2011 Days In CR 275 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 41,250 Max Annualized: 54,750 Total Patient: 28,539 Medicare: 3,477 Medicaid: 23,836	Superior: 0 Standard: 165 Conditional: 19 Total: 184
	Medicaid Utilization 83.52080% Occupancy: 69.18545% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 87.92176% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25683187 Semester Index: 1.28710041 Cost: 1.02408321 Target: 1.01634256 DC FY Index: 1.19049979 DC Sem Index: 1.21100000 DC Inflation: 1.01721984 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,168,300	2,209,604	1,345,890	487,685	0	5,211,479
1a	Audit Adjustments						
2	Cost Per Diem	49.0141	92.7003	56.4646	20.4600		218.6390
3	Cost Per Diem Inflated	50.1945	94.2966	57.8244			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.1945	94.2966	57.8244	20.4600		222.7755
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		50.1876			
7	Provider Target Rate	42.9794		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9794	94.2966	51.3593	13.6500		202.2853
12/13	Medicaid Adjustment Rate		3.1888	1.7368			
14	Prospective Per Diem 11	42.9794	97.4854	53.0961	13.6500		207.2109
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 310409-00 - 2012/07
226.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Watercrest Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1999	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,000,000.00	Total Amount	Per Diem
RS to Start Calcs: 1984/07	Type: Variable [3]	80% Capital(1): 5,852,974	12.8245
Indexed Asset Value 7,316,217	< 60% of Base: False	20% ROE(2): 1,463,243	0.6681
FRVS Base Asset: 4,275,000	Interest Rate: 9.0000 %	Insurance Cost(3): 52,466	1.8384
Occup Adj Factor: 0.9000	Chase Rate: 8.0000 %	Taxes Cost(3): 35,978	1.2607
ROE Factor 0.022500	Amortization Rate: 9.0000 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 36,871	0.0000
	Yearly Payment: 631,929	Total FRVS PD: 16.5917	

(1) 80% Capital (\$5,852,974) amortized at 9.0000% for 20 years Principal & Interest of \$631,929 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$12.8245

(2) 20% ROE (\$1,463,243) times the ROE factor (0.022500) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.6681

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 150	Effective PBS Limitation 4,275,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9794	42.9794	2.5382	40.4412
Patient Care				
Direct Care	97.4854	97.4854	5.7572	91.7282
Indirect Care	53.0961	53.0961	3.1357	49.9604
Property	13.6500	16.5917	0.9799	15.6118
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1012
Supplemental Rate Add-on				\$8.8324
Totals	207.2109	210.1526	12.4110	226.6752

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 310581-00 - 2012/07

194.64

ATLANTIC HEALTHCARE CENTER

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3663 15th Avenue Vero Beach FL 32960 County: Indian River [31] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1981 Acquired Date: 10/1/1981 Entered Medicaid 10/1/1981 Med # Active Date: 6/30/2005 Previous Med # 211524	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 34,894 Medicare: 10,852 Medicaid: 19,084	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 54.69135% Occupancy: 86.90909% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.44518% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	757,984	1,419,025	965,931	88,168	0	3,231,108
1a	Audit Adjustments						
2	Cost Per Diem	39.7183	74.3568	50.6147	4.6200		169.3098
3	Cost Per Diem Inflated	41.1753	76.1062	52.4715			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.1753	76.1062	52.4715	4.6200		174.3730
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		59.0913			
7	Provider Target Rate	42.9794		60.4709			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.1753	76.1062	52.4715	4.6200		174.3730
12/13	Medicaid Adjustment Rate		0.4017	0.2769			
14	Prospective Per Diem 11	41.1753	76.5079	52.7484	4.6200		175.0516
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 310581-00 - 2012/07

Florida Agency For Health Care Administration
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194.64

ATLANTIC HEALTHCARE CENTER

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,199,734.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed [2]	80% Capital(1):	2,491,536	6.9693
Indexed Asset Value	3,114,420	< 60% of Base:	False	20% ROE(2):	622,884	0.4418
FRVS Base Asset:	1,625,362	Interest Rate:	8.0940 %	Insurance Cost(3):	31,154	0.8928
Occup Adj Factor:	0.9000	Chase Rate:	6.0000 %	Taxes Cost(3):	50,399	1.4443
ROE Factor	0.025630	Amortization Rate:	8.0940 %	Home Office(3):	18,555	0.5318
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	251,834	Total FRVS PD:		10.2800

(1) 80% Capital (\$2,491,536) amortized at 8.0940% for 20 years Principal & Interest of \$251,834 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$6.9693

(2) 20% ROE (\$622,884) times the ROE factor (0.025630) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.4418

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.1753	41.1753	2.4317	38.7436
Patient Care				
Direct Care	76.5079	76.5079	4.5183	71.9896
Indirect Care	52.7484	52.7484	3.1151	49.6333
Property	4.6200	10.2800	0.6071	9.6729
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.7712
Supplemental Rate Add-on				\$8.8324
Totals	175.0516	180.7116	10.6722	194.6430

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 310841-00 - 2012/07

213.35

St. Mark Village, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2655 Nebraska Avenue Palm Harbor FL 34684 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1980 Acquired Date: 7/1/1980 Entered Medicaid 8/15/2005 Med # Active Date: 8/15/2005 Previous Med #	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,065 Medicare: 3,225 Medicaid: 7,831	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 41.07527% Occupancy: 87.05480% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.63035% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	366,726	795,063	710,643	97,339	0	1,969,771
1a	Audit Adjustments						
2	Cost Per Diem	46.8300	101.5276	90.7474	12.4300		251.5350
3	Cost Per Diem Inflated	48.0806	103.3627	93.1709			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.0806	103.3627	93.1709	12.4300		257.0442
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		60.1127			
7	Provider Target Rate	48.7494		61.5161			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.0806	101.2154	61.5161	12.4300		223.2421
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.0806	101.2154	61.5161	12.4300		223.2421
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 310841-00 - 2012/07
213.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

St. Mark Village, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/15/2005	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,469,752.00	Total Amount	Per Diem
RS to Start Calcs: 1980/07	Type: Variable [3]	80% Capital(1): 1,066,363	3.7944
Indexed Asset Value 1,332,954	< 60% of Base: False	20% ROE(2): 266,591	0.3269
FRVS Base Asset: 0	Interest Rate: 3.5870 %	Insurance Cost(3): 30,341	1.5915
Occup Adj Factor: 0.9000	Chase Rate: 7.5000 %	Taxes Cost(3): 15,898	0.8339
ROE Factor 0.024170	Amortization Rate: 3.5870 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 74,787	Total FRVS PD:	6.5467

(1) 80% Capital (\$1,066,363) amortized at 3.5870% for 20 years Principal & Interest of \$74,787 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$3.7944

(2) 20% ROE (\$266,591) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3269

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	21,841
Comparison Date: 1/1/1980	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,310,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.0806	48.0806	2.8395	45.2411
Patient Care				
Direct Care	101.2154	101.2154	5.9774	95.2380
Indirect Care	61.5161	61.5161	3.6329	57.8832
Property	12.4300	6.5467	0.3866	6.1601
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	223.2421	217.3588	12.8364	213.3548

***Medicaid Trend Adjustment :**



0 311065-00 - 2012/07
206.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Eagle Lake Rehab & Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1100 66th Street North St. Petersburg FL 33710 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/1/1986 Acquired Date: 8/1/1986 Entered Medicaid 7/1/1987 Med # Active Date: 10/1/2005 Previous Med # 211273	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 59 Maximum: 21,535 Max Annualized: 21,535 Total Patient: 17,184 Medicare: 2,886 Medicaid: 12,594	Superior: 0 Standard: 155 Conditional: 29 Total: 184
	Medicaid Utilization 73.28911% Occupancy: 79.79568% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 101.40537% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	552,417	837,633	686,361	168,004	0	2,244,415
1a	Audit Adjustments						
2	Cost Per Diem	43.8635	66.5105	54.4990	13.3400		178.2130
3	Cost Per Diem Inflated	45.0349	67.7127	55.9544			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.0349	67.7127	55.9544	13.3400		182.0420
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8024		60.1498			
7	Provider Target Rate	54.0352		61.5541			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.0349	67.7127	55.9544	13.3400		182.0420
12/13	Medicaid Adjustment Rate		1.4945	1.2350			
14	Prospective Per Diem 11	45.0349	69.2072	57.1894	13.3400		184.7715
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 311065-00 - 2012/07
206.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Eagle Lake Rehab & Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	Fixed [2]	80% Capital(1):	2,210,850	12.4482
Indexed Asset Value	2,763,563	< 60% of Base:	False	20% ROE(2):	552,713	0.6893
FRVS Base Asset:	1,695,483	Interest Rate:	9.1500 %	Insurance Cost(3):	41,730	2.4284
Occup Adj Factor:	0.9000	Chase Rate:	7.2500 %	Taxes Cost(3):	36,000	2.0950
ROE Factor	0.024170	Amortization Rate:	9.1500 %	Home Office(3):	4,669	0.2717
		Interest Only:	False	Replacement(3&4):	20,200	0.0000
		Yearly Payment:	241,265	Total FRVS PD:		17.9326

(1) 80% Capital (\$2,210,850) amortized at 9.1500% for 20 years Principal & Interest of \$241,265 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$12.4482

(2) 20% ROE (\$552,713) times the ROE factor (0.024170) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.6893

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,737
Comparison Date:	1/1/1986	Current RS PBS:	50,254
Comparison Bed	59	Effective PBS Limitation	1,695,483

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.0349	45.0349	2.6596	42.3753
Patient Care				
Direct Care	69.2072	69.2072	4.0871	65.1201
Indirect Care	57.1894	57.1894	3.3774	53.8120
Property	13.3400	17.9326	1.0590	16.8736
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0457
Supplemental Rate Add-on				\$8.8324
Totals	184.7715	189.3641	11.1831	206.0591

***Medicaid Trend Adjustment :**



0 311308-00 - 2012/07
204.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

South Pointe Plaza

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
42 Collins Avenue Miami Beach FL 33139 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/1/1983 Acquired Date: 11/1/1983 Entered Medicaid 11/1/1983 Med # Active Date: 11/3/2005 Previous Med # 261602	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 230 Maximum: 83,950 Max Annualized: 83,950 Total Patient: 66,444 Medicare: 9,652 Medicaid: 53,499	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 80.51743% Occupancy: 79.14711% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 100.58116% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,467,595	4,882,971	2,538,506	1,099,404	0	10,988,476
1a	Audit Adjustments						
2	Cost Per Diem	46.1241	91.2722	47.4496	20.5500		205.3959
3	Cost Per Diem Inflated	47.9593	93.5645	49.3376			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9593	93.5645	49.3376	20.5500		211.4114
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9884		53.9431			
7	Provider Target Rate	43.9920		55.2025			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9920	93.5645	49.3376	13.6500		200.5441
12/13	Medicaid Adjustment Rate		3.2123	1.6939			
14	Prospective Per Diem 11	43.9920	96.7768	51.0315	13.6500		205.4503
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 311308-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

204.33

South Pointe Plaza

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	12,835,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable [3]	80% Capital(1):	6,511,191	7.3731
Indexed Asset Value	8,138,989	< 60% of Base:	False	20% ROE(2):	1,627,798	0.5565
FRVS Base Asset:	4,581,230	Interest Rate:	5.9400 %	Insurance Cost(3):	45,059	0.6782
Occup Adj Factor:	0.9000	Chase Rate:	7.0000 %	Taxes Cost(3):	220,257	3.3149
ROE Factor	0.025830	Amortization Rate:	5.9400 %	Home Office(3):	26,904	0.4049
		Interest Only:	False	Replacement(3&4):	97,335	0.0000
		Yearly Payment:	557,077	Total FRVS PD:		12.3276

(1) 80% Capital (\$6,511,191) amortized at 5.9400% for 20 years Principal & Interest of \$557,077 divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = \$7.3731

(2) 20% ROE (\$1,627,798) times the ROE factor (0.025830) divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = \$0.5565

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 230	Effective PBS Limitation	6,555,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9920	43.9920	2.5980	41.3940
Patient Care				
Direct Care	96.7768	96.7768	5.7153	91.0615
Indirect Care	51.0315	51.0315	3.0138	48.0177
Property	13.6500	12.3276	0.7280	11.5996
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.4275
Supplemental Rate Add-on				\$8.8324
Totals	205.4503	204.1279	12.0551	204.3327

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 311685-00 - 2012/07

230.22

Life Care Center of Punta Gorda

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
450 Shreve Street Punta Gorda FL 33950 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/2/2005 Acquired Date: 7/29/2005 Entered Medicaid 7/29/2005 Med # Active Date: 7/29/2005 Previous Med #	03/01/2010-02/28/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 53,106 Medicare: 13,922 Medicaid: 30,871	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.13091% Occupancy: 80.83105% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 102.72113% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,215,898	2,941,627	1,601,315	570,805	0	6,329,645
1a	Audit Adjustments						
2	Cost Per Diem	39.3864	95.2877	51.8712	18.4900		205.0353
3	Cost Per Diem Inflated	41.4109	98.1515	54.5374			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4109	98.1515	54.5374	18.4900		212.5898
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	92.5047		62.8096			
7	Provider Target Rate	94.6644		64.2760			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.4109	98.1515	54.5374	13.6500		207.7498
12/13	Medicaid Adjustment Rate		0.8978	0.4989			
14	Prospective Per Diem 11	41.4109	99.0493	55.0363	13.6500		209.1465
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 311685-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

230.22

Life Care Center of Punta Gorda

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/29/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,150,000.00		Total Amount	Per Diem
RS to Start Calcs:	2005/07	Type:	Fixed [2]	80% Capital(1):	6,811,841	17.0622
Indexed Asset Value	8,514,801	< 60% of Base:	False	20% ROE(2):	1,702,960	0.7742
FRVS Base Asset:	7,965,180	Interest Rate:	13.8720 %	Insurance Cost(3):	23,588	0.4442
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	137,666	2.5923
ROE Factor	0.026880	Amortization Rate:	13.8720 %	Home Office(3):	51,133	0.9628
		Interest Only:	False	Replacement(3&4):	155,323	0.0000
		Yearly Payment:	1,008,890	Total FRVS PD:		21.8357

(1) 80% Capital (\$6,811,841) amortized at 13.8720% for 20 years Principal & Interest of \$1,008,890 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$17.0622

(2) 20% ROE (\$1,702,960) times the ROE factor (0.026880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7742

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	44,251
Comparison Date: 1/1/2005	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	7,965,180

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.4109	41.4109	2.4456	38.9653
Patient Care				
Direct Care	99.0493	99.0493	5.8495	93.1998
Indirect Care	55.0363	55.0363	3.2503	51.7860
Property	13.6500	21.8357	1.2895	20.5462
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8893
Supplemental Rate Add-on				\$8.8324
Totals	209.1465	217.3322	12.8349	230.2190

***Medicaid Trend Adjustment :**



0 312045-00 - 2012/07
205.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

SandalWood Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1001 South Beach Street Daytona Beach FL 32114 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1968 Acquired Date: 8/1/1999 Entered Medicaid 10/1/1979 Med # Active Date: 7/31/2005 Previous Med # 219444	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 28,087 Medicare: 3,807 Medicaid: 18,257	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.00160% Occupancy: 77.72797% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 98.77769% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	743,036	1,614,653	757,603	282,984	0	3,398,276
1a	Audit Adjustments						
2	Cost Per Diem	40.6987	88.4402	41.4966	15.5000		186.1355
3	Cost Per Diem Inflated	42.9095	91.2275	43.7507			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.9095	91.2275	43.7507	15.5000		193.3877
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		50.9938			
7	Provider Target Rate	43.9259		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9095	91.2275	43.7507	13.6500		191.5377
12/13	Medicaid Adjustment Rate		1.5396	0.7384			
14	Prospective Per Diem 11	42.9095	92.7671	44.4891	13.6500		193.8157
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312045-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

205.79

SandalWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/1/1999 Year of Phase-In/ Full: RS to Start Calcs: 1999/07 Indexed Asset Value 2,234,655 FRVS Base Asset: 1,876,939 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,500,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,787,724	5.0200
	< 60% of Base:	False	20% ROE(2):	446,931	0.3793
	Interest Rate:	6.7610 %	Insurance Cost(3):	17,214	0.6129
	Chase Rate:	6.2500 %	Taxes Cost(3):	53,158	1.8926
	Amortization Rate:	6.7610 %	Home Office(3):	6,091	0.2169
	Interest Only:	False	Replacement(3&4):	6,460	0.0000
Yearly Payment:	163,259	Total FRVS PD:		8.1217	

(1) 80% Capital (\$1,787,724) amortized at 6.7610% for 20 years Principal & Interest of \$163,259 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$5.0200

(2) 20% ROE (\$446,931) times the ROE factor (0.027600) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.3793

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9095	42.9095	2.5341	40.3754
Patient Care				
Direct Care	92.7671	92.7671	5.4785	87.2886
Indirect Care	44.4891	44.4891	2.6274	41.8617
Property	13.6500	8.1217	0.4796	7.6421
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7874
Supplemental Rate Add-on				\$8.8324
Totals	193.8157	188.2874	11.1196	205.7876

***Medicaid Trend Adjustment :**



0 312142-00 - 2012/07

192.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

LakeWood Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
100 North Lake Street Crescent City FL 32112 County: Putnam[54] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1969 Acquired Date: 6/1/1969 Entered Medicaid 4/1/1983 Med # Active Date: 7/1/2005 Previous Med # 251585	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 92 Maximum: 33,580 Max Annualized: 33,580 Total Patient: 29,896 Medicare: 4,886 Medicaid: 23,216	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.65587% Occupancy: 89.02919% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.13943% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	919,053	1,784,319	878,260	230,303	0	3,811,935
1a	Audit Adjustments						
2	Cost Per Diem	39.5871	76.8573	37.8299	9.9200		164.1943
3	Cost Per Diem Inflated	41.7375	79.2795	39.8848			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.7375	79.2795	39.8848	9.9200		170.8218
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		50.9938			
7	Provider Target Rate	43.9259		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.7375	79.2795	39.8848	9.9200		170.8218
12/13	Medicaid Adjustment Rate		2.4666	1.2409			
14	Prospective Per Diem 11	41.7375	81.7461	41.1257	9.9200		174.5293
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312142-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

192.11

LakeWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/15/2001 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,680,604 FRVS Base Asset: 1,412,152 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	2,144,483	8.8220
	< 60% of Base:	True	20% ROE(2):	536,121	0.4896
	Interest Rate:	12.5000 %	Insurance Cost(3):	13,799	0.4616
	Chase Rate:	12.5000 %	Taxes Cost(3):	1,021	0.0342
	Amortization Rate:	12.5000 %	Home Office(3):	396	0.0132
	Interest Only:	True	Replacement(3&4):	29,126	0.0000
Yearly Payment:	266,618	Total FRVS PD:		9.8206	

(1) 80% Capital (\$2,144,483) amortized at 12.5000% for 20 years Interest of \$266,618 divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$8.8220

(2) 20% ROE (\$536,121) times the ROE factor (0.027600) divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$0.4896

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 92	Effective PBS Limitation	2,622,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.7375	41.7375	2.4649	39.2726
Patient Care				
Direct Care	81.7461	81.7461	4.8277	76.9184
Indirect Care	41.1257	41.1257	2.4287	38.6970
Property	9.9200	9.8206	0.5800	9.2406
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1490
Supplemental Rate Add-on				\$8.8324
Totals	174.5293	174.4299	10.3013	192.1100

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 312151-00 - 2012/07
191.98

Cross City Rehabilitation and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
583 N.E. Highway 351 Cross City FL 32628 County: Dixie [15] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 4/8/1999 Acquired Date: 4/8/1999 Entered Medicaid 7/1/1999 Med # Active Date: 8/22/2005 Previous Med # 224901	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,025 Medicare: 3,200 Medicaid: 14,627	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.04370% Occupancy: 91.43836% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.20103% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	686,314	997,465	581,263	406,046	0	2,671,088
1a	Audit Adjustments						
2	Cost Per Diem	46.9210	68.1934	39.7390	27.7600		182.6134
3	Cost Per Diem Inflated	48.4970	69.6896	41.0738			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4970	69.6896	41.0738	27.7600		187.0204
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7024		50.9938			
7	Provider Target Rate	44.7227		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7227	69.6896	41.0738	13.6500		169.1361
12/13	Medicaid Adjustment Rate		1.8066	1.0648			
14	Prospective Per Diem 11	44.7227	71.4962	42.1386	13.6500		172.0075
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312151-00 - 2012/07
191.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Cross City Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	Variable [3]	80% Capital(1):	2,201,098	11.0677
Indexed Asset Value	2,751,372	< 60% of Base:	False	20% ROE(2):	550,274	0.7097
FRVS Base Asset:	0	Interest Rate:	7.8300 %	Insurance Cost(3):	20,741	1.0358
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	55,420	2.7675
ROE Factor	0.025420	Amortization Rate:	7.8300 %	Home Office(3):	5,380	0.2687
		Interest Only:	False	Replacement(3&4):	15,867	0.0000
		Yearly Payment:	218,144	Total FRVS PD:		15.8494

(1) 80% Capital (\$2,201,098) amortized at 7.8300% for 20 years Principal & Interest of \$218,144 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$11.0677

(2) 20% ROE (\$550,274) times the ROE factor (0.025420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7097

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,330,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7227	44.7227	2.6412	42.0815
Patient Care				
Direct Care	71.4962	71.4962	4.2223	67.2739
Indirect Care	42.1386	42.1386	2.4886	39.6500
Property	13.6500	15.8494	0.9360	14.9134
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2322
Supplemental Rate Add-on				\$8.8324
Totals	172.0075	174.2069	10.2881	191.9834

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 312274-00 - 2012/07
182.05

CrestWood Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
501 South Palm Avenue Palatka FL 32177 County: Putnam [54] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1977 Acquired Date: 6/1/1977 Entered Medicaid 4/1/1983 Med # Active Date: 7/1/2005 Previous Med # 251593	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 65 Maximum: 23,725 Max Annualized: 23,725 Total Patient: 19,386 Medicare: 3,211 Medicaid: 12,964	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.87300% Occupancy: 81.71127% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 103.83973% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	577,283	876,681	483,140	133,270	0	2,070,374
1a	Audit Adjustments						
2	Cost Per Diem	44.5297	67.6243	37.2678	10.2800		159.7018
3	Cost Per Diem Inflated	46.9486	69.7556	39.2922			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.9486	69.7556	39.2922	10.2800		166.2764
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9238		50.9938			
7	Provider Target Rate	43.9259		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9259	69.7556	39.2922	10.2800		163.2537
12/13	Medicaid Adjustment Rate		1.3241	0.7458			
14	Prospective Per Diem 11	43.9259	71.0797	40.0380	10.2800		165.3236
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312274-00 - 2012/07
182.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

CrestWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/15/2001 Year of Phase-In/ Full: RS to Start Calcs: 1977/01 Indexed Asset Value 1,556,459 FRVS Base Asset: 695,693 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,245,167	7.2501
	< 60% of Base:	True	20% ROE(2):	311,292	0.4024
	Interest Rate:	12.5000 %	Insurance Cost(3):	16,535	0.8529
	Chase Rate:	12.5000 %	Taxes Cost(3):	929	0.0479
	Amortization Rate:	12.5000 %	Home Office(3):	3,812	0.1966
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	154,808	Total FRVS PD:	8.7499		

(1) 80% Capital (\$1,245,167) amortized at 12.5000% for 20 years Interest of \$154,808 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$7.2501

(2) 20% ROE (\$311,292) times the ROE factor (0.027600) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$0.4024

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 65	Effective PBS Limitation	1,852,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9259	43.9259	2.5941	41.3318
Patient Care				
Direct Care	71.0797	71.0797	4.1977	66.8820
Indirect Care	40.0380	40.0380	2.3645	37.6735
Property	10.2800	8.7499	0.5167	8.2332
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0986
Supplemental Rate Add-on				\$8.8324
Totals	165.3236	163.7935	9.6730	182.0515

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 312312-00 - 2012/07 230.75

Savannah Cove of the Palm Beaches

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2090 North Congress Avenue West Palm Beach FL 33401 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/16/1995 Acquired Date: 1/16/1995 Entered Medicaid 1/26/1995 Med # Active Date: 1/1/2006 Previous Med # 262854	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 30 Maximum: 10,950 Max Annualized: 10,950 Total Patient: 7,712 Medicare: 2,003 Medicaid: 2,096	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 27.17842% Occupancy: 70.42922% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 89.50235% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	149,226	183,627	144,355	55,146	0	532,354
1a	Audit Adjustments						
2	Cost Per Diem	71.1956	87.6083	68.8717	26.3101		253.9857
3	Cost Per Diem Inflated	73.0969	89.1918	70.7110			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	73.0969	89.1918	70.7110	26.3101		259.3098
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.8291		72.4395			
7	Provider Target Rate	76.5761		74.1307			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	89.1918	70.7110	13.6500		235.7325
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	62.1797	89.1918	70.7110	13.6500		235.7325
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312312-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

230.75

Savannah Cove of the Palm Beaches

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/26/1995 Year of Phase-In/ Full: RS to Start Calcs: 1995/01 Indexed Asset Value 1,202,699 FRVS Base Asset: 1,030,830 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	962,159	7.9800
	< 60% of Base:	True	20% ROE(2):	240,540	0.5899
	Interest Rate:	8.2500 %	Insurance Cost(3):	9,612	1.2464
	Chase Rate:	8.2500 %	Taxes Cost(3):	23,252	3.0150
	Amortization Rate:	8.2500 %	Home Office(3):	7,213	0.9353
	Interest Only:	True	Replacement(3&4):	46,974	0.0000
Yearly Payment:	78,643	Total FRVS PD:	13.7666		

(1) 80% Capital (\$962,159) amortized at 8.2500% for 20 years Interest of \$78,643 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$7.9800

(2) 20% ROE (\$240,540) times the ROE factor (0.024170) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$0.5899

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	50,254
Comparison Bed 30	Effective PBS Limitation	1,030,830

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	89.1918	89.1918	5.2674	83.9244
Indirect Care	70.7110	70.7110	4.1760	66.5350
Property	13.6500	13.7666	0.8130	12.9536
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	235.7325	235.8491	13.9285	230.7530

***Medicaid Trend Adjustment :**



0 312371-00 - 2012/07
223.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Southlake Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10680 Old St. Augustine Road Jacksonville FL 32257 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1982 Acquired Date: 11/1/1982 Entered Medicaid 11/1/1982 Med # Active Date: 9/12/2005 Previous Med # 214345	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,413 Medicare: 11,484 Medicaid: 36,608	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.65445% Occupancy: 94.99695% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.72334% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,562,024	2,933,308	1,965,069	675,418	0	7,135,819
1a	Audit Adjustments						
2	Cost Per Diem	42.6689	80.1275	53.6787	18.4500		194.9251
3	Cost Per Diem Inflated	44.9867	82.6528	56.5945			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9867	82.6528	56.5945	18.4500		202.6840
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8417		58.7100			
7	Provider Target Rate	47.9353		60.0807			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.9867	82.6528	56.1342	13.6500		197.4237
12/13	Medicaid Adjustment Rate		0.8047	0.5465			
14	Prospective Per Diem 11	44.9867	83.4575	56.6807	13.6500		198.7749
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312371-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

223.06

Southlake Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,188,421.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	6,962,052	17.7753
Indexed Asset Value	8,702,565	< 60% of Base:	False	20% ROE(2):	1,740,513	0.8124
FRVS Base Asset:	3,420,000	Interest Rate:	15.1200 %	Insurance Cost(3):	122,628	1.9648
Occup Adj Factor:	0.9000	Chase Rate:	11.2000 %	Taxes Cost(3):	89,707	1.4373
ROE Factor	0.027600	Amortization Rate:	14.2000 %	Home Office(3):	44,246	0.7089
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	1,051,052	Total FRVS PD:		22.6987

(1) 80% Capital (\$6,962,052) amortized at 14.2000% for 20 years Principal & Interest of \$1,051,052 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$17.7753

(2) 20% ROE (\$1,740,513) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8124

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9867	44.9867	2.6568	42.3299
Patient Care				
Direct Care	83.4575	83.4575	4.9287	78.5288
Indirect Care	56.6807	56.6807	3.3474	53.3333
Property	13.6500	22.6987	1.3405	21.3582
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6782
Supplemental Rate Add-on				\$8.8324
Totals	198.7749	207.8236	12.2734	223.0608

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 312550-00 - 2012/07

187.46

Savannah Cove of Maitland

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1301 W. Maitland Blvd Maitland FL 32751 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/16/1995 Acquired Date: 6/16/1995 Entered Medicaid 6/16/1995 Med # Active Date: 1/1/2006 Previous Med # 263117	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 39 Maximum: 14,235 Max Annualized: 14,235 Total Patient: 12,599 Medicare: 4,119 Medicaid: 3,269	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 25.94650% Occupancy: 88.50720% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.47607% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	167,092	242,291	152,617	69,532	0	631,532
1a	Audit Adjustments						
2	Cost Per Diem	51.1141	74.1178	46.6861	21.2701		193.1881
3	Cost Per Diem Inflated	53.3070	76.0972	48.6891			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.3070	76.0972	48.6891	21.2701		199.3634
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.9796		74.6884			
7	Provider Target Rate	71.6134		76.4321			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.3070	76.0972	48.6891	13.6500		191.7433
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	53.3070	76.0972	48.6891	13.6500		191.7433
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312550-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

187.46

Savannah Cove of Maitland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/16/1995 Year of Phase-In/ Full: RS to Start Calcs: 1995/01 Indexed Asset Value 1,604,597 FRVS Base Asset: 1,340,079 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,283,678	8.1898
	< 60% of Base:	True	20% ROE(2):	320,919	0.6470
	Interest Rate:	8.2500 %	Insurance Cost(3):	10,006	0.7942
	Chase Rate:	8.2500 %	Taxes Cost(3):	16,542	1.3130
	Amortization Rate:	8.2500 %	Home Office(3):	10,107	0.8022
	Interest Only:	True	Replacement(3&4):	12,355	0.0000
Yearly Payment:	104,923	Total FRVS PD:	11.7462		

- (1) 80% Capital (\$1,283,678) amortized at 8.2500% for 20 years Interest of \$104,923 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$8.1898
- (2) 20% ROE (\$320,919) times the ROE factor (0.025830) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$0.6470
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	50,254
Comparison Bed 39	Effective PBS Limitation	1,340,079

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.3070	53.3070	3.1481	50.1589
Patient Care				
Direct Care	76.0972	76.0972	4.4940	71.6032
Indirect Care	48.6891	48.6891	2.8754	45.8137
Property	13.6500	11.7462	0.6937	11.0525
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	191.7433	189.8395	11.2112	187.4607

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 312789-00 - 2012/07 253.59

Children's Comprehensive Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
200 S.E. 19th Avenue Pompano Beach FL 33060 County: Broward [6] Region: South [2] Area: 10 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 5/4/1992 Acquired Date: 5/4/1992 Entered Medicaid 6/8/1992 Med # Active Date: 7/1/2005 Previous Med # 204790	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 36 Maximum: 13,140 Max Annualized: 13,140 Total Patient: 11,905 Medicare: 0 Medicaid: 11,370	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 95.50609% Occupancy: 90.60122% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.13718% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	734,616	1,178,858	928,588	242,522	0	3,084,584
1a	Audit Adjustments						
2	Cost Per Diem	64.6100	103.6814	81.6700	21.3300		271.2914
3	Cost Per Diem Inflated	67.1808	106.2854	84.9196			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	67.1808	106.2854	84.9196	21.3300		279.7158
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.7202		61.3003			
7	Provider Target Rate	73.3946		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	106.2854	62.7314	13.6500		244.8465
12/13	Medicaid Adjustment Rate		4.7828	2.8229			
14	Prospective Per Diem 11	62.1797	111.0682	65.5543	13.6500		252.4522
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 312789-00 - 2012/07

253.59

Children's Comprehensive Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/8/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,220,125.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed [2]	80% Capital(1):	1,446,635	13.6829
Indexed Asset Value	1,808,294	< 60% of Base:	False	20% ROE(2):	361,659	0.7899
FRVS Base Asset:	1,084,510	Interest Rate:	9.5000 %	Insurance Cost(3):	38,181	3.2071
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	9.5000 %	Home Office(3):	43,320	3.6388
		Interest Only:	False	Replacement(3&4):	24,136	0.0000
		Yearly Payment:	161,814	Total FRVS PD:		21.3187

(1) 80% Capital (\$1,446,635) amortized at 9.5000% for 20 years Principal & Interest of \$161,814 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$13.6829

(2) 20% ROE (\$361,659) times the ROE factor (0.025830) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$0.7899

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	50,254
Comparison Bed 35	Effective PBS Limitation	1,084,510

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	62.1797	62.1797	3.6721	58.5076
Patient Care				
Direct Care	111.0682	111.0682	6.5593	104.5089
Indirect Care	65.5543	65.5543	3.8714	61.6829
Property	13.6500	21.3187	1.2590	20.0597
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	252.4522	260.1209	15.3618	253.5915

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 313424-00 - 2012/07

215.83

Hollywood Hills Rehabilitation Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1200 N 35th Avenue Hollywood FL 33021 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/2006 Previous Med # 200204	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 152 Maximum: 55,480 Max Annualized: 55,480 Total Patient: 47,536 Medicare: 8,763 Medicaid: 21,107	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 44.40214% Occupancy: 85.68133% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.88492% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,089,140	1,628,065	1,034,874	334,124	0	4,086,203
1a	Audit Adjustments						
2	Cost Per Diem	51.6009	77.1339	49.0299	15.8300		193.5947
3	Cost Per Diem Inflated	53.8147	79.1939	51.1334			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.8147	79.1939	51.1334	15.8300		199.9720
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.0041		59.7514			
7	Provider Target Rate	58.3349		61.1464			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	79.1939	51.1334	13.6500		196.1921
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	79.1939	51.1334	13.6500		196.1921
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 313424-00 - 2012/07
215.83

Florida Agency For Health Care Administration
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Hollywood Hills Rehabilitation Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,323,889.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	5,131,425	12.7769
Indexed Asset Value	6,414,281	< 60% of Base:	True	20% ROE(2):	1,282,856	0.6636
FRVS Base Asset:	3,129,551	Interest Rate:	9.5000 %	Insurance Cost(3):	87,884	1.8488
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	110,191	2.3181
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	637,977	Total FRVS PD:		17.6074

(1) 80% Capital (\$5,131,425) amortized at 12.5000% for 20 years Interest of \$637,977 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$12.7769

(2) 20% ROE (\$1,282,856) times the ROE factor (0.025830) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$0.6636

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 152	Effective PBS Limitation	4,332,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	79.1939	79.1939	4.6769	74.5170
Indirect Care	51.1334	51.1334	3.0198	48.1136
Property	13.6500	17.6074	1.0398	16.5676
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6704
Supplemental Rate Add-on				\$8.8324
Totals	196.1921	200.1495	11.8201	215.8322

***Medicaid Trend Adjustment :**



0 313718-00 - 2012/07

203.02

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
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Lutheran Haven Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2041 W. State Rd. 426 Oviedo Fl 32765 County: Seminole [59] Region: Central [3] Area: 7 Control Church Non-Profit [2] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 12/17/2005 Acquired Date: 12/17/2005 Entered Medicaid 12/16/2005 Med # Active Date: 12/16/2005 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 42 Maximum: 15,330 Max Annualized: 15,330 Total Patient: 15,000 Medicare: 1,337 Medicaid: 8,218 Medicaid Utilization 54.78667% Occupancy: 97.84736% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.34567% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	481,821	671,636	450,025	194,767	0	1,798,249
1a	Audit Adjustments						
2	Cost Per Diem	58.6300	81.7274	54.7609	23.7000		218.8183
3	Cost Per Diem Inflated	60.7808	83.6502	56.7698			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	60.7808	83.6502	56.7698	23.7000		224.9008
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1566		60.2389			
7	Provider Target Rate	56.4443		61.6453			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	56.4443	83.6502	56.7698	13.6500		210.5143
12/13	Medicaid Adjustment Rate		0.4505	0.3057			
14	Prospective Per Diem 11	56.4443	84.1007	57.0755	13.6500		211.2705
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 313718-00 - 2012/07
203.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Lutheran Haven Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/16/2005	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,663,145.00		Total Amount	Per Diem
RS to Start Calcs: 2005/07	Type: Variable [3]		80% Capital(1): 1,613,752	5.9546
Indexed Asset Value 2,017,190	< 60% of Base: False		20% ROE(2): 403,438	0.7494
FRVS Base Asset: 1,858,542	Interest Rate: 0.1800 %		Insurance Cost(3): 30,706	2.0471
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %		Taxes Cost(3): 0	0.0000
ROE Factor 0.025630	Amortization Rate: 0.1800 %		Home Office(3): 0	0.0000
	Interest Only: False		Replacement(3&4): 29,780	0.0000
	Yearly Payment: 82,155		Total FRVS PD:	8.7511

(1) 80% Capital (\$1,613,752) amortized at 0.1800% for 20 years Principal & Interest of \$82,155 divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = \$5.9546

(2) 20% ROE (\$403,438) times the ROE factor (0.025630) divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = \$0.7494

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 44,251
Comparison Date: 1/1/2005	Current RS PBS: 50,254
Comparison Bed 42	Effective PBS Limitation 1,858,542

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	56.4443	56.4443	3.3334	53.1109
Patient Care				
Direct Care	84.1007	84.1007	4.9667	79.1340
Indirect Care	57.0755	57.0755	3.3707	53.7048
Property	13.6500	8.7511	0.5168	8.2343
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	211.2705	206.3716	12.1876	203.0164

*Medicaid Trend Adjustment :



0 315524-00 - 2012/07

205.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Carrington Place of St. Pete

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10501 Roosevelt Blvd North St. Petersburg FL 33716 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1988 Acquired Date: 8/1/1988 Entered Medicaid 10/1/1988 Med # Active Date: 5/1/2006 Previous Med # 258768	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,115 Medicare: 7,055 Medicaid: 26,458	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.82322% Occupancy: 96.15297% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.19242% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,069,798	2,128,364	1,304,055	705,106	0	5,207,323
1a	Audit Adjustments						
2	Cost Per Diem	40.4338	80.4431	49.2877	26.6500		196.8146
3	Cost Per Diem Inflated	41.5136	81.8971	50.6040			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.5136	81.8971	50.6040	26.6500		200.6647
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9379		48.2597			
7	Provider Target Rate	42.9170		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.5136	81.8971	49.3864	13.6500		186.4471
12/13	Medicaid Adjustment Rate		1.1815	0.7125			
14	Prospective Per Diem 11	41.5136	83.0786	50.0989	13.6500		188.3411
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 315524-00 - 2012/07
205.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Carrington Place of St. Pete

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 5,571,250 FRVS Base Asset: 3,559,440 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,520,263.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,457,000	9.5891
	< 60% of Base:	False	20% ROE(2):	1,114,250	0.6832
	Interest Rate:	5.8318 %	Insurance Cost(3):	62,083	1.4741
	Chase Rate:	7.7500 %	Taxes Cost(3):	78,000	1.8521
	Amortization Rate:	5.8318 %	Home Office(3):	11,696	0.2777
	Interest Only:	False	Replacement(3&4):	57,040	0.0000
Yearly Payment:	378,004	Total FRVS PD:	13.8762		

(1) 80% Capital (\$4,457,000) amortized at 5.8318% for 20 years Principal & Interest of \$378,004 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5891

(2) 20% ROE (\$1,114,250) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6832

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.5136	41.5136	2.4517	39.0619
Patient Care				
Direct Care	83.0786	83.0786	4.9063	78.1723
Indirect Care	50.0989	50.0989	2.9587	47.1402
Property	13.6500	13.8762	0.8195	13.0567
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0555
Supplemental Rate Add-on				\$8.8324
Totals	188.3411	188.5673	11.1362	205.3190

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 315664-00 - 2012/07

215.43

Life Care Center of Pensacola

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3291 East Olive Road Pensacola FL 32514 County: Escambia [17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/9/2006 Acquired Date: 6/9/2006 Entered Medicaid 6/1/2006 Med # Active Date: 6/1/2006 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,616 Medicare: 21,099 Medicaid: 16,525	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 40.68594% Occupancy: 92.73059% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.84322% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	719,193	1,464,325	974,902	777,006	0	3,935,426
1a	Audit Adjustments						
2	Cost Per Diem	43.5215	88.6127	58.9956	47.0200		238.1498
3	Cost Per Diem Inflated	45.8856	91.4054	62.2003			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.8856	91.4054	62.2003	47.0200		246.5113
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.2796		77.9145			
7	Provider Target Rate	63.7336		79.7335			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.8856	91.4054	56.1342	13.6500		207.0752
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.8856	91.4054	56.1342	13.6500		207.0752
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 315664-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

215.43

Life Care Center of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/2006	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	11,530,000.00		Total Amount	Per Diem
RS to Start Calcs:	2006/01	Type:	Variable [3]	80% Capital(1):	4,612,383	9.4613
Indexed Asset Value	5,765,479	< 60% of Base:	False	20% ROE(2):	1,153,096	0.8073
FRVS Base Asset:	478,329	Interest Rate:	6.0000 %	Insurance Cost(3):	22,957	0.5652
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	101,307	2.4943
ROE Factor	0.027600	Amortization Rate:	5.2500 %	Home Office(3):	45,486	1.1199
		Interest Only:	False	Replacement(3&4):	27,019	0.0000
		Yearly Payment:	372,963	Total FRVS PD:		14.4480

(1) 80% Capital (\$4,612,383) amortized at 5.2500% for 20 years Principal & Interest of \$372,963 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4613

(2) 20% ROE (\$1,153,096) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8073

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	44,577
Comparison Date: 7/1/2005	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	5,349,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.8856	45.8856	2.7099	43.1757
Patient Care				
Direct Care	91.4054	91.4054	5.3981	86.0073
Indirect Care	56.1342	56.1342	3.3151	52.8191
Property	13.6500	14.4480	0.8533	13.5947
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$10.9992
Supplemental Rate Add-on				\$8.8324
Totals	207.0752	207.8732	12.2764	215.4284

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 316075-00 - 2012/07
205.24

Westwood Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1001 Mar Walt Drive Ft. Walton Beach FL 32457 County: Okaloosa [46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1985 Acquired Date: 7/1/1985 Entered Medicaid 7/1/1985 Med # Active Date: 3/31/2006 Previous Med # 225061	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 17,127 Medicare: 7,430 Medicaid: 4,772	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 27.86244% Occupancy: 78.20548% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 99.38452% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	211,980	361,537	311,530	45,907	11,524	942,478
1a	Audit Adjustments						
2	Cost Per Diem	44.4216	75.7622	65.2829	9.6201	2.4149	197.5017
3	Cost Per Diem Inflated	45.6079	77.1316	67.0263			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.6079	77.1316	67.0263	9.6201	2.4149	201.8008
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.8151		60.3828			
7	Provider Target Rate	50.9781		61.7925			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.6079	77.1316	61.7620	9.6201	2.4149	196.5365
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.6079	77.1316	61.7620	9.6201	2.4149	196.5365
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 316075-00 - 2012/07
205.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Westwood Health Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 3,807,470.00		
RS to Start Calcs:	1985/07	Type: Variable [3]	80% Capital(1): 1,060,116	5.0630
Indexed Asset Value	1,325,145	< 60% of Base: False	20% ROE(2): 265,029	0.3250
FRVS Base Asset:	892,330	Interest Rate: 7.1519 %	Insurance Cost(3): 16,410	0.9581
Occup Adj Factor:	0.9000	Chase Rate: 7.7500 %	Taxes Cost(3): 13,958	0.8150
ROE Factor	0.024170	Amortization Rate: 7.1519 %	Home Office(3): 41,648	2.4317
		Interest Only: False	Replacement(3&4): 0	0.0000
		Yearly Payment: 99,792	Total FRVS PD:	9.5928

(1) 80% Capital (\$1,060,116) amortized at 7.1519% for 20 years Principal & Interest of \$99,792 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$5.0630

(2) 20% ROE (\$265,029) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3250

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.6079	45.6079	2.6935	42.9144
Patient Care				
Direct Care	77.1316	77.1316	4.5551	72.5765
Indirect Care	61.7620	61.7620	3.6475	58.1145
Property	9.6201	9.5928	0.5681	9.0520
ROE	2.4149	1.5752	0.1426	2.2723
ROE Adjustment	-1.5752	-1.5752	-0.0930	-1.4822
Quality Assess-Medicaid Share				\$12.9599
Supplemental Rate Add-on				\$8.8324
Totals	194.9613	194.0943	11.5138	205.2398

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 316229-00 - 2012/07 258.23

Desoto Health & Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1002 North Brevard Avenue Arcadia FL 34266 County: Desoto [14] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 9/1/1980 Acquired Date: 9/1/1980 Entered Medicaid 9/1/1980 Med # Active Date: 6/28/2006 Previous Med # 229741	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False Medicaid Utilization 64.41382% Occupancy: 86.80922% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.31827% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 41 Maximum: 14,965 Max Annualized: 14,965 Total Patient: 12,991 Medicare: 4,509 Medicaid: 8,368	Superior: 0 Standard: 184 Conditional: 0 Total: 184		
			Inflation		
			FY Index: 1.22078676		
			Semester Index: 1.28710041		
			Cost: 1.05432042		
			Target: 1.01634256		
			DC FY Index: 1.17400000		
			DC Sem Index: 1.21100000		
			DC Inflation: 1.03151618		
			PS Target: 1.02334651		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	595,885	864,454	627,263	264,596	0	2,352,198
1a	Audit Adjustments						
2	Cost Per Diem	71.2100	103.3047	74.9597	31.6200		281.0944
3	Cost Per Diem Inflated	75.0782	106.5605	79.0315			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	75.0782	106.5605	79.0315	31.6200		292.2902
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.2512		82.7956			
7	Provider Target Rate	70.8680		84.7286			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	62.1797	106.5605	74.1906	13.6500		256.5808
12/13	Medicaid Adjustment Rate		1.7279	1.2030			
14	Prospective Per Diem 11	62.1797	108.2884	75.3936	13.6500		259.5117
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 316229-00 - 2012/07
258.23

Desoto Health & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1986 Year of Phase-In/ Full: RS to Start Calcs: 1980/07 Indexed Asset Value 1,958,739 FRVS Base Asset: 1,077,566 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,300,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,566,991	10.8242
	< 60% of Base:	False	20% ROE(2):	391,748	0.8028
	Interest Rate:	7.0000 %	Insurance Cost(3):	44,736	3.4436
	Chase Rate:	5.5000 %	Taxes Cost(3):	44,173	3.4003
	Amortization Rate:	7.0000 %	Home Office(3):	9,271	0.7136
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	145,786	Total FRVS PD:		19.1845	

(1) 80% Capital (\$1,566,991) amortized at 7.0000% for 20 years Principal & Interest of \$145,786 divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = \$10.8242

(2) 20% ROE (\$391,748) times the ROE factor (0.027600) divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = \$0.8028

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS					
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Components	Cost	FRVS	MTA*	Final Component	
Operating	62.1797	62.1797	3.6721	58.5076	
Patient Care					
Direct Care	108.2884	108.2884	6.3952	101.8932	
Indirect Care	75.3936	75.3936	4.4525	70.9411	
Property	13.6500	19.1845	1.1330	18.0515	
ROE	0.0000	0.0000			
ROE Adjustment	0.0000	0.0000			
Supplemental Rate Add-on				\$8.8324	
Totals	259.5117	265.0462	15.6528	258.2258	

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 316628-00 - 2012/07

199.66

Laurellwood Nursing Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3127 - 57th Avenue North St. Petersburg FL 33714 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 3/1/1980 Acquired Date: 3/1/1980 Entered Medicaid 3/1/1980 Med # Active Date: 12/1/2005 Previous Med # 257206	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 15,595 Medicare: 2,121 Medicaid: 12,683	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 81.32735% Occupancy: 71.21004% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 90.49463% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	570,991	1,019,911	477,113	286,889	0	2,354,904
1a	Audit Adjustments						
2	Cost Per Diem	45.0202	80.4156	37.6183	22.6200		185.6741
3	Cost Per Diem Inflated	47.0571	82.6333	39.3203			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.0571	82.6333	39.3203	22.6200		191.6307
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6750		56.1471			
7	Provider Target Rate	49.8114		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.0571	82.6333	39.3203	13.6500		182.6607
12/13	Medicaid Adjustment Rate		2.9123	1.3858			
14	Prospective Per Diem 11	47.0571	85.5456	40.7061	13.6500		186.9588
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 316628-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

199.66

Laurellwood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Variable [3]	80% Capital(1):	1,174,304	5.7596
Indexed Asset Value	1,467,880	< 60% of Base:	False	20% ROE(2):	293,576	0.3895
FRVS Base Asset:	764,013	Interest Rate:	7.5000 %	Insurance Cost(3):	5,547	0.3557
Occup Adj Factor:	0.9000	Chase Rate:	7.2500 %	Taxes Cost(3):	16,990	1.0895
ROE Factor	0.026150	Amortization Rate:	7.5000 %	Home Office(3):	13,807	0.8853
		Interest Only:	False	Replacement(3&4):	1,960	0.0000
		Yearly Payment:	113,521	Total FRVS PD:		8.4796

(1) 80% Capital (\$1,174,304) amortized at 7.5000% for 20 years Principal & Interest of \$113,521 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$5.7596

(2) 20% ROE (\$293,576) times the ROE factor (0.026150) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3895

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.0571	47.0571	2.7790	44.2781
Patient Care				
Direct Care	85.5456	85.5456	5.0520	80.4936
Indirect Care	40.7061	40.7061	2.4040	38.3021
Property	13.6500	8.4796	0.5008	7.9788
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7768
Supplemental Rate Add-on				\$8.8324
Totals	186.9588	181.7884	10.7358	199.6618

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 316636-00 - 2012/07
206.90

HarbourWood Nursing Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2855 Gulf to Bay Boulevard, B Clearwater FL 33759 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/3/1996 Acquired Date: 7/3/1996 Entered Medicaid 7/3/1996 Med # Active Date: 12/1/2005 Previous Med # 251577	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,175 Medicare: 4,901 Medicaid: 27,562	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.19908% Occupancy: 87.15754% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.76090% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,098,678	2,394,055	1,102,988	657,078	0	5,252,799
1a	Audit Adjustments						
2	Cost Per Diem	39.8621	86.8607	40.0184	23.8400		190.5812
3	Cost Per Diem Inflated	41.6656	89.2562	41.8290			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.6656	89.2562	41.8290	23.8400		196.5908
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	89.2562	41.8290	13.6500		185.5891
12/13	Medicaid Adjustment Rate		2.2291	1.0446			
14	Prospective Per Diem 11	40.8539	91.4853	42.8736	13.6500		188.8628
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 316636-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

206.90

HarbourWood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/3/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,560,000.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable [3]	80% Capital(1):	4,270,056	9.8837
Indexed Asset Value	5,337,570	< 60% of Base:	False	20% ROE(2):	1,067,514	0.7082
FRVS Base Asset:	4,325,640	Interest Rate:	6.7500 %	Insurance Cost(3):	14,642	0.3835
Occup Adj Factor:	0.9000	Chase Rate:	7.0000 %	Taxes Cost(3):	82,274	2.1552
ROE Factor	0.026150	Amortization Rate:	6.7500 %	Home Office(3):	36,405	0.9536
		Interest Only:	False	Replacement(3&4):	21,114	0.0000
		Yearly Payment:	389,616	Total FRVS PD:		14.0842

(1) 80% Capital (\$4,270,056) amortized at 6.7500% for 20 years Principal & Interest of \$389,616 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8837

(2) 20% ROE (\$1,067,514) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7082

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,325,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	91.4853	91.4853	5.4028	86.0825
Indirect Care	42.8736	42.8736	2.5320	40.3416
Property	13.6500	14.0842	0.8318	13.2524
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9513
Supplemental Rate Add-on				\$8.8324
Totals	188.8628	189.2970	11.1793	206.9014

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 316644-00 - 2012/07

196.78

GraceWood Nursing Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8600 U.S. Highway 19 North Pinellas Park FL 33782 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/21/1984 Acquired Date: 12/21/1984 Entered Medicaid 12/21/1984 Med # Active Date: 12/1/2005 Previous Med # 228583	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 34,112 Medicare: 3,264 Medicaid: 27,799	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 81.49332% Occupancy: 77.88128% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 98.97252% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707	Semester Index: 1.28710041
		Cost: 1.04524438	Target: 1.01634256
		DC FY Index: 1.17849915	DC Sem Index: 1.21100000
		DC Inflation: 1.02757817	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,136,365	2,356,190	819,085	721,940	0	5,033,580
1a	Audit Adjustments						
2	Cost Per Diem	40.8779	84.7581	29.4645	25.9700		181.0705
3	Cost Per Diem Inflated	42.7274	87.0956	30.7976			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.7274	87.0956	30.7976	25.9700		186.5906
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9219		48.2597			
7	Provider Target Rate	40.8539		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.8539	87.0956	30.7976	13.6500		172.3971
12/13	Medicaid Adjustment Rate		3.0858	1.0912			
14	Prospective Per Diem 11	40.8539	90.1814	31.8888	13.6500		176.5741
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 316644-00 - 2012/07
196.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

GraceWood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	4,200,081	10.1055
Indexed Asset Value	5,250,101	< 60% of Base:	False	20% ROE(2):	1,050,020	0.6966
FRVS Base Asset:	3,239,533	Interest Rate:	7.2500 %	Insurance Cost(3):	9,499	0.2785
Occup Adj Factor:	0.9000	Chase Rate:	7.2500 %	Taxes Cost(3):	94,020	2.7562
ROE Factor	0.026150	Amortization Rate:	7.2500 %	Home Office(3):	33,544	0.9833
		Interest Only:	False	Replacement(3&4):	50,715	0.0000
		Yearly Payment:	398,357	Total FRVS PD:		14.8201

(1) 80% Capital (\$4,200,081) amortized at 7.2500% for 20 years Principal & Interest of \$398,357 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1055

(2) 20% ROE (\$1,050,020) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6966

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8539	40.8539	2.4127	38.4412
Patient Care				
Direct Care	90.1814	90.1814	5.3258	84.8556
Indirect Care	31.8888	31.8888	1.8832	30.0056
Property	13.6500	14.8201	0.8752	13.9449
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6998
Supplemental Rate Add-on				\$8.8324
Totals	176.5741	177.7442	10.4969	196.7795

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 316652-00 - 2012/07

188.44

BavWood Nursing Center, Inc

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 17th Avenue South St. Petersburg FL 33712 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 10/1/1981 Acquired Date: 10/1/1981 Entered Medicaid 10/1/1981 Med # Active Date: 12/1/2005 Previous Med # 228206	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 59 Maximum: 21,535 Max Annualized: 21,535 Total Patient: 18,814 Medicare: 1,805 Medicaid: 16,931	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 89.99150% Occupancy: 87.36476% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.02425% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	686,645	1,348,495	572,716	143,575	0	2,751,431
1a	Audit Adjustments						
2	Cost Per Diem	40.5555	79.6465	33.8265	8.4800		162.5085
3	Cost Per Diem Inflated	42.3904	81.8430	35.3570			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.3904	81.8430	35.3570	8.4800		168.0704
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6372		56.1471			
7	Provider Target Rate	48.7494		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.3904	81.8430	35.3570	8.4800		168.0704
12/13	Medicaid Adjustment Rate		3.6822	1.5907			
14	Prospective Per Diem 11	42.3904	85.5252	36.9477	8.4800		173.3433
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 316652-00 - 2012/07

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

188.44

BavWood Nursing Center, Inc

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2005 Year of Phase-In/ Full: RS to Start Calcs: 1981/07 Indexed Asset Value 559,697 FRVS Base Asset: 341,074 Occup Adj Factor: 0.9000 ROE Factor 0.026150	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	550,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	447,758	2.2179
	< 60% of Base:	False	20% ROE(2):	111,939	0.1510
	Interest Rate:	7.4091 %	Insurance Cost(3):	3,379	0.1796
	Chase Rate:	6.5000 %	Taxes Cost(3):	13,045	0.6934
	Amortization Rate:	7.4091 %	Home Office(3):	14,796	0.7864
	Interest Only:	False	Replacement(3&4):	24,854	0.0000
Yearly Payment:	42,987	Total FRVS PD:	4.0283		

(1) 80% Capital (\$447,758) amortized at 7.4091% for 20 years Principal & Interest of \$42,987 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$2.2179

(2) 20% ROE (\$111,939) times the ROE factor (0.026150) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.1510

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 59	Effective PBS Limitation	1,681,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.3904	42.3904	2.5034	39.8870
Patient Care				
Direct Care	85.5252	85.5252	5.0508	80.4744
Indirect Care	36.9477	36.9477	2.1820	34.7657
Property	8.4800	4.0283	0.2379	3.7904
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6940
Supplemental Rate Add-on				\$8.8324
Totals	173.3433	168.8916	9.9741	188.4439

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 317195-00 - 2012/07 197.37

The Nursing Center at Freedom Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6410 21st Avenue West Bradenton FL 34209 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/23/1989 Acquired Date: 6/23/1989 Entered Medicaid 6/23/1989 Med # Active Date: 6/12/2006 Previous Med # 263036	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,646 Medicare: 10,849 Medicaid: 10,168	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 25.01599% Occupancy: 92.79909% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.93026% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	402,496	947,545	487,219	193,294	0	2,030,554
1a	Audit Adjustments						
2	Cost Per Diem	39.5846	93.1889	47.9169	19.0100		199.7004
3	Cost Per Diem Inflated	41.7349	96.1259	50.5198			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.7349	96.1259	50.5198	19.0100		207.3906
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0442		59.7294			
7	Provider Target Rate	54.2826		61.1239			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.7349	96.1259	50.5198	13.6500		202.0306
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.7349	96.1259	50.5198	13.6500		202.0306
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 317195-00 - 2012/07
197.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Nursing Center at Freedom Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/23/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	10,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Variable [3]	80% Capital(1):	2,852,265	7.1281
Indexed Asset Value	3,565,331	< 60% of Base:	False	20% ROE(2):	713,066	0.4993
FRVS Base Asset:	1,655,981	Interest Rate:	7.7500 %	Insurance Cost(3):	13,235	0.3256
Occup Adj Factor:	0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	50,435	1.2408
ROE Factor	0.027600	Amortization Rate:	7.7500 %	Home Office(3):	113,847	2.8009
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	280,988	Total FRVS PD:		11.9947

(1) 80% Capital (\$2,852,265) amortized at 7.7500% for 20 years Principal & Interest of \$280,988 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.1281

(2) 20% ROE (\$713,066) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4993

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,789,260

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.7349	41.7349	2.4647	39.2702
Patient Care				
Direct Care	96.1259	96.1259	5.6769	90.4490
Indirect Care	50.5198	50.5198	2.9835	47.5363
Property	13.6500	11.9947	0.7084	11.2863
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	202.0306	200.3753	11.8335	197.3742

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 317349-00 - 2012/07
214.24

Darcv Hall of Life Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2170 Palm Beach Lakes Blvd. West Palm Beach FL 33409 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 9/14/2006 Previous Med # 203483	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 220 Maximum: 80,300 Max Annualized: 80,300 Total Patient: 56,136 Medicare: 10,100 Medicaid: 37,850	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.42554% Occupancy: 69.90784% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 88.83978% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.28710041
		Cost: 1.05432042	Target: 1.01634256
		DC FY Index: 1.17400000	DC Sem Index: 1.21100000
		DC Inflation: 1.03151618	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,638,248	3,380,853	1,911,301	387,963	0	7,318,365
1a	Audit Adjustments						
2	Cost Per Diem	43.2826	89.3224	50.4967	10.2500		193.3517
3	Cost Per Diem Inflated	45.6337	92.1375	53.2397			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.6337	92.1375	53.2397	10.2500		201.2609
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.2582		50.1876			
7	Provider Target Rate	44.2681		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.2681	92.1375	51.3593	10.2500		198.0149
12/13	Medicaid Adjustment Rate		1.8062	1.0068			
14	Prospective Per Diem 11	44.2681	93.9437	52.3661	10.2500		200.8279
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 317349-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

214.24

Darcv Hall of Life Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 4,534,822 FRVS Base Asset: 2,203,076 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,500,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,627,858	3.5130
	< 60% of Base:	False	20% ROE(2):	906,964	0.3464
	Interest Rate:	3.5625 %	Insurance Cost(3):	17,970	0.3201
	Chase Rate:	3.2500 %	Taxes Cost(3):	149,477	2.6628
	Amortization Rate:	3.5625 %	Home Office(3):	52,052	0.9272
	Interest Only:	False	Replacement(3&4):	138,219	0.0000
Yearly Payment:	253,882	Total FRVS PD:		7.7695	

(1) 80% Capital (\$3,627,858) amortized at 3.5625% for 20 years Principal & Interest of \$253,882 divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = \$3.5130

(2) 20% ROE (\$906,964) times the ROE factor (0.027600) divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = \$0.3464

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 220	Effective PBS Limitation	6,270,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.2681	44.2681	2.6143	41.6538
Patient Care				
Direct Care	93.9437	93.9437	5.5480	88.3957
Indirect Care	52.3661	52.3661	3.0926	49.2735
Property	10.2500	7.7695	0.4588	7.3107
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7716
Supplemental Rate Add-on				\$8.8324
Totals	200.8279	198.3474	11.7137	214.2377

***Medicaid Trend Adjustment :**



0 317560-00 - 2012/07
195.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Keystone Rehab. and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1120 West Donegan Avenue Kissimmee FL 34741 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/19/2006 Acquired Date: 10/19/2006 Entered Medicaid 10/19/2006 Med # Active Date: 10/19/2006 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,511 Medicare: 7,677 Medicaid: 29,092	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 68.43405% Occupancy: 97.05708% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.34137% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,110,706	2,083,342	1,368,892	182,698	0	4,745,638
1a	Audit Adjustments						
2	Cost Per Diem	38.1791	71.6122	47.0539	6.2800		163.1252
3	Cost Per Diem Inflated	39.8171	73.5247	49.0726			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.8171	73.5247	49.0726	6.2800		168.6944
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	92.8695		68.1549			
7	Provider Target Rate	95.0377		69.7461			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.8171	73.5247	49.0726	6.2800		168.6944
12/13	Medicaid Adjustment Rate		1.5248	1.0177			
14	Prospective Per Diem 11	39.8171	75.0495	50.0903	6.2800		171.2369
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 317560-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

195.20

Keystone Rehab. and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/19/2006	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 2006/07	Type: None [1]		80% Capital(1): 4,469,313	9.2669	
Indexed Asset Value 5,586,641	< 60% of Base: True		20% ROE(2): 1,117,328	0.7321	
FRVS Base Asset: 5,397,720	Interest Rate: 8.2500 %		Insurance Cost(3): 37,720	0.8873	
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %		Taxes Cost(3): 74,499	1.7525	
ROE Factor 0.025830	Amortization Rate: 8.2500 %		Home Office(3): 22,553	0.5305	
	Interest Only: True		Replacement(3&4): 37,170	0.0000	
	Yearly Payment: 365,303		Total FRVS PD:	13.1693	

(1) 80% Capital (\$4,469,313) amortized at 8.2500% for 20 years Interest of \$365,303 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2669

(2) 20% ROE (\$1,117,328) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7321

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 44,981
Comparison Date: 1/1/2006	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 5,397,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.8171	39.8171	2.3515	37.4656
Patient Care				
Direct Care	75.0495	75.0495	4.4322	70.6173
Indirect Care	50.0903	50.0903	2.9582	47.1321
Property	6.2800	13.1693	0.7777	12.3916
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7563
Supplemental Rate Add-on				\$8.8324
Totals	171.2369	178.1262	10.5196	195.1953

***Medicaid Trend Adjustment :**



0 317578-00 - 2012/07

230.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Parklands Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1000 S.W. 16th Avenue Gainesville FL 32601 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1980 Acquired Date: 7/1/1980 Entered Medicaid 7/1/1980 Med # Active Date: 10/1/2006 Previous Med # 267821	04/01/2010-03/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,038 Medicare: 6,627 Medicaid: 30,450	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.43446% Occupancy: 95.97717% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.96901% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22587622 Semester Index: 1.28710041 Cost: 1.04994321 Target: 1.01634256 DC FY Index: 1.17650000 DC Sem Index: 1.21100000 DC Inflation: 1.02932427 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,357,069	3,167,013	1,696,864	868,130	0	7,089,076
1a	Audit Adjustments						
2	Cost Per Diem	44.5671	104.0070	55.7262	28.5100		232.8103
3	Cost Per Diem Inflated	46.7929	107.0569	58.5093			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.7929	107.0569	58.5093	28.5100		240.8691
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.7325		62.1782			
7	Provider Target Rate	52.9403		63.6298			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7929	96.6592	56.1342	13.6500		213.2363
12/13	Medicaid Adjustment Rate		2.4396	1.4168			
14	Prospective Per Diem 11	46.7929	99.0988	57.5510	13.6500		217.0927
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 317578-00 - 2012/07
230.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Parklands Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,850,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable [3]	80% Capital(1):	2,626,530	7.0657
Indexed Asset Value	3,283,162	< 60% of Base:	False	20% ROE(2):	656,632	0.4459
FRVS Base Asset:	1,756,442	Interest Rate:	8.7500 %	Insurance Cost(3):	108,834	2.5889
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	61,885	1.4721
ROE Factor	0.026770	Amortization Rate:	8.7500 %	Home Office(3):	13,683	0.3255
		Interest Only:	False	Replacement(3&4):	23,468	0.0000
		Yearly Payment:	278,531	Total FRVS PD:		11.8981

(1) 80% Capital (\$2,626,530) amortized at 8.7500% for 20 years Principal & Interest of \$278,531 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0657

(2) 20% ROE (\$656,632) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4459

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7929	46.7929	2.7634	44.0295
Patient Care				
Direct Care	99.0988	99.0988	5.8524	93.2464
Indirect Care	57.5510	57.5510	3.3988	54.1522
Property	13.6500	11.8981	0.7027	11.1954
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2815
Supplemental Rate Add-on				\$8.8324
Totals	217.0927	215.3408	12.7173	230.7374

***Medicaid Trend Adjustment :**



0 317586-00 - 2012/07
227.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Williston Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
300 N.W. 1st Ave. Williston FL 32696 County: Levy [38] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1981 Acquired Date: 1/1/1981 Entered Medicaid 7/1/1982 Med # Active Date: 10/1/2006 Previous Med # 267830	04/01/2011-03/31/2012 Days In CR 366 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 41,096 Medicare: 6,025 Medicaid: 30,211	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.51324% Occupancy: 62.38009% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 79.27341% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25844015 Semester Index: 1.28710041 Cost: 1.02277443 Target: 1.01634256 DC FY Index: 1.19100000 DC Sem Index: 1.21100000 DC Inflation: 1.01679261 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,425,606	2,786,868	1,635,330	945,000	0	6,792,804
1a	Audit Adjustments						
2	Cost Per Diem	47.1883	92.2468	54.1303	31.2800		224.8454
3	Cost Per Diem Inflated	48.2630	93.7959	55.3631			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.2630	93.7959	55.3631	31.2800		228.7020
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1829		62.1912			
7	Provider Target Rate	51.3545		63.6431			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	93.7959	55.3631	13.6500		210.2870
12/13	Medicaid Adjustment Rate		2.4811	1.4645			
14	Prospective Per Diem 11	47.4780	96.2770	56.8276	13.6500		214.2326
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 317586-00 - 2012/07
227.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Williston Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/2006	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,600,000.00	Total Amount	Per Diem
RS to Start Calcs: 1981/01	Type: Variable [3]	80% Capital(1): 3,358,138	6.0226
Indexed Asset Value 4,197,673	< 60% of Base: False	20% ROE(2): 839,535	0.2943
FRVS Base Asset: 2,398,792	Interest Rate: 8.7500 %	Insurance Cost(3): 114,224	2.7794
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 83,391	2.0292
ROE Factor 0.020730	Amortization Rate: 8.7500 %	Home Office(3): 12,894	0.3138
	Interest Only: False	Replacement(3&4): 47,486	0.0000
	Yearly Payment: 356,115	Total FRVS PD: 11.4393	

(1) 80% Capital (\$3,358,138) amortized at 8.7500% for 20 years Principal & Interest of \$356,115 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$6.0226

(2) 20% ROE (\$839,535) times the ROE factor (0.020730) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.2943

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	22,673
Comparison Date: 7/1/1980	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	4,081,140

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	96.2770	96.2770	5.6858	90.5912
Indirect Care	56.8276	56.8276	3.3561	53.4715
Property	13.6500	11.4393	0.6756	10.7637
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5341
Supplemental Rate Add-on				\$8.8324
Totals	214.2326	212.0219	12.5214	227.8670

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 318779-00 - 2012/07

202.80

Community Health and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3611 Transmitter Road Panama City FL 32404 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/4/1997 Acquired Date: 11/4/1997 Entered Medicaid 11/4/1997 Med # Active Date: 1/1/2007 Previous Med # 266841	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,478 Medicare: 9,146 Medicaid: 21,467	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 50.53675% Occupancy: 96.98173% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.24562% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,060,880	1,543,677	1,068,694	334,241	0	4,007,492
1a	Audit Adjustments						
2	Cost Per Diem	49.4191	71.9093	49.7831	15.5700		186.6815
3	Cost Per Diem Inflated	51.5393	73.8297	51.9189			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.5393	73.8297	51.9189	15.5700		192.8579
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.9685		57.9135			
7	Provider Target Rate	56.2518		59.2656			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	73.8297	51.9189	13.6500		186.8766
12/13	Medicaid Adjustment Rate		0.0446	0.0314			
14	Prospective Per Diem 11	47.4780	73.8743	51.9503	13.6500		186.9526
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 318779-00 - 2012/07
202.80

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Community Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/4/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/07 Indexed Asset Value 5,444,751 FRVS Base Asset: 4,444,920 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,320,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,355,801	10.6495
	< 60% of Base:	False	20% ROE(2):	1,088,950	0.7135
	Interest Rate:	7.4600 %	Insurance Cost(3):	56,914	1.3398
	Chase Rate:	7.7500 %	Taxes Cost(3):	44,464	1.0468
	Amortization Rate:	7.4600 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	419,803	Total FRVS PD:	13.7496		

(1) 80% Capital (\$4,355,801) amortized at 7.4600% for 20 years Principal & Interest of \$419,803 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6495

(2) 20% ROE (\$1,088,950) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7135

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,041
Comparison Date:	1/1/1997	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	73.8743	73.8743	4.3628	69.5115
Indirect Care	51.9503	51.9503	3.0680	48.8823
Property	13.6500	13.7496	0.8120	12.9376
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9615
Supplemental Rate Add-on				\$8.8324
Totals	186.9526	187.0522	11.0467	202.7994

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

0 318787-00 - 2012/07

196.06

Citrus Gardens of Fort Myers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7173 Cypress Drive Southwest Fort Myers FL 33907 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 1/15/2007 Previous Med # 252131	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,160 Medicare: 6,858 Medicaid: 29,748	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 70.55977% Occupancy: 96.25571% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.32298% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	917,593	2,385,590	1,353,244	511,368	0	5,167,795
1a	Audit Adjustments						
2	Cost Per Diem	30.8455	80.1933	45.4903	17.1900		173.7191
3	Cost Per Diem Inflated	32.1689	82.3350	47.4420			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	32.1689	82.3350	47.4420	17.1900		179.1359
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9989		56.8003			
7	Provider Target Rate	42.9794		58.1264			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	32.1689	82.3350	47.4420	13.6500		175.5959
12/13	Medicaid Adjustment Rate		1.9044	1.0973			
14	Prospective Per Diem 11	32.1689	84.2394	48.5393	13.6500		178.5976
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 318787-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

196.06

Citrus Gardens of Fort Myers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,960,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Variable [3]	80% Capital(1):	3,947,971	9.8663
Indexed Asset Value	4,934,964	< 60% of Base:	False	20% ROE(2):	986,993	0.6467
FRVS Base Asset:	2,886,169	Interest Rate:	7.7500 %	Insurance Cost(3):	59,711	1.4163
Occup Adj Factor:	0.9000	Chase Rate:	8.7500 %	Taxes Cost(3):	54,265	1.2871
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	18,568	0.4404
		Interest Only:	False	Replacement(3&4):	69,410	0.0000
		Yearly Payment:	388,930	Total FRVS PD:		13.6568

(1) 80% Capital (\$3,947,971) amortized at 7.7500% for 20 years Principal & Interest of \$388,930 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8663

(2) 20% ROE (\$986,993) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6467

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	32.1689	32.1689	1.8998	30.2691
Patient Care				
Direct Care	84.2394	84.2394	4.9749	79.2645
Indirect Care	48.5393	48.5393	2.8666	45.6727
Property	13.6500	13.6568	0.8065	12.8503
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1666
Supplemental Rate Add-on				\$8.8324
Totals	178.5976	178.6044	10.5478	196.0556

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 318795-00 - 2012/07
233.31

The Court at Palm-Aire

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2701 North Course Drive Pompano Beach FL 33069 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 4/1/1988 Acquired Date: 4/28/1994 Entered Medicaid 4/28/1994 Med # Active Date: 9/1/2006 Previous Med # 211761	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,584 Medicare: 7,761 Medicaid: 9,979	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 50.95486% Occupancy: 89.42466% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.64199% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	428,015	907,257	965,874	321,424	0	2,622,570
1a	Audit Adjustments						
2	Cost Per Diem	42.8916	90.9166	96.7907	32.2100		262.8089
3	Cost Per Diem Inflated	44.7318	93.3446	100.9433			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7318	93.3446	100.9433	32.2100		271.2297
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.7937		91.4569			
7	Provider Target Rate	59.1430		93.5921			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7318	93.3446	74.1906	13.6500		225.9170
12/13	Medicaid Adjustment Rate		0.1003	0.0797			
14	Prospective Per Diem 11	44.7318	93.4449	74.2703	13.6500		226.0970
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 318795-00 - 2012/07
233.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

The Court at Palm-Aire

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/28/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/01 Indexed Asset Value 2,152,965 FRVS Base Asset: 1,765,380 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	1,722,372	7.1426
	< 60% of Base:	True	20% ROE(2):	430,593	0.5643
	Interest Rate:	8.2500 %	Insurance Cost(3):	13,046	0.6662
	Chase Rate:	8.2500 %	Taxes Cost(3):	54,877	2.8021
	Amortization Rate:	8.2500 %	Home Office(3):	5,151	0.2630
	Interest Only:	True	Replacement(3&4):	1,755,967	0.0000
Yearly Payment:	140,780	Total FRVS PD:	11.4382		

- (1) 80% Capital (\$1,722,372) amortized at 8.2500% for 20 years Interest of \$140,780 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$7.1426
- (2) 20% ROE (\$430,593) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5643
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7318	44.7318	2.6417	42.0901
Patient Care				
Direct Care	93.4449	93.4449	5.5185	87.9264
Indirect Care	74.2703	74.2703	4.3862	69.8841
Property	13.6500	11.4382	0.6755	10.7627
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.8189
Supplemental Rate Add-on				\$8.8324
Totals	226.0970	223.8852	13.2219	233.3146

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319244-00 - 2012/07

256.76

Palmer Ranch Healthcare and Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5111 Palmer Ranch Parkway Sarasota Fl 34238 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1999 Acquired Date: 9/28/1999 Entered Medicaid 6/1/2000 Med # Active Date: 12/1/2006 Previous Med # 269328	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,185 Medicare: 6,633 Medicaid: 6,515	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 33.95882% Occupancy: 87.60274% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 111.32668% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	398,925	706,935	454,126	161,767	0	1,721,753
1a	Audit Adjustments						
2	Cost Per Diem	61.2318	108.5088	69.7047	24.8299		264.2752
3	Cost Per Diem Inflated	63.8588	111.4067	72.6952			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	63.8588	111.4067	72.6952	24.8299		272.7906
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3502		71.8457			
7	Provider Target Rate	53.5724		73.5230			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.5724	107.8514	72.6952	13.6500		247.7690
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	53.5724	107.8514	72.6952	13.6500		247.7690
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319244-00 - 2012/07
256.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Palmer Ranch Healthcare and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,596,680.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Variable [3]	80% Capital(1):	2,067,543	10.7256
Indexed Asset Value	2,584,429	< 60% of Base:	False	20% ROE(2):	516,886	0.6774
FRVS Base Asset:	0	Interest Rate:	8.2500 %	Insurance Cost(3):	7,779	0.4055
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	31,650	1.6497
ROE Factor	0.025830	Amortization Rate:	8.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	1,247	0.0000
		Yearly Payment:	211,402	Total FRVS PD:		13.4582

(1) 80% Capital (\$2,067,543) amortized at 8.2500% for 20 years Principal & Interest of \$211,402 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.7256

(2) 20% ROE (\$516,886) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6774

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	2,330,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.5724	53.5724	3.1638	50.4086
Patient Care				
Direct Care	107.8514	107.8514	6.3693	101.4821
Indirect Care	72.6952	72.6952	4.2931	68.4021
Property	13.6500	13.4582	0.7948	12.6634
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.9760
Supplemental Rate Add-on				\$8.8324
Totals	247.7690	247.5772	14.6210	256.7646

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319325-00 - 2012/07

231.63

Port Charlotte Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
25325 Rampart Blvd Port Charlotte FL 33983 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/1/1985 Acquired Date: 2/1/1985 Entered Medicaid 3/1/1985 Med # Active Date: 10/8/2004 Previous Med # 264555	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,096 Medicare: 10,196 Medicaid: 18,584	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.48493% Occupancy: 82.41096% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.72890% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	949,145	1,652,333	1,103,008	301,804	0	4,006,290
1a	Audit Adjustments						
2	Cost Per Diem	51.0732	88.9116	59.3526	16.2400		215.5774
3	Cost Per Diem Inflated	53.8475	91.7138	62.5767			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.8475	91.7138	62.5767	16.2400		224.3780
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2349		55.3909			
7	Provider Target Rate	53.4544		56.6841			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	91.7138	56.6841	13.6500		214.2627
12/13	Medicaid Adjustment Rate		0.1532	0.0947			
14	Prospective Per Diem 11	52.2148	91.8670	56.7788	13.6500		214.5106
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319325-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

231.63

Port Charlotte Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/15/1990 Year of Phase-In/ Full: RS to Start Calcs: 1985/01 Indexed Asset Value 5,953,164 FRVS Base Asset: 3,157,214 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,300,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,762,531	14.7186
	< 60% of Base:	False	20% ROE(2):	1,190,633	0.8336
	Interest Rate:	10.7500 %	Insurance Cost(3):	40,383	1.1188
	Chase Rate:	10.0000 %	Taxes Cost(3):	50,216	1.3912
	Amortization Rate:	10.7500 %	Home Office(3):	14,575	0.4038
	Interest Only:	False	Replacement(3&4):	47,600	0.0000
Yearly Payment:	580,207	Total FRVS PD:	18.4660		

(1) 80% Capital (\$4,762,531) amortized at 10.7500% for 20 years Principal & Interest of \$580,207 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.7186

(2) 20% ROE (\$1,190,633) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8336

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	91.8670	91.8670	5.4254	86.4416
Indirect Care	56.7788	56.7788	3.3532	53.4256
Property	13.6500	18.4660	1.0905	17.3755
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.4243
Supplemental Rate Add-on				\$8.8324
Totals	214.5106	219.3266	12.9527	231.6306

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319333-00 - 2012/07

210.09

Harbour Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
23013 Westchester Boulevard Port Charlotte FL 33980 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1986 Acquired Date: 6/1/1986 Entered Medicaid 6/1/1986 Med # Active Date: 7/1/2005 Previous Med # 228974	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,067 Medicare: 9,026 Medicaid: 13,283	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 36.82868% Occupancy: 82.34475% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.64475% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	714,398	1,152,808	860,763	202,699	0	2,930,668
1a	Audit Adjustments						
2	Cost Per Diem	53.7829	86.7882	64.8019	15.2600		220.6330
3	Cost Per Diem Inflated	55.2192	88.3569	66.5325			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.2192	88.3569	66.5325	15.2600		225.3686
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.4862		76.1843			
7	Provider Target Rate	47.5715		77.9629			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.5715	88.3569	59.7055	13.6500		209.2839
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.5715	88.3569	59.7055	13.6500		209.2839
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319333-00 - 2012/07
210.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Harbour Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/2000	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,150,000.00	Total Amount	Per Diem
RS to Start Calcs: 1986/01	Type: Fixed [2]	80% Capital(1): 3,991,922	13.8063
Indexed Asset Value 4,989,903	< 60% of Base: False	20% ROE(2): 997,981	0.6119
FRVS Base Asset: 3,420,000	Interest Rate: 15.0000 %	Insurance Cost(3): 51,886	1.4386
Occup Adj Factor: 0.9000	Chase Rate: 9.5000 %	Taxes Cost(3): 86,512	2.3986
ROE Factor 0.024170	Amortization Rate: 12.5000 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 88,408	0.0000
	Yearly Payment: 544,246	Total FRVS PD:	18.2554

- (1) 80% Capital (\$3,991,922) amortized at 12.5000% for 20 years Principal & Interest of \$544,246 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.8063
- (2) 20% ROE (\$997,981) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6119
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.5715	47.5715	2.8094	44.7621
Patient Care				
Direct Care	88.3569	88.3569	5.2181	83.1388
Indirect Care	59.7055	59.7055	3.5260	56.1795
Property	13.6500	18.2554	1.0781	17.1773
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	209.2839	213.8893	12.6316	210.0901

***Medicaid Trend Adjustment :**



0 319376-00 - 2012/07

209.54

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2012 through 12/31/2012

Atrium Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9960 Atrium Way Jacksonville FL 32225 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 9/13/1996 Acquired Date: 9/13/1996 Entered Medicaid 9/13/1996 Med # Active Date: 2/1/2007 Previous Med # 225550	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 84 Maximum: 30,660 Max Annualized: 30,660 Total Patient: 25,724 Medicare: 10,674 Medicaid: 9,040	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 35.14228% Occupancy: 83.90085% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.62227% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	385,717	764,356	456,865	290,907	0	1,897,845
1a	Audit Adjustments						
2	Cost Per Diem	42.6678	84.5527	50.5382	32.1800		209.9387
3	Cost Per Diem Inflated	44.9855	87.2175	53.2835			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9855	87.2175	53.2835	32.1800		217.6665
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1135		50.9938			
7	Provider Target Rate	46.1667		52.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.9855	87.2175	52.1843	13.6500		198.0373
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.9855	87.2175	52.1843	13.6500		198.0373
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319376-00 - 2012/07
209.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Atrium Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/13/1996	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,789,000.00	Total Amount	Per Diem
RS to Start Calcs: 1996/07	Type: Fixed [2]	80% Capital(1): 2,982,534	9.3674
Indexed Asset Value: 3,728,168	< 60% of Base: False	20% ROE(2): 745,634	0.7458
FRVS Base Asset: 3,027,948	Interest Rate: 6.1000 %	Insurance Cost(3): 12,549	0.4878
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 43,530	1.6922
ROE Factor: 0.027600	Amortization Rate: 6.1000 %	Home Office(3): 61,490	2.3904
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 258,483	Total FRVS PD:	14.6836

(1) 80% Capital (\$2,982,534) amortized at 6.1000% for 20 years Principal & Interest of \$258,483 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$9.3674

(2) 20% ROE (\$745,634) times the ROE factor (0.027600) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$0.7458

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	50,254
Comparison Bed 84	Effective PBS Limitation	3,027,948

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9855	44.9855	2.6567	42.3288
Patient Care				
Direct Care	87.2175	87.2175	5.1508	82.0667
Indirect Care	52.1843	52.1843	3.0818	49.1025
Property	13.6500	14.6836	0.8672	13.8164
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.3919
Supplemental Rate Add-on				\$8.8324
Totals	198.0373	199.0709	11.7565	209.5387

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319503-00 - 2012/07

200.31

Consulate Health Care of Jacksonville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4101 Southpoint Drive East Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/9/1996 Acquired Date: 8/9/1996 Entered Medicaid 8/9/1996 Med # Active Date: 1/1/2007 Previous Med # 226696	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 56,492 Max Annualized: 42,340 Total Patient: 53,544 Medicare: 9,705 Medicaid: 27,677	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.69020% Occupancy: 94.78156% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.44961% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,209,729	2,064,801	1,177,933	1,204,780	0	5,657,243
1a	Audit Adjustments						
2	Cost Per Diem	43.7088	74.6035	42.5600	43.5300		204.4023
3	Cost Per Diem Inflated	46.2299	77.1080	45.0148			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2299	77.1080	45.0148	43.5300		211.8827
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5711		47.4971			
7	Provider Target Rate	49.7051		48.6060			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.2299	77.1080	45.0148	13.6500		182.0027
12/13	Medicaid Adjustment Rate		0.1466	0.0856			
14	Prospective Per Diem 11	46.2299	77.2546	45.1004	13.6500		182.2349
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319503-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

200.31

Consulate Health Care of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/9/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,697,802.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable [3]	80% Capital(1):	4,206,474	9.8763
Indexed Asset Value	5,258,092	< 60% of Base:	False	20% ROE(2):	1,051,618	0.7804
FRVS Base Asset:	4,181,452	Interest Rate:	6.5012 %	Insurance Cost(3):	66,276	1.2378
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	103,070	1.9250
ROE Factor	0.028280	Amortization Rate:	6.5000 %	Home Office(3):	62,823	1.1733
		Interest Only:	False	Replacement(3&4):	94,384	0.0000
		Yearly Payment:	376,348	Total FRVS PD:		14.9928

(1) 80% Capital (\$4,206,474) amortized at 6.5000% for 20 years Principal & Interest of \$376,348 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$9.8763

(2) 20% ROE (\$1,051,618) times the ROE factor (0.028280) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.7804

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	1/1/1996	Current RS PBS:	50,254
Comparison Bed	116	Effective PBS Limitation	4,181,452

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.2299	46.2299	2.7302	43.4997
Patient Care				
Direct Care	77.2546	77.2546	4.5624	72.6922
Indirect Care	45.1004	45.1004	2.6635	42.4369
Property	13.6500	14.9928	0.8854	14.1074
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7411
Supplemental Rate Add-on				\$8.8324
Totals	182.2349	183.5777	10.8415	200.3097

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319511-00 - 2012/07 201.88

Consulate Health Care of Kissimmee

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2511 John Young Parkway No Kissimmee FL 34741 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/20/1999 Acquired Date: 8/20/1999 Entered Medicaid 8/20/1999 Med # Active Date: 1/1/2007 Previous Med # 265764	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 56,749 Medicare: 11,031 Medicaid: 33,423	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.89619% Occupancy: 97.10643% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.40409% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,412,333	2,474,923	1,536,405	1,283,443	0	6,707,104
1a	Audit Adjustments						
2	Cost Per Diem	42.2563	74.0485	45.9685	38.4000		200.6733
3	Cost Per Diem Inflated	44.6936	76.5344	48.6199			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.6936	76.5344	48.6199	38.4000		208.2479
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1977		48.2597			
7	Provider Target Rate	48.2996		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.6936	76.5344	48.6199	13.6500		183.4979
12/13	Medicaid Adjustment Rate		0.7660	0.4866			
14	Prospective Per Diem 11	44.6936	77.3004	49.1065	13.6500		184.7505
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319511-00 - 2012/07
201.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Consulate Health Care of Kissimmee

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/20/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,762,891.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Fixed [2]	80% Capital(1):	4,443,268	9.8471
Indexed Asset Value	5,554,085	< 60% of Base:	False	20% ROE(2):	1,110,817	0.7969
FRVS Base Asset:	4,661,520	Interest Rate:	6.2000 %	Insurance Cost(3):	65,863	1.1606
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	88,148	1.5533
ROE Factor	0.028280	Amortization Rate:	6.2000 %	Home Office(3):	63,049	1.1110
		Interest Only:	False	Replacement(3&4):	50,675	0.0000
		Yearly Payment:	388,173	Total FRVS PD:		14.4689

(1) 80% Capital (\$4,443,268) amortized at 6.2000% for 20 years Principal & Interest of \$388,173 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8471

(2) 20% ROE (\$1,110,817) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7969

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	1/1/1999	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	4,661,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.6936	44.6936	2.6395	42.0541
Patient Care				
Direct Care	77.3004	77.3004	4.5651	72.7353
Indirect Care	49.1065	49.1065	2.9001	46.2064
Property	13.6500	14.4689	0.8545	13.6144
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4406
Supplemental Rate Add-on				\$8.8324
Totals	184.7505	185.5694	10.9592	201.8832

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319520-00 - 2012/07
200.52

Consulate Health Care Melbourne

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3033 Sarno Road Melbourne FL 32934 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1994 Acquired Date: 8/1/1994 Entered Medicaid 8/19/1994 Med # Active Date: 1/1/2007 Previous Med # 265713	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 167 Maximum: 91,182 Max Annualized: 60,955 Total Patient: 83,307 Medicare: 17,507 Medicaid: 39,941	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 47.94435% Occupancy: 91.36342% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.10581% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20140174 Semester Index: 1.28710041 Cost: 1.07133223 Target: 1.01634256 DC FY Index: 1.16416550 DC Sem Index: 1.21100000 DC Inflation: 1.04023010 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,636,615	2,825,158	1,830,921	2,210,335	0	8,503,029
1a	Audit Adjustments						
2	Cost Per Diem	40.9758	70.7333	45.8406	55.3400		212.8897
3	Cost Per Diem Inflated	43.8987	73.5789	49.1105			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8987	73.5789	49.1105	55.3400		221.9281
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9975		49.4205			
7	Provider Target Rate	50.1414		50.5743			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.8987	73.5789	49.1105	13.6500		180.2381
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.8987	73.5789	49.1105	13.6500		180.2381
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319520-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

200.52

Consulate Health Care Melbourne

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/19/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/07 Indexed Asset Value 7,401,123 FRVS Base Asset: 5,597,125 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	8,789,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	5,920,898	12.8435
	< 60% of Base:	False	20% ROE(2):	1,480,225	0.8208
	Interest Rate:	10.4000 %	Insurance Cost(3):	82,084	0.9853
	Chase Rate:	8.5000 %	Taxes Cost(3):	163,181	1.9588
	Amortization Rate:	10.4000 %	Home Office(3):	109,127	1.3099
	Interest Only:	False	Replacement(3&4):	369,626	0.0000
Yearly Payment:	704,590	Total FRVS PD:		17.9183	

(1) 80% Capital (\$5,920,898) amortized at 10.4000% for 20 years Principal & Interest of \$704,590 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$12.8435

(2) 20% ROE (\$1,480,225) times the ROE factor (0.030420) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$0.8208

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,123,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.8987	43.8987	2.5925	41.3062
Patient Care				
Direct Care	73.5789	73.5789	4.3453	69.2336
Indirect Care	49.1105	49.1105	2.9003	46.2102
Property	13.6500	17.9183	1.0582	16.8601
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0797
Supplemental Rate Add-on				\$8.8324
Totals	180.2381	184.5064	10.8963	200.5222

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319538-00 - 2012/07

198.70

Consulate Health Care of Orange Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1215 Kingsley Avenue Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/12/1989 Acquired Date: 12/12/1989 Entered Medicaid 1/9/1990 Med # Active Date: 1/1/2007 Previous Med # 226688	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 54,748 Medicare: 9,735 Medicaid: 33,636	Superior: 0 Standard: 119 Conditional: 65 Total: 184
	Medicaid Utilization 61.43786% Occupancy: 93.68241% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.05279% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,480,147	2,330,067	1,529,239	1,382,103	0	6,721,556
1a	Audit Adjustments						
2	Cost Per Diem	44.0048	69.2730	45.4644	41.0900		199.8322
3	Cost Per Diem Inflated	46.5429	71.5986	48.0867			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5429	71.5986	48.0867	41.0900		207.3182
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.1187		46.3317			
7	Provider Target Rate	54.3588		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5429	71.5986	47.4134	13.6500		179.2049
12/13	Medicaid Adjustment Rate		0.5958	0.3946			
14	Prospective Per Diem 11	46.5429	72.1944	47.8080	13.6500		180.1953
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319538-00 - 2012/07
198.70

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Consulate Health Care of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,137,363.00		Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Variable [3]	80% Capital(1):	4,758,960	10.8011
Indexed Asset Value	5,948,700	< 60% of Base:	False	20% ROE(2):	1,189,740	0.8535
FRVS Base Asset:	3,578,520	Interest Rate:	6.5012 %	Insurance Cost(3):	68,339	1.2482
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	64,783	1.1833
ROE Factor	0.028280	Amortization Rate:	6.5000 %	Home Office(3):	62,843	1.1479
		Interest Only:	False	Replacement(3&4):	95,956	0.0000
		Yearly Payment:	425,778	Total FRVS PD:		15.2340

- (1) 80% Capital (\$4,758,960) amortized at 6.5000% for 20 years Principal & Interest of \$425,778 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8011
- (2) 20% ROE (\$1,189,740) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8535
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5429	46.5429	2.7487	43.7942
Patient Care				
Direct Care	72.1944	72.1944	4.2636	67.9308
Indirect Care	47.8080	47.8080	2.8234	44.9846
Property	13.6500	15.2340	0.8997	14.3343
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8198
Supplemental Rate Add-on				\$8.8324
Totals	180.1953	181.7793	10.7354	198.6961

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319546-00 - 2012/07

204.92

Consulate Health Care of West Altamonte

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1099 W. Town Parkway Altamonte Springs FL 32714 County: Seminole [59] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/20/1994 Acquired Date: 1/20/1994 Entered Medicaid 2/17/1994 Med # Active Date: 1/1/2007 Previous Med # 266205	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 63,336 Max Annualized: 42,340 Total Patient: 60,258 Medicare: 12,987 Medicaid: 27,328	Superior: 0 Standard: 152 Conditional: 32 Total: 184
	Medicaid Utilization 45.35165% Occupancy: 95.14021% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.90539% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20140174	Semester Index: 1.28710041
		Cost: 1.07133223	Target: 1.01634256
		DC FY Index: 1.16416550	DC Sem Index: 1.21100000
		DC Inflation: 1.04023010	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,168,536	1,966,185	1,287,870	1,241,511	0	5,664,102
1a	Audit Adjustments						
2	Cost Per Diem	42.7597	71.9476	47.1264	45.4300		207.2637
3	Cost Per Diem Inflated	45.8098	74.8421	50.4880			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.8098	74.8421	50.4880	45.4300		216.5699
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3577		50.1477			
7	Provider Target Rate	53.5801		51.3185			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.8098	74.8421	50.4880	13.6500		184.7899
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.8098	74.8421	50.4880	13.6500		184.7899
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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204.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 07/01/2012 through 12/31/2012

Consulate Health Care of West Altamonte

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/17/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,947,000.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Fixed [2]	80% Capital(1):	4,106,450	12.8240
Indexed Asset Value	5,133,062	< 60% of Base:	False	20% ROE(2):	1,026,612	0.8195
FRVS Base Asset:	3,757,815	Interest Rate:	10.4000 %	Insurance Cost(3):	80,829	1.3414
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	111,252	1.8463
ROE Factor	0.030420	Amortization Rate:	10.4000 %	Home Office(3):	80,613	1.3378
		Interest Only:	False	Replacement(3&4):	95,410	0.0000
		Yearly Payment:	488,670	Total FRVS PD:		18.1690

- (1) 80% Capital (\$4,106,450) amortized at 10.4000% for 20 years Principal & Interest of \$488,670 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$12.8240
- (2) 20% ROE (\$1,026,612) times the ROE factor (0.030420) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.8195
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,255
Comparison Date: 7/1/1993	Current RS PBS:	50,254
Comparison Bed 113	Effective PBS Limitation	3,757,815

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.8098	45.8098	2.7054	43.1044
Patient Care				
Direct Care	74.8421	74.8421	4.4199	70.4222
Indirect Care	50.4880	50.4880	2.9817	47.5063
Property	13.6500	18.1690	1.0730	17.0960
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9567
Supplemental Rate Add-on				\$8.8324
Totals	184.7899	189.3089	11.1800	204.9180

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319554-00 - 2012/07

198.99

Franco Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
800 NW 95th Street Miami FL 33150 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/4/1996 Acquired Date: 1/4/1996 Entered Medicaid 1/4/1996 Med # Active Date: 1/1/2007 Previous Med # 312754	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,661 Medicare: 7,976 Medicaid: 25,280	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.17260% Occupancy: 92.83333% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.97378% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,082,877	1,772,449	1,335,895	659,555	0	4,850,776
1a	Audit Adjustments						
2	Cost Per Diem	42.8353	70.1127	52.8439	26.0900		191.8819
3	Cost Per Diem Inflated	43.9792	71.3800	54.2551			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.9792	71.3800	54.2551	26.0900		195.7043
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1874		50.1876			
7	Provider Target Rate	51.3591		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9792	71.3800	51.3593	13.6500		180.3685
12/13	Medicaid Adjustment Rate		0.9775	0.7033			
14	Prospective Per Diem 11	43.9792	72.3575	52.0626	13.6500		182.0493
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319554-00 - 2012/07
198.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Franco Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/4/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,912,591.00		Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	Fixed [2]	80% Capital(1):	4,415,341	9.7852
Indexed Asset Value	5,519,176	< 60% of Base:	False	20% ROE(2):	1,103,835	0.6768
FRVS Base Asset:	4,252,320	Interest Rate:	6.2000 %	Insurance Cost(3):	47,399	1.1657
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	60,095	1.4780
ROE Factor	0.024170	Amortization Rate:	6.2000 %	Home Office(3):	41,880	1.0300
		Interest Only:	False	Replacement(3&4):	85,651	0.0000
		Yearly Payment:	385,733	Total FRVS PD:		14.1357

(1) 80% Capital (\$4,415,341) amortized at 6.2000% for 20 years Principal & Interest of \$385,733 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7852

(2) 20% ROE (\$1,103,835) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6768

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	35,436
Comparison Date: 7/1/1995	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,252,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9792	43.9792	2.5973	41.3819
Patient Care				
Direct Care	72.3575	72.3575	4.2732	68.0843
Indirect Care	52.0626	52.0626	3.0746	48.9880
Property	13.6500	14.1357	0.8348	13.3009
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3999
Supplemental Rate Add-on				\$8.8324
Totals	182.0493	182.5350	10.7799	198.9874

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319651-00 - 2012/07
196.60

Consulate Health Care of Bayonet Point

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8132 Hudson Avenue Hudson FL 34667 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/29/1993 Acquired Date: 1/29/1993 Entered Medicaid 2/22/1993 Med # Active Date: 1/1/2007 Previous Med # 226572	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 54,661 Medicare: 10,417 Medicaid: 30,987	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 56.68941% Occupancy: 93.53354% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.86362% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,264,263	2,206,460	1,386,755	1,465,065	0	6,322,543
1a	Audit Adjustments						
2	Cost Per Diem	40.7998	71.2060	44.7528	47.2800		204.0386
3	Cost Per Diem Inflated	43.1531	73.5965	47.3341			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.1531	73.5965	47.3341	47.2800		211.3637
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8066		48.2597			
7	Provider Target Rate	44.8293		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.1531	73.5965	47.3341	13.6500		177.7337
12/13	Medicaid Adjustment Rate		0.5539	0.3562			
14	Prospective Per Diem 11	43.1531	74.1504	47.6903	13.6500		178.6438
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319651-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

196.60

Consulate Health Care of Bayonet Point

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/22/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,324,176.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable [3]	80% Capital(1):	4,357,727	9.8904
Indexed Asset Value	5,447,159	< 60% of Base:	False	20% ROE(2):	1,089,432	0.7816
FRVS Base Asset:	3,861,960	Interest Rate:	6.5012 %	Insurance Cost(3):	66,728	1.2208
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	101,390	1.8549
ROE Factor	0.028280	Amortization Rate:	6.5000 %	Home Office(3):	61,489	1.1249
		Interest Only:	False	Replacement(3&4):	132,779	0.0000
		Yearly Payment:	389,881	Total FRVS PD:		14.8726

(1) 80% Capital (\$4,357,727) amortized at 6.5000% for 20 years Principal & Interest of \$389,881 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8904

(2) 20% ROE (\$1,089,432) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7816

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.1531	43.1531	2.5485	40.6046
Patient Care				
Direct Care	74.1504	74.1504	4.3791	69.7713
Indirect Care	47.6903	47.6903	2.8164	44.8739
Property	13.6500	14.8726	0.8783	13.9943
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5277
Supplemental Rate Add-on				\$8.8324
Totals	178.6438	179.8664	10.6223	196.6042

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319660-00 - 2012/07
200.37

Consulate Health Care of Brandon

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 Victoria Street Brandon FL 33510 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 9/24/1985 Med # Active Date: 1/1/2007 Previous Med # 265705	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,520 Max Annualized: 43,800 Total Patient: 62,619 Medicare: 12,008 Medicaid: 35,870	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.28293% Occupancy: 95.57235% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.45455% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20140174 Semester Index: 1.28710041 Cost: 1.07133223 Target: 1.01634256 DC FY Index: 1.16416550 DC Sem Index: 1.21100000 DC Inflation: 1.04023010 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,503,707	2,578,553	1,477,041	1,363,419	0	6,922,720
1a	Audit Adjustments						
2	Cost Per Diem	41.9210	71.8861	41.1776	38.0100		192.9947
3	Cost Per Diem Inflated	44.9113	74.7781	44.1149			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9113	74.7781	44.1149	38.0100		201.8143
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.9149		48.2597			
7	Provider Target Rate	51.0802		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.9113	74.7781	44.1149	13.6500		177.4543
12/13	Medicaid Adjustment Rate		0.6127	0.3614			
14	Prospective Per Diem 11	44.9113	75.3908	44.4763	13.6500		178.4284
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319660-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

200.37

Consulate Health Care of Brandon

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,316,600.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	4,716,410	14.2378
Indexed Asset Value	5,895,512	< 60% of Base:	False	20% ROE(2):	1,179,102	0.9099
FRVS Base Asset:	3,420,000	Interest Rate:	10.4000 %	Insurance Cost(3):	93,749	1.4971
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	78,489	1.2534
ROE Factor	0.030420	Amortization Rate:	10.4000 %	Home Office(3):	76,436	1.2207
		Interest Only:	False	Replacement(3&4):	203,875	0.0000
		Yearly Payment:	561,256	Total FRVS PD:		19.1189

(1) 80% Capital (\$4,716,410) amortized at 10.4000% for 20 years Principal & Interest of \$561,256 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.2378

(2) 20% ROE (\$1,179,102) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9099

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9113	44.9113	2.6523	42.2590
Patient Care				
Direct Care	75.3908	75.3908	4.4523	70.9385
Indirect Care	44.4763	44.4763	2.6266	41.8497
Property	13.6500	19.1189	1.1291	17.9898
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5005
Supplemental Rate Add-on				\$8.8324
Totals	178.4284	183.8973	10.8603	200.3699

***Medicaid Trend Adjustment :**



0 319678-00 - 2012/07

196.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Consulate Health Care of Lake Parker

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2020 W. Lake Parker Drive Lakeland FL 33805 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/12/1990 Acquired Date: 4/12/1990 Entered Medicaid 5/14/1990 Med # Active Date: 1/1/2007 Previous Med # 265691	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,553 Medicare: 8,706 Medicaid: 25,776	Superior: 0 Standard: 169 Conditional: 15 Total: 184
	Medicaid Utilization 63.56127% Occupancy: 92.58676% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.66043% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,186,517	1,758,452	1,078,020	1,307,616	0	5,330,605
1a	Audit Adjustments						
2	Cost Per Diem	46.0319	68.2205	41.8226	50.7300		206.8050
3	Cost Per Diem Inflated	47.2612	69.4536	42.9395			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.2612	69.4536	42.9395	50.7300		210.3843
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2992		48.2597			
7	Provider Target Rate	50.4502		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.2612	69.4536	42.9395	13.6500		173.3043
12/13	Medicaid Adjustment Rate		0.9732	0.6017			
14	Prospective Per Diem 11	47.2612	70.4268	43.5412	13.6500		174.8792
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319678-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

196.01

Consulate Health Care of Lake Parker

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/14/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/01 Indexed Asset Value 5,906,536 FRVS Base Asset: 3,602,760 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,316,600.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,725,229	14.2645
	< 60% of Base:	False	20% ROE(2):	1,181,307	0.7243
	Interest Rate:	10.4000 %	Insurance Cost(3):	48,366	1.1927
	Chase Rate:	8.5000 %	Taxes Cost(3):	57,294	1.4128
	Amortization Rate:	10.4000 %	Home Office(3):	40,608	1.0014
	Interest Only:	False	Replacement(3&4):	70,746	0.0000
Yearly Payment:	562,305	Total FRVS PD:	18.5957		

(1) 80% Capital (\$4,725,229) amortized at 10.4000% for 20 years Principal & Interest of \$562,305 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.2645

(2) 20% ROE (\$1,181,307) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7243

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.2612	47.2612	2.7911	44.4701
Patient Care				
Direct Care	70.4268	70.4268	4.1592	66.2676
Indirect Care	43.5412	43.5412	2.5714	40.9698
Property	13.6500	18.5957	1.0982	17.4975
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9759
Supplemental Rate Add-on				\$8.8324
Totals	174.8792	179.8249	10.6199	196.0133

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319686-00 - 2012/07

199.30

Consulate Health Care of Pensacola

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
235 W. Airport Blvd. Pensacola FL 32505 County: Escambia [17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/8/1997 Acquired Date: 1/8/1997 Entered Medicaid 1/8/1997 Med # Active Date: 1/1/2007 Previous Med # 268941	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,520 Max Annualized: 43,800 Total Patient: 61,682 Medicare: 10,148 Medicaid: 34,806	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 56.42813% Occupancy: 94.14225% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.63717% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20140174 Semester Index: 1.28710041 Cost: 1.07133223 Target: 1.01634256 DC FY Index: 1.16416550 DC Sem Index: 1.21100000 DC Inflation: 1.04023010 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,418,718	2,420,765	1,542,688	1,303,137	0	6,685,308
1a	Audit Adjustments						
2	Cost Per Diem	40.7607	69.5502	44.3225	37.4400		192.0734
3	Cost Per Diem Inflated	43.6683	72.3482	47.4841			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.6683	72.3482	47.4841	37.4400		200.9406
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.6070		46.4405			
7	Provider Target Rate	54.8585		47.5247			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.6683	72.3482	47.4841	13.6500		177.1506
12/13	Medicaid Adjustment Rate		0.5232	0.3434			
14	Prospective Per Diem 11	43.6683	72.8714	47.8275	13.6500		178.0172
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319686-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

199.30

Consulate Health Care of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/8/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,316,600.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable [3]	80% Capital(1):	4,418,101	13.3373
Indexed Asset Value	5,522,626	< 60% of Base:	False	20% ROE(2):	1,104,525	0.8524
FRVS Base Asset:	4,383,120	Interest Rate:	10.4000 %	Insurance Cost(3):	83,839	1.3592
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	67,273	1.0906
ROE Factor	0.030420	Amortization Rate:	10.4000 %	Home Office(3):	67,163	1.0889
		Interest Only:	False	Replacement(3&4):	151,873	0.0000
		Yearly Payment:	525,757	Total FRVS PD:		17.7284

(1) 80% Capital (\$4,418,101) amortized at 10.4000% for 20 years Principal & Interest of \$525,757 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.3373

(2) 20% ROE (\$1,104,525) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8524

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,383,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.6683	43.6683	2.5789	41.0894
Patient Care				
Direct Care	72.8714	72.8714	4.3035	68.5679
Indirect Care	47.8275	47.8275	2.8245	45.0030
Property	13.6500	17.7284	1.0470	16.6814
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1241
Supplemental Rate Add-on				\$8.8324
Totals	178.0172	182.0956	10.7539	199.2982

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319694-00 - 2012/07
204.27

Consulate Health Care of Safety Harbor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1410 Fourth Street North Safety Harbor FL 34695 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 9/1/1985 Med # Active Date: 1/1/2007 Previous Med # 226599	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 54,894 Medicare: 5,967 Medicaid: 43,301	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 78.88112% Occupancy: 93.93224% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.37028% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,934,953	3,197,952	1,790,865	1,388,230	0	8,312,000
1a	Audit Adjustments						
2	Cost Per Diem	44.6861	73.8540	41.3585	32.0600		191.9586
3	Cost Per Diem Inflated	47.2635	76.3334	43.7440			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.2635	76.3334	43.7440	32.0600		199.4009
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6124		48.2597			
7	Provider Target Rate	49.7473		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.2635	76.3334	43.7440	13.6500		180.9909
12/13	Medicaid Adjustment Rate		2.4802	1.4213			
14	Prospective Per Diem 11	47.2635	78.8136	45.1653	13.6500		184.8924
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319694-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

204.27

Consulate Health Care of Safety Harbor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,016,483.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Variable [3]	80% Capital(1):	4,681,213	10.6246
Indexed Asset Value	5,851,516	< 60% of Base:	False	20% ROE(2):	1,170,303	0.8396
FRVS Base Asset:	3,420,000	Interest Rate:	6.5012 %	Insurance Cost(3):	66,172	1.2055
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	62,110	1.1315
ROE Factor	0.028280	Amortization Rate:	6.5000 %	Home Office(3):	53,591	0.9763
		Interest Only:	False	Replacement(3&4):	151,245	0.0000
		Yearly Payment:	418,822	Total FRVS PD:		14.7775

(1) 80% Capital (\$4,681,213) amortized at 6.5000% for 20 years Principal & Interest of \$418,822 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6246

(2) 20% ROE (\$1,170,303) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8396

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.2635	47.2635	2.7912	44.4723
Patient Care				
Direct Care	78.8136	78.8136	4.6545	74.1591
Indirect Care	45.1653	45.1653	2.6673	42.4980
Property	13.6500	14.7775	0.8727	13.9048
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4018
Supplemental Rate Add-on				\$8.8324
Totals	184.8924	186.0199	10.9857	204.2684

***Medicaid Trend Adjustment :**



0 319708-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

202.72

Consulate Health Care of St. Petersburg

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9393 Park Boulevard Seminole FL 33777 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1995 Acquired Date: 11/3/1995 Entered Medicaid 11/3/1995 Med # Active Date: 1/1/2007 Previous Med # 226670	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 56,132 Medicare: 11,135 Medicaid: 36,332	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.72600% Occupancy: 96.05065% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.06239% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,551,851	2,818,375	1,515,964	1,847,119	0	7,733,309
1a	Audit Adjustments						
2	Cost Per Diem	42.7131	77.5728	41.7253	50.8400		212.8512
3	Cost Per Diem Inflated	45.1767	80.1770	44.1319			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.1767	80.1770	44.1319	50.8400		220.3256
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9868		48.2597			
7	Provider Target Rate	47.0604		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.1767	80.1770	44.1319	13.6500		183.1356
12/13	Medicaid Adjustment Rate		1.3283	0.7311			
14	Prospective Per Diem 11	45.1767	81.5053	44.8630	13.6500		185.1950
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319708-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

202.72

Consulate Health Care of St. Petersburg

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/3/1995 Year of Phase-In/ Full: RS to Start Calcs: 1995/07 Indexed Asset Value 5,592,330 FRVS Base Asset: 4,188,480 Occup Adj Factor: 0.9000 ROE Factor 0.028280	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,950,549.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,473,864	10.1540
	< 60% of Base:	False	20% ROE(2):	1,118,466	0.8024
	Interest Rate:	6.5012 %	Insurance Cost(3):	69,045	1.2300
	Chase Rate:	4.5000 %	Taxes Cost(3):	94,121	1.6768
	Amortization Rate:	6.5000 %	Home Office(3):	64,176	1.1433
	Interest Only:	False	Replacement(3&4):	101,535	0.0000
Yearly Payment:	400,271	Total FRVS PD:		15.0065	

(1) 80% Capital (\$4,473,864) amortized at 6.5000% for 20 years Principal & Interest of \$400,271 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1540

(2) 20% ROE (\$1,118,466) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8024

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,904
Comparison Date: 1/1/1995	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,188,480

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.1767	45.1767	2.6680	42.5087
Patient Care				
Direct Care	81.5053	81.5053	4.8134	76.6919
Indirect Care	44.8630	44.8630	2.6495	42.2135
Property	13.6500	15.0065	0.8862	14.1203
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3493
Supplemental Rate Add-on				\$8.8324
Totals	185.1950	186.5515	11.0171	202.7161

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319716-00 - 2012/07
200.77

Consulate Health Care of Tallahassee

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1650 Phillips Road Tallahassee FL 32308 County: Leon [37] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/9/1992 Acquired Date: 3/9/1992 Entered Medicaid 4/1/1992 Med # Active Date: 1/1/2007 Previous Med # 266485	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,567 Medicare: 10,908 Medicaid: 20,531	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 48.23220% Occupancy: 97.18493% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.50385% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	941,319	1,400,276	985,220	1,144,809	0	4,471,624
1a	Audit Adjustments						
2	Cost Per Diem	45.8487	68.2030	47.9869	55.7600		217.7986
3	Cost Per Diem Inflated	48.3392	70.3525	50.5936			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.3392	70.3525	50.5936	55.7600		225.0453
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6549		54.3339			
7	Provider Target Rate	48.7675		55.6024			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	70.3525	50.5936	13.6500		182.0741
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	70.3525	50.5936	13.6500		182.0741
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319716-00 - 2012/07
200.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Consulate Health Care of Tallahassee

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,316,600.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Variable [3]	80% Capital(1):	4,287,108	12.9419
Indexed Asset Value	5,358,885	< 60% of Base:	False	20% ROE(2):	1,071,777	0.7504
FRVS Base Asset:	3,718,320	Interest Rate:	10.4000 %	Insurance Cost(3):	49,194	1.1557
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	58,216	1.3676
ROE Factor	0.027600	Amortization Rate:	10.4000 %	Home Office(3):	53,176	1.2492
		Interest Only:	False	Replacement(3&4):	106,629	0.0000
		Yearly Payment:	510,168	Total FRVS PD:		17.4648

(1) 80% Capital (\$4,287,108) amortized at 10.4000% for 20 years Principal & Interest of \$510,168 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.9419

(2) 20% ROE (\$1,071,777) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7504

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,718,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	70.3525	70.3525	4.1548	66.1977
Indirect Care	50.5936	50.5936	2.9879	47.6057
Property	13.6500	17.4648	1.0314	16.4334
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0243
Supplemental Rate Add-on				\$8.8324
Totals	182.0741	185.8889	10.9780	200.7676

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319724-00 - 2012/07
201.00

Consulate Health Care of Winter Haven

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2701 Lake Alfred Road Winter Haven FL 33881 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/2/1998 Acquired Date: 10/2/1998 Entered Medicaid 10/2/1998 Med # Active Date: 1/1/2007 Previous Med # 265772	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 55,874 Medicare: 13,539 Medicaid: 24,081	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 43.09876% Occupancy: 95.60917% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.50135% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21691096	Semester Index: 1.28710041
		Cost: 1.05767838	Target: 1.01634256
		DC FY Index: 1.17166551	DC Sem Index: 1.21100000
		DC Inflation: 1.03357143	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,081,736	1,788,506	1,111,266	1,050,654	0	5,032,162
1a	Audit Adjustments						
2	Cost Per Diem	44.9207	74.2704	46.1470	43.6300		208.9681
3	Cost Per Diem Inflated	47.5117	76.7638	48.8087			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.5117	76.7638	48.8087	43.6300		216.7142
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3749		48.2597			
7	Provider Target Rate	45.4109		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.4109	76.7638	48.8087	13.6500		184.6334
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.4109	76.7638	48.8087	13.6500		184.6334
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319724-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

201.00

Consulate Health Care of Winter Haven

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/2/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	9,237,328.00		Total Amount	Per Diem
RS to Start Calcs:	1998/07	Type:	Fixed [2]	80% Capital(1):	4,305,802	9.5425
Indexed Asset Value	5,382,253	< 60% of Base:	False	20% ROE(2):	1,076,451	0.7722
FRVS Base Asset:	4,545,840	Interest Rate:	6.2000 %	Insurance Cost(3):	66,075	1.1826
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	119,407	2.1371
ROE Factor	0.028280	Amortization Rate:	6.2000 %	Home Office(3):	66,033	1.1818
		Interest Only:	False	Replacement(3&4):	43,783	0.0000
		Yearly Payment:	376,164	Total FRVS PD:		14.8162

(1) 80% Capital (\$4,305,802) amortized at 6.2000% for 20 years Principal & Interest of \$376,164 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5425

(2) 20% ROE (\$1,076,451) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7722

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,882
Comparison Date:	1/1/1998	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	4,545,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.4109	45.4109	2.6818	42.7291
Patient Care				
Direct Care	76.7638	76.7638	4.5334	72.2304
Indirect Care	48.8087	48.8087	2.8825	45.9262
Property	13.6500	14.8162	0.8750	13.9412
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3435
Supplemental Rate Add-on				\$8.8324
Totals	184.6334	185.7996	10.9727	201.0028

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319953-00 - 2012/07
189.82

Consulate Health Care of Lakeland

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5245 North Socrum Loop Roa Lakeland FL 33809 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1984 Acquired Date: 12/1/1984 Entered Medicaid 12/1/1984 Med # Active Date: 1/1/2007 Previous Med # 213616	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,520 Max Annualized: 43,800 Total Patient: 61,066 Medicare: 10,836 Medicaid: 41,639	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 68.18688% Occupancy: 93.20208% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.44239% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20140174 Semester Index: 1.28710041 Cost: 1.07133223 Target: 1.01634256 DC FY Index: 1.16416550 DC Sem Index: 1.21100000 DC Inflation: 1.04023010 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,855,992	2,932,856	1,450,910	1,628,501	0	7,868,259
1a	Audit Adjustments						
2	Cost Per Diem	44.5734	70.4353	34.8450	39.1100		188.9637
3	Cost Per Diem Inflated	47.7529	73.2689	37.3306			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.7529	73.2689	37.3306	39.1100		197.4624
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.6308		48.2597			
7	Provider Target Rate	51.8129		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.7529	73.2689	37.3306	13.6500		172.0024
12/13	Medicaid Adjustment Rate		1.4991	0.7638			
14	Prospective Per Diem 11	47.7529	74.7680	38.0944	13.6500		174.2653
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319953-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

189.82

Consulate Health Care of Lakeland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	None [1]	80% Capital(1):	3,230,085	6.9024
Indexed Asset Value	4,037,606	< 60% of Base:	True	20% ROE(2):	807,521	0.6232
FRVS Base Asset:	2,134,715	Interest Rate:	8.5000 %	Insurance Cost(3):	76,892	1.2592
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	110,121	1.8033
ROE Factor	0.030420	Amortization Rate:	8.5000 %	Home Office(3):	69,533	1.1387
		Interest Only:	True	Replacement(3&4):	90,782	0.0000
		Yearly Payment:	272,091	Total FRVS PD:		11.7268

- (1) 80% Capital (\$3,230,085) amortized at 8.5000% for 20 years Interest of \$272,091 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.9024
- (2) 20% ROE (\$807,521) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6232
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.7529	47.7529	2.8201	44.9328
Patient Care				
Direct Care	74.7680	74.7680	4.4156	70.3524
Indirect Care	38.0944	38.0944	2.2497	35.8447
Property	13.6500	11.7268	0.6925	11.0343
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8282
Supplemental Rate Add-on				\$8.8324
Totals	174.2653	172.3421	10.1779	189.8248

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 319970-00 - 2012/07

188.66

Consulate Health Care Of New Port Richey

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8417 County Road 54 New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1984 Acquired Date: 4/1/1984 Entered Medicaid 4/1/1984 Med # Active Date: 1/1/2007 Previous Med # 213594	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 54,553 Medicare: 7,630 Medicaid: 36,188	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.33549% Occupancy: 93.34874% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.62876% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,538,835	2,459,192	1,434,470	1,294,445	0	6,726,942
1a	Audit Adjustments						
2	Cost Per Diem	42.5234	67.9560	39.6394	35.7700		185.8888
3	Cost Per Diem Inflated	44.9761	70.2374	41.9257			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9761	70.2374	41.9257	35.7700		192.9092
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8499		48.2597			
7	Provider Target Rate	45.8970		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.9761	70.2374	41.9257	13.6500		170.7892
12/13	Medicaid Adjustment Rate		1.2908	0.7705			
14	Prospective Per Diem 11	44.9761	71.5282	42.6962	13.6500		172.8505
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319970-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

188.66

Consulate Health Care Of New Port Richey

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	None [1]	80% Capital(1):	3,118,129	6.6631
Indexed Asset Value	3,897,661	< 60% of Base:	True	20% ROE(2):	779,532	0.5592
FRVS Base Asset:	2,097,277	Interest Rate:	8.5000 %	Insurance Cost(3):	77,067	1.4127
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	74,237	1.3608
ROE Factor	0.028280	Amortization Rate:	8.5000 %	Home Office(3):	54,107	0.9918
		Interest Only:	True	Replacement(3&4):	167,050	0.0000
		Yearly Payment:	262,660	Total FRVS PD:		10.9876

(1) 80% Capital (\$3,118,129) amortized at 8.5000% for 20 years Interest of \$262,660 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.6631

(2) 20% ROE (\$779,532) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5592

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9761	44.9761	2.6561	42.3200
Patient Care				
Direct Care	71.5282	71.5282	4.2242	67.3040
Indirect Care	42.6962	42.6962	2.5215	40.1747
Property	13.6500	10.9876	0.6489	10.3387
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6885
Supplemental Rate Add-on				\$8.8324
Totals	172.8505	170.1881	10.0507	188.6583

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320111-00 - 2012/07 182.61

Consulate Health Care of North Ft. Myers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
991 Pondella Road North Ft. Myers FL 33903 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1985 Acquired Date: 6/1/1985 Entered Medicaid 6/1/1985 Med # Active Date: 1/1/2007 Previous Med # 213624	08/01/2010-12/31/2011 Days In CR 518 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 62,160 Max Annualized: 43,800 Total Patient: 58,518 Medicare: 12,768 Medicaid: 32,591	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 55.69397% Occupancy: 94.14093% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.63549% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24804976 Semester Index: 1.28710041 Cost: 1.03128934 Target: 1.01634256 DC FY Index: 1.18649811 DC Sem Index: 1.21100000 DC Inflation: 1.02065059 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,330,647	2,219,799	1,358,885	1,490,712	0	6,400,043
1a	Audit Adjustments						
2	Cost Per Diem	40.8287	68.1108	41.6951	45.7400		196.3746
3	Cost Per Diem Inflated	42.1062	69.5173	42.9997			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.1062	69.5173	42.9997	45.7400		200.3632
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5091		50.1876			
7	Provider Target Rate	48.6183		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.1062	69.5173	42.9997	13.6500		168.2732
12/13	Medicaid Adjustment Rate		0.4453	0.2754			
14	Prospective Per Diem 11	42.1062	69.9626	43.2751	13.6500		168.9939
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320111-00 - 2012/07
182.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Consulate Health Care of North Ft. Mvers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	None [1]	80% Capital(1):	2,993,699	6.3972
Indexed Asset Value	3,742,124	< 60% of Base:	True	20% ROE(2):	748,425	0.4496
FRVS Base Asset:	2,181,402	Interest Rate:	8.5000 %	Insurance Cost(3):	65,383	1.1173
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	83,274	1.4230
ROE Factor	0.023680	Amortization Rate:	8.5000 %	Home Office(3):	54,484	0.9311
		Interest Only:	True	Replacement(3&4):	112,769	0.0000
		Yearly Payment:	252,179	Total FRVS PD:		10.3182

- (1) 80% Capital (\$2,993,699) amortized at 8.5000% for 20 years Interest of \$252,179 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.3972
- (2) 20% ROE (\$748,425) times the ROE factor (0.023680) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4496
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 78	Effective PBS Limitation	2,223,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.1062	42.1062	2.4867	39.6195
Patient Care				
Direct Care	69.9626	69.9626	4.1318	65.8308
Indirect Care	43.2751	43.2751	2.5557	40.7194
Property	13.6500	10.3182	0.6094	9.7088
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8956
Supplemental Rate Add-on				\$8.8324
Totals	168.9939	165.6621	9.7836	182.6065

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320129-00 - 2012/07

201.53

Consulate Health Care of Port Charlotte

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
18480 Toledo Blade Boulevar Port Charlotte FL 33948 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/12/1998 Acquired Date: 3/12/1998 Entered Medicaid 3/12/1998 Med # Active Date: 1/1/2007 Previous Med # 226564	09/01/2010-12/31/2011 Days In CR 487 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 53,290 Medicare: 11,908 Medicaid: 27,700	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.97973% Occupancy: 91.18754% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.88229% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24804976 Semester Index: 1.28710041 Cost: 1.03128934 Target: 1.01634256 DC FY Index: 1.18649811 DC Sem Index: 1.21100000 DC Inflation: 1.02065059 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,272,054	2,048,285	1,294,446	1,317,966	0	5,932,751
1a	Audit Adjustments						
2	Cost Per Diem	45.9225	73.9453	46.7309	47.5800		214.1787
3	Cost Per Diem Inflated	47.3594	75.4723	48.1931			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.3594	75.4723	48.1931	47.5800		218.6048
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5742		50.1876			
7	Provider Target Rate	50.7316		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.3594	75.4723	48.1931	13.6500		184.6748
12/13	Medicaid Adjustment Rate		0.1681	0.1073			
14	Prospective Per Diem 11	47.3594	75.6404	48.3004	13.6500		184.9502
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320129-00 - 2012/07
201.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Consulate Health Care of Port Charlotte

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/12/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,604,395.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Variable [3]	80% Capital(1):	4,228,952	9.5981
Indexed Asset Value	5,286,190	< 60% of Base:	False	20% ROE(2):	1,057,238	0.6327
FRVS Base Asset:	4,306,175	Interest Rate:	6.5012 %	Insurance Cost(3):	61,274	1.1498
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	117,219	2.1996
ROE Factor	0.023590	Amortization Rate:	6.5000 %	Home Office(3):	54,615	1.0249
		Interest Only:	False	Replacement(3&4):	121,184	0.0000
		Yearly Payment:	378,359	Total FRVS PD:		14.6051

(1) 80% Capital (\$4,228,952) amortized at 6.5000% for 20 years Principal & Interest of \$378,359 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5981

(2) 20% ROE (\$1,057,238) times the ROE factor (0.023590) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6327

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	50,254
Comparison Bed 115	Effective PBS Limitation	4,306,175

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.3594	47.3594	2.7969	44.5625
Patient Care				
Direct Care	75.6404	75.6404	4.4671	71.1733
Indirect Care	48.3004	48.3004	2.8525	45.4479
Property	13.6500	14.6051	0.8625	13.7426
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7751
Supplemental Rate Add-on				\$8.8324
Totals	184.9502	185.9053	10.9790	201.5338

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320137-00 - 2012/07

229.71

Consulate Health Care of Sarasota

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4783 Fruitville Road Sarasota FL 34232 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 2/18/1998 Acquired Date: 2/18/1998 Entered Medicaid 2/18/1998 Med # Active Date: 1/1/2007 Previous Med # 226556	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 81 Maximum: 39,447 Max Annualized: 29,565 Total Patient: 35,341 Medicare: 3,917 Medicaid: 23,781	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 67.29012% Occupancy: 89.59110% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.85350% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,314,752	1,960,691	1,143,102	1,200,941	0	5,619,486
1a	Audit Adjustments						
2	Cost Per Diem	55.2858	82.4478	48.0679	50.5000		236.3015
3	Cost Per Diem Inflated	58.4746	85.2157	50.8404			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.4746	85.2157	50.8404	50.5000		245.0307
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.7263		61.3003			
7	Provider Target Rate	59.0740		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	58.4746	85.2157	50.8404	13.6500		208.1807
12/13	Medicaid Adjustment Rate		1.6576	0.9889			
14	Prospective Per Diem 11	58.4746	86.8733	51.8293	13.6500		210.8272
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320137-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

229.71

Consulate Health Care of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/18/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,269,231.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Variable [3]	80% Capital(1):	3,062,986	10.2990
Indexed Asset Value	3,828,733	< 60% of Base:	False	20% ROE(2):	765,747	0.8139
FRVS Base Asset:	3,033,045	Interest Rate:	6.5012 %	Insurance Cost(3):	65,925	1.8654
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	62,857	1.7786
ROE Factor	0.028280	Amortization Rate:	6.5000 %	Home Office(3):	41,412	1.1718
		Interest Only:	False	Replacement(3&4):	151,803	0.0000
		Yearly Payment:	274,042	Total FRVS PD:		15.9287

(1) 80% Capital (\$3,062,986) amortized at 6.5000% for 20 years Principal & Interest of \$274,042 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$10.2990

(2) 20% ROE (\$765,747) times the ROE factor (0.028280) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$0.8139

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	50,254
Comparison Bed 81	Effective PBS Limitation	3,033,045

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	58.4746	58.4746	3.4533	55.0213
Patient Care				
Direct Care	86.8733	86.8733	5.1305	81.7428
Indirect Care	51.8293	51.8293	3.0609	48.7684
Property	13.6500	15.9287	0.9407	14.9880
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.3530
Supplemental Rate Add-on				\$8.8324
Totals	210.8272	213.1059	12.5854	229.7059

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320145-00 - 2012/07

194.54

Consulate Health Care of Vero Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1310 37th Street Vero Beach FL 32960 County: Indian River [31] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 1/1/2007 Previous Med # 213608	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 159 Maximum: 77,433 Max Annualized: 58,035 Total Patient: 73,157 Medicare: 11,531 Medicaid: 47,048	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.31100% Occupancy: 94.47781% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.06360% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,845,160	3,468,270	1,945,334	1,868,276	0	9,127,040
1a	Audit Adjustments						
2	Cost Per Diem	39.2187	73.7177	41.3479	39.7100		193.9943
3	Cost Per Diem Inflated	41.4808	76.1925	43.7328			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4808	76.1925	43.7328	39.7100		201.1161
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1175		50.1876			
7	Provider Target Rate	49.2409		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.4808	76.1925	43.7328	13.6500		175.0561
12/13	Medicaid Adjustment Rate		1.2267	0.7041			
14	Prospective Per Diem 11	41.4808	77.4192	44.4369	13.6500		176.9869
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320145-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

194.54

Consulate Health Care of Vero Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1998 Year of Phase-In/ Full: RS to Start Calcs: 1984/07 Indexed Asset Value 7,233,665 FRVS Base Asset: 2,240,349 Occup Adj Factor: 0.9000 ROE Factor 0.028280	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	5,786,932	9.3329
	< 60% of Base:	True	20% ROE(2):	1,446,733	0.7833
	Interest Rate:	8.5000 %	Insurance Cost(3):	65,857	0.9002
	Chase Rate:	8.5000 %	Taxes Cost(3):	107,651	1.4715
	Amortization Rate:	8.5000 %	Home Office(3):	76,689	1.0483
	Interest Only:	True	Replacement(3&4):	165,828	0.0000
Yearly Payment:	487,471	Total FRVS PD:	13.5362		

(1) 80% Capital (\$5,786,932) amortized at 8.5000% for 20 years Interest of \$487,471 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$9.3329

(2) 20% ROE (\$1,446,733) times the ROE factor (0.028280) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.7833

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.4808	41.4808	2.4497	39.0311
Patient Care				
Direct Care	77.4192	77.4192	4.5721	72.8471
Indirect Care	44.4369	44.4369	2.6243	41.8126
Property	13.6500	13.5362	0.7994	12.7368
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2821
Supplemental Rate Add-on				\$8.8324
Totals	176.9869	176.8731	10.4455	194.5421

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320153-00 - 2012/07

209.31

Consulate Health Care of West Palm Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1626 David Road West Palm Beach FL 33406 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/18/1985 Acquired Date: 3/18/1985 Entered Medicaid 3/18/1985 Med # Active Date: 1/1/2007 Previous Med # 213586	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 56,137 Medicare: 10,934 Medicaid: 34,136	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.80838% Occupancy: 96.05920% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.07326% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21691096 Semester Index: 1.28710041 Cost: 1.05767838 Target: 1.01634256 DC FY Index: 1.17166551 DC Sem Index: 1.21100000 DC Inflation: 1.03357143 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,795,520	2,542,582	1,628,446	859,886	0	6,826,434
1a	Audit Adjustments						
2	Cost Per Diem	52.5990	74.4839	47.7047	25.1900		199.9776
3	Cost Per Diem Inflated	55.6328	76.9844	50.4562			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.6328	76.9844	50.4562	25.1900		208.2634
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.5992		52.2616			
7	Provider Target Rate	59.9673		53.4817			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	76.9844	50.4562	13.6500		193.3054
12/13	Medicaid Adjustment Rate		0.9361	0.6135			
14	Prospective Per Diem 11	52.2148	77.9205	51.0697	13.6500		194.8550
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320153-00 - 2012/07
209.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Consulate Health Care of West Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	None [1]	80% Capital(1):	3,541,311	7.5674
Indexed Asset Value	4,426,639	< 60% of Base:	True	20% ROE(2):	885,328	0.6351
FRVS Base Asset:	2,282,012	Interest Rate:	8.5000 %	Insurance Cost(3):	66,665	1.1875
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	99,662	1.7753
ROE Factor	0.028280	Amortization Rate:	8.5000 %	Home Office(3):	61,876	1.1022
		Interest Only:	True	Replacement(3&4):	110,778	0.0000
		Yearly Payment:	298,308	Total FRVS PD:		12.2675

- (1) 80% Capital (\$3,541,311) amortized at 8.5000% for 20 years Interest of \$298,308 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5674
- (2) 20% ROE (\$885,328) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6351
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	77.9205	77.9205	4.6017	73.3188
Indirect Care	51.0697	51.0697	3.0160	48.0537
Property	13.6500	12.2675	0.7245	11.5430
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4316
Supplemental Rate Add-on				\$8.8324
Totals	194.8550	193.4725	11.4258	209.3107

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320391-00 - 2012/07

203.31

Zephyr Haven Health & Rehab Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
38250 A Avenue Zephyrhills FL 33542 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1971 Acquired Date: 6/28/1989 Entered Medicaid 6/28/1989 Med # Active Date: 1/1/2007 Previous Med # 212741	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,100 Medicare: 5,294 Medicaid: 27,980	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 68.07786% Occupancy: 93.83562% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.24750% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.28710041
		Cost: 1.05432042	Target: 1.01634256
		DC FY Index: 1.17400000	DC Sem Index: 1.21100000
		DC Inflation: 1.03151618	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,136,344	2,332,181	1,152,782	261,053	0	4,882,360
1a	Audit Adjustments						
2	Cost Per Diem	40.6127	83.3517	41.2002	9.3300		174.4946
3	Cost Per Diem Inflated	42.8188	85.9786	43.4382			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.8188	85.9786	43.4382	9.3300		181.5656
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.1421		48.2597			
7	Provider Target Rate	53.3594		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.8188	85.9786	43.4382	9.3300		181.5656
12/13	Medicaid Adjustment Rate		1.7486	0.8834			
14	Prospective Per Diem 11	42.8188	87.7272	44.3216	9.3300		184.1976
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 320391-00 - 2012/07
203.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Zephyr Haven Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/28/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,250,000.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Variable [3]	80% Capital(1):	3,663,877	8.1523
Indexed Asset Value	4,579,846	< 60% of Base:	False	20% ROE(2):	915,969	0.6413
FRVS Base Asset:	615,660	Interest Rate:	6.2500 %	Insurance Cost(3):	6,540	0.1591
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	68,465	1.6658
		Interest Only:	False	Replacement(3&4):	67,465	0.0000
		Yearly Payment:	321,364	Total FRVS PD:		10.6185

(1) 80% Capital (\$3,663,877) amortized at 6.2500% for 20 years Principal & Interest of \$321,364 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.1523

(2) 20% ROE (\$915,969) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6413

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	10,261
Comparison Date:	1/1/1971	Current RS PBS:	50,254
Comparison Bed	60	Effective PBS Limitation	615,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.8188	42.8188	2.5287	40.2901
Patient Care				
Direct Care	87.7272	87.7272	5.1809	82.5463
Indirect Care	44.3216	44.3216	2.6175	41.7041
Property	9.3300	10.6185	0.6271	9.9914
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9416
Supplemental Rate Add-on				\$8.8324
Totals	184.1976	185.4861	10.9542	203.3059

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320404-00 - 2012/07

202.48

Zephyrhills Health & Rehab Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7350 Dairy Road Zephyrhills FL 33540 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1998 Acquired Date: 5/1/1998 Entered Medicaid 6/23/1998 Med # Active Date: 1/1/2007 Previous Med # 213802	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 103 Maximum: 37,595 Max Annualized: 37,595 Total Patient: 36,071 Medicare: 8,154 Medicaid: 17,895	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 49.61049% Occupancy: 95.94627% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.92974% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	746,062	1,426,013	860,290	152,286	0	3,184,651
1a	Audit Adjustments						
2	Cost Per Diem	41.6911	79.6878	48.0743	8.5100		177.9632
3	Cost Per Diem Inflated	43.3499	81.6892	49.9871			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.3499	81.6892	49.9871	8.5100		183.5362
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0662		56.0956			
7	Provider Target Rate	48.1650		57.4052			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3499	81.6892	49.9871	8.5100		183.5362
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.3499	81.6892	49.9871	8.5100		183.5362
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 320404-00 - 2012/07
202.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Zephyrhills Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/23/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	None [1]	80% Capital(1):	3,712,978	9.2438
Indexed Asset Value	4,641,223	< 60% of Base:	True	20% ROE(2):	928,245	0.7086
FRVS Base Asset:	2,171,810	Interest Rate:	8.5000 %	Insurance Cost(3):	5,974	0.1656
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	384	0.0106
ROE Factor	0.025830	Amortization Rate:	8.5000 %	Home Office(3):	65,530	1.8167
		Interest Only:	True	Replacement(3&4):	67,437	0.0000
		Yearly Payment:	312,768	Total FRVS PD:		11.9453

- (1) 80% Capital (\$3,712,978) amortized at 8.5000% for 20 years Interest of \$312,768 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$9.2438
- (2) 20% ROE (\$928,245) times the ROE factor (0.025830) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$0.7086
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	50,254
Comparison Bed 58	Effective PBS Limitation	2,171,810

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3499	43.3499	2.5601	40.7898
Patient Care				
Direct Care	81.6892	81.6892	4.8243	76.8649
Indirect Care	49.9871	49.9871	2.9521	47.0350
Property	8.5100	11.9453	0.7054	11.2399
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7156
Supplemental Rate Add-on				\$8.8324
Totals	183.5362	186.9715	11.0419	202.4776

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320412-00 - 2012/07
203.59

Sunbelt Health & Rehab Center - Apopka, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
305 E. Oak Street Apopka FL 32703 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/9/1993 Acquired Date: 2/9/1993 Entered Medicaid 2/9/1993 Med # Active Date: 1/1/2007 Previous Med # 210412	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,001 Medicare: 9,995 Medicaid: 21,169	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 50.40118% Occupancy: 95.89269% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.86165% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	862,953	1,776,445	1,003,887	183,959	0	3,827,244
1a	Audit Adjustments						
2	Cost Per Diem	40.7649	83.9173	47.4225	8.6900		180.7947
3	Cost Per Diem Inflated	42.3869	86.0249	49.3094			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.3869	86.0249	49.3094	8.6900		186.4112
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3570		48.2597			
7	Provider Target Rate	44.3692		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.3869	86.0249	49.3094	8.6900		186.4112
12/13	Medicaid Adjustment Rate		0.0388	0.0223			
14	Prospective Per Diem 11	42.3869	86.0637	49.3317	8.6900		186.4723
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320412-00 - 2012/07
203.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Sunbelt Health & Rehab Center - Apopka, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/9/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,313,226.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable [3]	80% Capital(1):	4,433,300	7.8408
Indexed Asset Value	5,541,625	< 60% of Base:	False	20% ROE(2):	1,108,325	0.7262
FRVS Base Asset:	3,861,960	Interest Rate:	3.5200 %	Insurance Cost(3):	7,525	0.1792
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	3.5200 %	Home Office(3):	80,399	1.9142
		Interest Only:	False	Replacement(3&4):	88,087	0.0000
		Yearly Payment:	309,083	Total FRVS PD:		10.6604

(1) 80% Capital (\$4,433,300) amortized at 3.5200% for 20 years Principal & Interest of \$309,083 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.8408

(2) 20% ROE (\$1,108,325) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7262

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	8/1/1992	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.3869	42.3869	2.5032	39.8837
Patient Care				
Direct Care	86.0637	86.0637	5.0826	80.9811
Indirect Care	49.3317	49.3317	2.9134	46.4183
Property	8.6900	10.6604	0.6296	10.0308
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4429
Supplemental Rate Add-on				\$8.8324
Totals	186.4723	188.4427	11.1288	203.5892

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320421-00 - 2012/07

229.27

East Orlando Health & Rehab Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
250 S. Chickasaw Trail Orlando FL 32825 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/6/1993 Acquired Date: 1/6/1993 Entered Medicaid 2/8/1993 Med # Active Date: 1/1/2007 Previous Med # 206261	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,039 Medicare: 9,124 Medicaid: 25,097	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 59.69933% Occupancy: 95.97945% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.97191% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,278,832	2,319,088	1,560,730	258,499	0	5,417,149
1a	Audit Adjustments						
2	Cost Per Diem	50.9556	92.4050	62.1879	10.3000		215.8485
3	Cost Per Diem Inflated	52.9831	94.7258	64.6623			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.9831	94.7258	64.6623	10.3000		222.6712
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.2466		68.3251			
7	Provider Target Rate	55.5131		69.9203			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9425	94.7258	57.8638	10.3000		212.8321
12/13	Medicaid Adjustment Rate		1.0336	0.6314			
14	Prospective Per Diem 11	49.9425	95.7594	58.4952	10.3000		214.4971
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320421-00 - 2012/07
229.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

East Orlando Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/8/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,675,729.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable [3]	80% Capital(1):	4,734,120	7.9421
Indexed Asset Value	5,917,650	< 60% of Base:	False	20% ROE(2):	1,183,530	0.7755
FRVS Base Asset:	2,574,640	Interest Rate:	2.9300 %	Insurance Cost(3):	7,662	0.1823
Occup Adj Factor:	0.9000	Chase Rate:	8.2900 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	2.9300 %	Home Office(3):	89,639	2.1323
		Interest Only:	False	Replacement(3&4):	152,166	0.0000
		Yearly Payment:	313,077	Total FRVS PD:		11.0322

(1) 80% Capital (\$4,734,120) amortized at 2.9300% for 20 years Principal & Interest of \$313,077 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.9421

(2) 20% ROE (\$1,183,530) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7755

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	50,254
Comparison Bed 80	Effective PBS Limitation	2,574,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	95.7594	95.7594	5.6552	90.1042
Indirect Care	58.4952	58.4952	3.4545	55.0407
Property	10.3000	11.0322	0.6515	10.3807
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9220
Supplemental Rate Add-on				\$8.8324
Totals	214.4971	215.2293	12.7106	229.2731

***Medicaid Trend Adjustment :**



0 320439-00 - 2012/07
217.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Adventist Care Centers - Courtland, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
730 Courtland Street Orlando Fl 32804 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/28/2000 Acquired Date: 6/28/2000 Entered Medicaid 7/27/2000 Med # Active Date: 1/1/2007 Previous Med # 224642	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,136 Medicare: 9,763 Medicaid: 22,334	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	940,889	1,932,568	1,221,380	264,881	0	4,359,718
1a	Audit Adjustments						
2	Cost Per Diem	42.1281	86.5303	54.6870	11.8600		195.2054
3	Cost Per Diem Inflated	44.4165	89.2574	57.6576			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.4165	89.2574	57.6576	11.8600		203.1915
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.0650		59.8164			
7	Provider Target Rate	50.2105		61.2129			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.4165	89.2574	57.6576	11.8600		203.1915
12/13	Medicaid Adjustment Rate		0.3017	0.1949			
14	Prospective Per Diem 11	44.4165	89.5591	57.8525	11.8600		203.6881
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320439-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

217.18

Adventist Care Centers - Courtland, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/27/2000 Year of Phase-In/ Full: RS to Start Calcs: 2000/01 Indexed Asset Value 4,249,001 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	3,399,201	8.1269
	< 60% of Base:	True	20% ROE(2):	849,800	0.5950
	Interest Rate:	9.5000 %	Insurance Cost(3):	6,600	0.1566
	Chase Rate:	9.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	9.5000 %	Home Office(3):	85,634	2.0323
	Interest Only:	True	Replacement(3&4):	55,431	0.0000
Yearly Payment:	320,362	Total FRVS PD:		10.9108	

(1) 80% Capital (\$3,399,201) amortized at 9.5000% for 20 years Interest of \$320,362 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.1269

(2) 20% ROE (\$849,800) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5950

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,324
Comparison Date: 7/1/1999	Current RS PBS:	50,254
Comparison Bed 87	Effective PBS Limitation	3,421,188

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.4165	44.4165	2.6231	41.7934
Patient Care				
Direct Care	89.5591	89.5591	5.2891	84.2700
Indirect Care	57.8525	57.8525	3.4166	54.4359
Property	11.8600	10.9108	0.6444	10.2664
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5863
Supplemental Rate Add-on				\$8.8324
Totals	203.6881	202.7389	11.9732	217.1844

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320463-00 - 2012/07 224.25

Florida Living Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3355 E. Semoran Blvd. Apopka FL 32703 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1971 Acquired Date: 12/1/1971 Entered Medicaid 7/1/1984 Med # Active Date: 1/1/2007 Previous Med # 208167	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 202 Maximum: 73,730 Max Annualized: 73,730 Total Patient: 71,547 Medicare: 8,656 Medicaid: 51,210	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 71.57533% Occupancy: 97.03920% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.31865% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,061,056	4,580,576	2,715,802	970,430	0	10,327,864
1a	Audit Adjustments						
2	Cost Per Diem	40.2471	89.4469	53.0326	18.9500		201.6766
3	Cost Per Diem Inflated	41.8485	91.6934	55.1427			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.8485	91.6934	55.1427	18.9500		207.6346
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7453		58.8844			
7	Provider Target Rate	45.7899		60.2591			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.8485	91.6934	55.1427	13.6500		202.3346
12/13	Medicaid Adjustment Rate		2.2256	1.3384			
14	Prospective Per Diem 11	41.8485	93.9190	56.4811	13.6500		205.8986
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 320463-00 - 2012/07
224.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Florida Living Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/24/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None [1]	80% Capital(1):	6,815,326	12.7693
Indexed Asset Value	8,519,157	< 60% of Base:	True	20% ROE(2):	1,703,831	0.6632
FRVS Base Asset:	1,690,206	Interest Rate:	12.5000 %	Insurance Cost(3):	12,191	0.1704
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	121,650	1.7003
		Interest Only:	True	Replacement(3&4):	1,337,591	0.0000
		Yearly Payment:	847,332	Total FRVS PD:		15.3032

(1) 80% Capital (\$6,815,326) amortized at 12.5000% for 20 years Interest of \$847,332 divided by annual available days (73,730) divided by Occup. Adj. (0.9000) = \$12.7693

(2) 20% ROE (\$1,703,831) times the ROE factor (0.025830) divided by annual available days (73,730) divided by Occup. Adj. (0.9000) = \$0.6632

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.8485	41.8485	2.4714	39.3771
Patient Care				
Direct Care	93.9190	93.9190	5.5465	88.3725
Indirect Care	56.4811	56.4811	3.3356	53.1455
Property	13.6500	15.3032	0.9038	14.3994
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1207
Supplemental Rate Add-on				\$8.8324
Totals	205.8986	207.5518	12.2573	224.2476

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320528-00 - 2012/07
224.02

Health & Rehab. Centre at Dolphins View

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1820 Shore Drive, South St. Petersburg FL 33707 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 11/30/1989 Acquired Date: 4/1/1991 Entered Medicaid 4/1/1991 Med # Active Date: 5/1/2007 Previous Med # 222054	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 58 Maximum: 21,170 Max Annualized: 21,170 Total Patient: 18,274 Medicare: 5,778 Medicaid: 7,023	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 38.43165% Occupancy: 86.32026% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.69689% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	402,090	603,727	440,647	153,733	0	1,600,197
1a	Audit Adjustments						
2	Cost Per Diem	57.2533	85.9643	62.7434	21.8899		227.8509
3	Cost Per Diem Inflated	59.7096	88.2601	65.4353			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.7096	88.2601	65.4353	21.8899		235.2949
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5815		59.3022			
7	Provider Target Rate	50.7391		60.6867			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.7391	88.2601	60.6867	13.6500		213.3359
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.7391	88.2601	60.6867	13.6500		213.3359
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320528-00 - 2012/07
224.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Health & Rehab. Centre at Dolphins View

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	1,373,645	8.7833
Indexed Asset Value	1,717,056	< 60% of Base:	False	20% ROE(2):	343,411	0.4656
FRVS Base Asset:	1,250,000	Interest Rate:	10.7500 %	Insurance Cost(3):	17,643	0.9655
Occup Adj Factor:	0.9000	Chase Rate:	10.5000 %	Taxes Cost(3):	26,912	1.4727
ROE Factor	0.025830	Amortization Rate:	10.7500 %	Home Office(3):	12,539	0.6862
		Interest Only:	False	Replacement(3&4):	34,840	0.0000
		Yearly Payment:	167,348	Total FRVS PD:		12.3733

(1) 80% Capital (\$1,373,645) amortized at 10.7500% for 20 years Principal & Interest of \$167,348 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$8.7833

(2) 20% ROE (\$343,411) times the ROE factor (0.025830) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$0.4656

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	50,254
Comparison Bed 58	Effective PBS Limitation	1,729,618

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.7391	50.7391	2.9965	47.7426
Patient Care				
Direct Care	88.2601	88.2601	5.2124	83.0477
Indirect Care	60.6867	60.6867	3.5840	57.1027
Property	13.6500	12.3733	0.7307	11.6426
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6525
Supplemental Rate Add-on				\$8.8324
Totals	213.3359	212.0592	12.5236	224.0205

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 320978-00 - 2012/07

240.28

Lehigh Acres Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1550 Lee Boulevard Lehigh Acres FL 33936 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1986 Acquired Date: 1/1/1986 Entered Medicaid 1/1/1986 Med # Active Date: 7/1/2007 Previous Med # 225169	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 36,271 Medicare: 11,592 Medicaid: 15,821	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 43.61887% Occupancy: 90.33873% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.80361% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	893,516	1,638,810	1,020,391	436,976	7,515	3,997,208
1a	Audit Adjustments						
2	Cost Per Diem	56.4766	103.5845	64.4960	27.6200	0.4750	252.6521
3	Cost Per Diem Inflated	57.9849	105.4568	66.2184			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.9849	105.4568	66.2184	27.6200	0.4750	257.7551
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.5936		57.3235			
7	Provider Target Rate	63.0316		58.6618			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	50.4975		60.4868			
10b	Base for line 10a	49.3455		59.1069			
11	Lesser of 5,7,8,10, 10a	50.4975	99.9145	58.6618	13.6500	0.4750	223.1988
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.4975	99.9145	58.6618	13.6500	0.4750	223.1988
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320978-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

240.28

Lehigh Acres Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,960,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Fixed [2]	80% Capital(1):	4,415,678	15.3862
Indexed Asset Value	5,519,598	< 60% of Base:	False	20% ROE(2):	1,103,920	0.7384
FRVS Base Asset:	3,135,000	Interest Rate:	11.2500 %	Insurance Cost(3):	68,590	1.8910
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	52,294	1.4418
ROE Factor	0.024170	Amortization Rate:	11.2500 %	Home Office(3):	32,336	0.8915
		Interest Only:	False	Replacement(3&4):	15,178	0.0000
		Yearly Payment:	555,981	Total FRVS PD:	20.3489	

(1) 80% Capital (\$4,415,678) amortized at 11.2500% for 20 years Principal & Interest of \$555,981 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$15.3862

(2) 20% ROE (\$1,103,920) times the ROE factor (0.024170) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.7384

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.4975	50.4975	2.9822	47.5153
Patient Care				
Direct Care	99.9145	99.9145	5.9006	94.0139
Indirect Care	58.6618	58.6618	3.4644	55.1974
Property	13.6500	20.3489	1.2017	19.1472
ROE	0.4750	0.4211	0.0249	0.3962
ROE Adjustment	-0.4211	-0.4211	-0.0249	-0.3962
Quality Assess-Medicaid Share				\$15.5745
Supplemental Rate Add-on				\$8.8324
Totals	222.7777	229.4227	13.5489	240.2807

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 321303-00 - 2012/07 229.97

Ft. Lauderdale Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 E. Commercial Blvd. Ft. Lauderdale FL 33308 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/3/1984 Acquired Date: 10/3/1984 Entered Medicaid 10/3/1984 Med # Active Date: 7/1/2007 Previous Med # 228109	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 155 Maximum: 56,575 Max Annualized: 56,575 Total Patient: 50,169 Medicare: 8,958 Medicaid: 26,697	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 53.21414% Occupancy: 88.67698% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.69183% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,297,023	2,309,798	1,532,910	523,261	0	5,662,992
1a	Audit Adjustments						
2	Cost Per Diem	48.5831	86.5190	57.4188	19.6000		212.1209
3	Cost Per Diem Inflated	51.2222	89.2457	60.5378			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.2222	89.2457	60.5378	19.6000		220.6057
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4075		62.8463			
7	Provider Target Rate	51.5843		64.3135			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	51.4491		60.2702			
10b	Base for line 10a	50.2753		58.8952			
11	Lesser of 5,7,8,10, 10a	51.2222	89.2457	59.7055	13.6500		213.8234
12/13	Medicaid Adjustment Rate		0.3227	0.2159			
14	Prospective Per Diem 11	51.2222	89.5684	59.9214	13.6500		214.3620
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 321303-00 - 2012/07
229.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Ft. Lauderdale Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/2007	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	4,627,174	9.9290
Indexed Asset Value	5,783,967	< 60% of Base:	False	20% ROE(2):	1,156,793	0.6270
FRVS Base Asset:	1,978,789	Interest Rate:	9.1670 %	Insurance Cost(3):	47,997	0.9567
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	140,772	2.8060
ROE Factor	0.027600	Amortization Rate:	9.1670 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	505,562	Total FRVS PD:		14.3187

(1) 80% Capital (\$4,627,174) amortized at 9.1670% for 20 years Principal & Interest of \$505,562 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$9.9290

(2) 20% ROE (\$1,156,793) times the ROE factor (0.027600) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.6270

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	253	Effective PBS Limitation	7,210,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.2222	51.2222	3.0250	48.1972
Patient Care				
Direct Care	89.5684	89.5684	5.2896	84.2788
Indirect Care	59.9214	59.9214	3.5388	56.3826
Property	13.6500	14.3187	0.8456	13.4731
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8028
Supplemental Rate Add-on				\$8.8324
Totals	214.3620	215.0307	12.6990	229.9669

***Medicaid Trend Adjustment :**



0 321532-00 - 2012/07
235.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Palms Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3370 NW 46th Terrace Lauderdale Lakes FL 33319 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1982 Acquired Date: 10/1/1982 Entered Medicaid 10/1/1982 Med # Active Date: 1/1/2007 Previous Med # 308005	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,093 Medicare: 6,920 Medicaid: 31,478	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 76.60185% Occupancy: 93.81964% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.22718% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,466,068	2,965,407	1,944,749	938,674	0	7,314,898
1a	Audit Adjustments						
2	Cost Per Diem	46.5744	94.2057	61.7812	29.8200		232.3813
3	Cost Per Diem Inflated	49.1043	97.1747	65.1372			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.1043	97.1747	65.1372	29.8200		241.2362
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8609		70.6576			
7	Provider Target Rate	52.0483		72.3072			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1043	97.1747	59.7055	13.6500		219.6345
12/13	Medicaid Adjustment Rate		2.9082	1.7868			
14	Prospective Per Diem 11	49.1043	100.0829	61.4923	13.6500		224.3295
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 321532-00 - 2012/07
235.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

The Palms Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	1,727,550	4.0772
Indexed Asset Value	2,159,437	< 60% of Base:	False	20% ROE(2):	431,887	0.3024
FRVS Base Asset:	1,323,819	Interest Rate:	10.0000 %	Insurance Cost(3):	103,141	2.5099
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	100,848	2.4541
ROE Factor	0.027600	Amortization Rate:	7.0000 %	Home Office(3):	13,375	0.3255
		Interest Only:	False	Replacement(3&4):	8,711	0.0000
		Yearly Payment:	160,724	Total FRVS PD:		9.6691

(1) 80% Capital (\$1,727,550) amortized at 7.0000% for 20 years Principal & Interest of \$160,724 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.0772

(2) 20% ROE (\$431,887) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3024

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1043	49.1043	2.8999	46.2044
Patient Care				
Direct Care	100.0829	100.0829	5.9106	94.1723
Indirect Care	61.4923	61.4923	3.6315	57.8608
Property	13.6500	9.6691	0.5710	9.0981
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0354
Supplemental Rate Add-on				\$8.8324
Totals	224.3295	220.3486	13.0130	235.2034

***Medicaid Trend Adjustment :**



0 323772-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

211.95

Coral Gables Nursing and Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7060 SW 8th Street Miami FL 33144 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 11/1/1988 Acquired Date: 11/1/1988 Entered Medicaid 11/1/1988 Med # Active Date: 11/1/2007 Previous Med # 218251	05/01/2010-12/31/2010 Days In CR 245 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 87 Maximum: 21,315 Max Annualized: 31,755 Total Patient: 19,279 Medicare: 3,668 Medicaid: 14,093	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.10026% Occupancy: 90.44804% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.94251% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	628,685	999,371	731,615	210,127	0	2,569,798
1a	Audit Adjustments						
2	Cost Per Diem	44.6097	70.9126	51.9134	14.9100		182.3457
3	Cost Per Diem Inflated	46.9027	73.0438	54.5818			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.9027	73.0438	54.5818	14.9100		189.4383
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.4312		61.3003			
7	Provider Target Rate	54.6786		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	56.7535		64.4160			
10b	Base for line 10a	55.4587		62.9464			
11	Lesser of 5,7,8,10, 10a	46.9027	73.0438	54.5818	13.6500		188.1783
12/13	Medicaid Adjustment Rate		1.8982	1.4185			
14	Prospective Per Diem 11	46.9027	74.9420	56.0003	13.6500		191.4950
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 323772-00 - 2012/07
211.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Coral Gables Nursing and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Fixed [2]	80% Capital(1):	3,245,425	13.6049
Indexed Asset Value	4,056,781	< 60% of Base:	False	20% ROE(2):	811,356	0.7097
FRVS Base Asset:	2,479,500	Interest Rate:	10.5000 %	Insurance Cost(3):	44,431	2.3046
Occup Adj Factor:	0.9000	Chase Rate:	7.5000 %	Taxes Cost(3):	32,794	1.7010
ROE Factor	0.025000	Amortization Rate:	10.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	35,583	0.0000
		Yearly Payment:	388,820	Total FRVS PD:		18.3202

(1) 80% Capital (\$3,245,425) amortized at 10.5000% for 20 years Principal & Interest of \$388,820 divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = \$13.6049

(2) 20% ROE (\$811,356) times the ROE factor (0.025000) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = \$0.7097

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	50,254
Comparison Bed 87	Effective PBS Limitation	2,580,594

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.9027	46.9027	2.7699	44.1328
Patient Care				
Direct Care	74.9420	74.9420	4.4258	70.5162
Indirect Care	56.0003	56.0003	3.3072	52.6931
Property	13.6500	18.3202	1.0819	17.2383
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5350
Supplemental Rate Add-on				\$8.8324
Totals	191.4950	196.1652	11.5848	211.9478

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 323781-00 - 2012/07 223.85

Tarpon Point Nursing & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5157 Park Club Drive Sarasota FL 34235 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/23/1990 Acquired Date: 7/23/1990 Entered Medicaid 7/27/1990 Med # Active Date: 11/1/2007 Previous Med # 252654	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,758 Medicare: 4,512 Medicaid: 26,014	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 68.89666% Occupancy: 86.20548% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.55101% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,272,733	2,136,114	1,375,205	677,925	0	5,461,977
1a	Audit Adjustments						
2	Cost Per Diem	48.9249	82.1140	52.8640	26.0600		209.9629
3	Cost Per Diem Inflated	50.2315	83.5982	54.2758			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.2315	83.5982	54.2758	26.0600		214.1655
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	95.7372		63.3826			
7	Provider Target Rate	97.9723		64.8624			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation	49.5732		54.7651			
10b	Base for line 10a	48.4422		53.5157			
11	Lesser of 5,7,8,10, 10a	49.5732	83.5982	54.2758	13.6500		201.0972
12/13	Medicaid Adjustment Rate		1.7772	1.1538			
14	Prospective Per Diem 11	49.5732	85.3754	55.4296	13.6500		204.0282
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 323781-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

223.85

Tarpon Point Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/27/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 6,030,480 FRVS Base Asset: 1,810,440 Occup Adj Factor: 0.9000 ROE Factor 0.024170	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,500,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,824,384	14.4165
	< 60% of Base:	False	20% ROE(2):	1,206,096	0.7395
	Interest Rate:	10.2500 %	Insurance Cost(3):	15,803	0.4185
	Chase Rate:	8.2500 %	Taxes Cost(3):	40,955	1.0847
	Amortization Rate:	10.2500 %	Home Office(3):	2,080	0.0551
	Interest Only:	False	Replacement(3&4):	244,620	0.0000
Yearly Payment:	568,299	Total FRVS PD:		16.7143	

- (1) 80% Capital (\$4,824,384) amortized at 10.2500% for 20 years Principal & Interest of \$568,299 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.4165
- (2) 20% ROE (\$1,206,096) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7395
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,810,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.5732	49.5732	2.9276	46.6456
Patient Care				
Direct Care	85.3754	85.3754	5.0420	80.3334
Indirect Care	55.4296	55.4296	3.2735	52.1561
Property	13.6500	16.7143	0.9871	15.7272
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1547
Supplemental Rate Add-on				\$8.8324
Totals	204.0282	207.0925	12.2302	223.8494

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 323799-00 - 2012/07
202.28

St. Andrew's Bav Skilled Nursing and Rehabilitati

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2100 Jenks Ave Panama City FL 32405 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1986 Acquired Date: 1/1/1986 Entered Medicaid 5/1/1986 Med # Active Date: 11/1/2007 Previous Med # 312011	05/01/2011-12/31/2011 Days In CR 245 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 29,400 Max Annualized: 43,800 Total Patient: 26,013 Medicare: 5,705 Medicaid: 14,437	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 55.49917% Occupancy: 88.47959% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.44099% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25683187 Semester Index: 1.28710041 Cost: 1.02408321 Target: 1.01634256 DC FY Index: 1.19049979 DC Sem Index: 1.21100000 DC Inflation: 1.01721984 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	601,480	1,115,625	740,002	433,687	0	2,890,794
1a	Audit Adjustments						
2	Cost Per Diem	41.6624	77.2754	51.2573	30.0400		200.2351
3	Cost Per Diem Inflated	42.6658	78.6061	52.4917			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.6658	78.6061	52.4917	30.0400		203.8036
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.3726		46.1066			
7	Provider Target Rate	41.3152		47.1830			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	42.6683		50.9928			
10b	Base for line 10a	41.6949		49.8295			
11	Lesser of 5,7,8,10, 10a	41.3152	78.6061	47.1830	13.6500		180.7543
12/13	Medicaid Adjustment Rate		0.4863	0.2919			
14	Prospective Per Diem 11	41.3152	79.0924	47.4749	13.6500		181.5325
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 323799-00 - 2012/07
202.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

St. Andrew's Bav Skilled Nursing and Rehabilitati

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,650,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Fixed [2]	80% Capital(1):	4,807,453	16.6269
Indexed Asset Value	6,009,316	< 60% of Base:	False	20% ROE(2):	1,201,863	0.6573
FRVS Base Asset:	3,420,000	Interest Rate:	12.5000 %	Insurance Cost(3):	8,475	0.3258
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	27,190	1.0452
ROE Factor	0.021560	Amortization Rate:	12.5000 %	Home Office(3):	1,414	0.0544
		Interest Only:	False	Replacement(3&4):	134,126	0.0000
		Yearly Payment:	655,433	Total FRVS PD:		18.7096

- (1) 80% Capital (\$4,807,453) amortized at 12.5000% for 20 years Principal & Interest of \$655,433 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$16.6269
- (2) 20% ROE (\$1,201,863) times the ROE factor (0.021560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6573
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.3152	41.3152	2.4399	38.8753
Patient Care				
Direct Care	79.0924	79.0924	4.6709	74.4215
Indirect Care	47.4749	47.4749	2.8037	44.6712
Property	13.6500	18.7096	1.1049	17.6047
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8699
Supplemental Rate Add-on				\$8.8324
Totals	181.5325	186.5921	11.0194	202.2750

***Medicaid Trend Adjustment :**



0 324027-00 - 2012/07
238.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Hampton Court Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16100 NW 2nd Avenue North Miami Beach FL 33169 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/3/1991 Acquired Date: 1/3/1991 Entered Medicaid 1/3/1991 Med # Active Date: 11/1/2007 Previous Med # 203131	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,226 Medicare: 5,019 Medicaid: 24,741	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.07296% Occupancy: 89.55708% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.81028% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,190,998	2,339,160	1,477,477	475,522	0	5,483,157
1a	Audit Adjustments						
2	Cost Per Diem	48.1386	94.5459	59.7178	19.2200		221.6223
3	Cost Per Diem Inflated	49.7555	96.6203	61.7236			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.7555	96.6203	61.7236	19.2200		227.3194
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5224		61.4343			
7	Provider Target Rate	46.5852		62.8686			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5852	96.6203	59.7055	13.6500		216.5610
12/13	Medicaid Adjustment Rate		1.4210	0.8781			
14	Prospective Per Diem 11	46.5852	98.0413	60.5836	13.6500		218.8601
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324027-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

238.43

Hampton Court Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/3/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,420,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	4,121,611	13.3802
Indexed Asset Value	5,152,014	< 60% of Base:	False	20% ROE(2):	1,030,403	0.6645
FRVS Base Asset:	3,642,240	Interest Rate:	11.5000 %	Insurance Cost(3):	44,280	1.1288
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	94,669	2.4134
ROE Factor	0.025420	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	52,166	0.0000
		Yearly Payment:	527,449	Total FRVS PD:		17.5869

(1) 80% Capital (\$4,121,611) amortized at 11.5000% for 20 years Principal & Interest of \$527,449 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.3802

(2) 20% ROE (\$1,030,403) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6645

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5852	46.5852	2.7512	43.8340
Patient Care				
Direct Care	98.0413	98.0413	5.7900	92.2513
Indirect Care	60.5836	60.5836	3.5779	57.0057
Property	13.6500	17.5869	1.0386	16.5483
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9612
Supplemental Rate Add-on				\$8.8324
Totals	218.8601	222.7970	13.1577	238.4329

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324094-00 - 2012/07

236.66

Advanced Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
401 FAIRWOOD AVENUE Clearwater FL 33759 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 9/1/2007 Previous Med # 309273	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,986 Medicare: 6,019 Medicaid: 31,250	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 74.42957% Occupancy: 95.85845% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.81814% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,320,257	2,993,250	1,740,406	957,500	0	7,011,413
1a	Audit Adjustments						
2	Cost Per Diem	42.2482	95.7840	55.6930	30.6400		224.3652
3	Cost Per Diem Inflated	44.4198	98.6627	58.5556			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.4198	98.6627	58.5556	30.6400		232.2781
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.7168		61.0737			
7	Provider Target Rate	53.9476		62.4996			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	50.2146		60.7176			
10b	Base for line 10a	49.0690		59.3324			
11	Lesser of 5,7,8,10, 10a	44.4198	98.2868	57.8638	13.6500		214.2204
12/13	Medicaid Adjustment Rate		2.7012	1.5903			
14	Prospective Per Diem 11	44.4198	100.9880	59.4541	13.6500		218.5119
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324094-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

236.66

Advanced Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,391,600.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	3,830,144	12.1143
Indexed Asset Value	4,787,680	< 60% of Base:	False	20% ROE(2):	957,536	0.6529
FRVS Base Asset:	2,775,941	Interest Rate:	11.1000 %	Insurance Cost(3):	78,935	1.8800
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	60,826	1.4487
ROE Factor	0.026880	Amortization Rate:	11.1000 %	Home Office(3):	13,666	0.3255
		Interest Only:	False	Replacement(3&4):	3,057	0.0000
		Yearly Payment:	477,544	Total FRVS PD:		16.4214

(1) 80% Capital (\$3,830,144) amortized at 11.1000% for 20 years Principal & Interest of \$477,544 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.1143

(2) 20% ROE (\$957,536) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6529

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.4198	44.4198	2.6233	41.7965
Patient Care				
Direct Care	100.9880	100.9880	5.9640	95.0240
Indirect Care	59.4541	59.4541	3.5112	55.9429
Property	13.6500	16.4214	0.9698	15.4516
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6086
Supplemental Rate Add-on				\$8.8324
Totals	218.5119	221.2833	13.0683	236.6560

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324108-00 - 2012/07

258.65

Bayside Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
811 Jackson Street North St. Petersburg FL 33705 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 9/1/2007 Previous Med # 308790	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 92 Maximum: 33,580 Max Annualized: 33,580 Total Patient: 31,151 Medicare: 6,274 Medicaid: 23,301	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 74.80017% Occupancy: 92.76653% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.88889% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,191,037	2,313,137	1,449,451	687,846	0	5,641,471
1a	Audit Adjustments						
2	Cost Per Diem	51.1153	99.2720	62.2055	29.5200		242.1128
3	Cost Per Diem Inflated	53.7426	102.2556	65.4029			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.7426	102.2556	65.4029	29.5200		250.9211
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.4958		70.8096			
7	Provider Target Rate	61.9082		72.4628			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation	54.5410		69.8072			
10b	Base for line 10a	53.2967		68.2146			
11	Lesser of 5,7,8,10, 10a	53.7426	101.2154	65.4029	13.6500		234.0109
12/13	Medicaid Adjustment Rate		2.8239	1.8248			
14	Prospective Per Diem 11	53.7426	104.0393	67.2277	13.6500		238.6596
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324108-00 - 2012/07
258.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Bayside Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/2001	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,033,590.00	Total Amount	Per Diem
RS to Start Calcs: 1984/07	Type: Variable [3]	80% Capital(1): 3,684,878	15.6032
Indexed Asset Value 4,606,098	< 60% of Base: False	20% ROE(2): 921,220	0.8194
FRVS Base Asset: 1,335,000	Interest Rate: 11.5000 %	Insurance Cost(3): 83,877	2.6926
Occup Adj Factor: 0.9000	Chase Rate: 10.5000 %	Taxes Cost(3): 50,492	1.6209
ROE Factor 0.026880	Amortization Rate: 11.5000 %	Home Office(3): 10,139	0.3255
	Interest Only: False	Replacement(3&4): 40,684	0.0000
	Yearly Payment: 471,560	Total FRVS PD: 21.0616	

(1) 80% Capital (\$3,684,878) amortized at 11.5000% for 20 years Principal & Interest of \$471,560 divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$15.6032

(2) 20% ROE (\$921,220) times the ROE factor (0.026880) divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$0.8194

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 66	Effective PBS Limitation 1,881,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.7426	53.7426	3.1739	50.5687
Patient Care				
Direct Care	104.0393	104.0393	6.1442	97.8951
Indirect Care	67.2277	67.2277	3.9702	63.2575
Property	13.6500	21.0616	1.2438	19.8178
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2798
Supplemental Rate Add-on				\$8.8324
Totals	238.6596	246.0712	14.5321	258.6513

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324116-00 - 2012/07 233.11

Excel Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2811 Campus Hill Drive Tampa FL 33612 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1995 Acquired Date: 4/1/1995 Entered Medicaid 5/15/1995 Med # Active Date: 9/1/2007 Previous Med # 309044	03/01/2010-02/28/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,424 Medicare: 12,514 Medicaid: 24,313	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.67056% Occupancy: 90.00914% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.38476% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,255,991	2,180,336	1,467,980	1,003,884	0	5,908,191
1a	Audit Adjustments						
2	Cost Per Diem	51.6592	89.6778	60.3784	41.2900		243.0054
3	Cost Per Diem Inflated	54.3145	92.3730	63.4819			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.3145	92.3730	63.4819	41.2900		251.4594
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0084		58.0562			
7	Provider Target Rate	54.2460		59.4116			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	48.5182		61.0510			
10b	Base for line 10a	47.4113		59.6582			
11	Lesser of 5,7,8,10, 10a	48.5182	92.3730	57.8638	13.6500		212.4050
12/13	Medicaid Adjustment Rate		1.2128	0.7597			
14	Prospective Per Diem 11	48.5182	93.5858	58.6235	13.6500		214.3775
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324116-00 - 2012/07
233.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Excel Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/15/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,950,000.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Fixed [2]	80% Capital(1):	4,470,918	15.2368
Indexed Asset Value	5,588,648	< 60% of Base:	False	20% ROE(2):	1,117,730	0.7622
FRVS Base Asset:	4,123,320	Interest Rate:	12.2636 %	Insurance Cost(3):	107,140	2.7176
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	77,962	1.9775
ROE Factor	0.026880	Amortization Rate:	12.2636 %	Home Office(3):	12,832	0.3255
		Interest Only:	False	Replacement(3&4):	46,694	0.0000
		Yearly Payment:	600,633	Total FRVS PD:		21.0196

(1) 80% Capital (\$4,470,918) amortized at 12.2636% for 20 years Principal & Interest of \$600,633 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.2368

(2) 20% ROE (\$1,117,730) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7622

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,123,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.5182	48.5182	2.8653	45.6529
Patient Care				
Direct Care	93.5858	93.5858	5.5269	88.0589
Indirect Care	58.6235	58.6235	3.4621	55.1614
Property	13.6500	21.0196	1.2413	19.7783
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6242
Supplemental Rate Add-on				\$8.8324
Totals	214.3775	221.7471	13.0956	233.1081

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324124-00 - 2012/07
226.37

Madison Pointe Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6020 Indiana Avenue New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1981 Acquired Date: 9/1/1981 Entered Medicaid 1/1/1982 Med # Active Date: 9/1/2007 Previous Med # 309257	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 119 Maximum: 43,435 Max Annualized: 43,435 Total Patient: 40,278 Medicare: 12,328 Medicaid: 21,476	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 53.31943% Occupancy: 92.73167% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.84458% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22417738	Semester Index: 1.28710041
		Cost: 1.05140026	Target: 1.01634256
		DC FY Index: 1.17566608	DC Sem Index: 1.21100000
		DC Inflation: 1.03005438	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	868,704	2,012,207	1,253,977	863,979	0	4,998,867
1a	Audit Adjustments						
2	Cost Per Diem	40.4500	93.6956	58.3897	40.2300		232.7653
3	Cost Per Diem Inflated	42.5291	96.5116	61.3909			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.5291	96.5116	61.3909	40.2300		240.6616
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.1789		61.9236			
7	Provider Target Rate	54.4204		63.3693			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	47.2019		61.0510			
10b	Base for line 10a	46.1250		59.6582			
11	Lesser of 5,7,8,10, 10a	42.5291	96.5116	57.8638	13.6500		210.5545
12/13	Medicaid Adjustment Rate		0.3604	0.2161			
14	Prospective Per Diem 11	42.5291	96.8720	58.0799	13.6500		211.1310
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324124-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

226.37

Madison Pointe Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,525,000.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed [2]	80% Capital(1):	3,545,461	11.7070
Indexed Asset Value	4,431,826	< 60% of Base:	False	20% ROE(2):	886,365	0.6095
FRVS Base Asset:	2,077,025	Interest Rate:	11.6337 %	Insurance Cost(3):	111,064	2.7574
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	57,425	1.4257
ROE Factor	0.026880	Amortization Rate:	11.6337 %	Home Office(3):	13,110	0.3255
		Interest Only:	False	Replacement(3&4):	8,714	0.0000
		Yearly Payment:	457,644	Total FRVS PD:		16.8251

(1) 80% Capital (\$3,545,461) amortized at 11.6337% for 20 years Principal & Interest of \$457,644 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$11.7070

(2) 20% ROE (\$886,365) times the ROE factor (0.026880) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.6095

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 119	Effective PBS Limitation	3,391,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5291	42.5291	2.5116	40.0175
Patient Care				
Direct Care	96.8720	96.8720	5.7209	91.1511
Indirect Care	58.0799	58.0799	3.4300	54.6499
Property	13.6500	16.8251	0.9936	15.8315
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8840
Supplemental Rate Add-on				\$8.8324
Totals	211.1310	214.3061	12.6561	226.3664

***Medicaid Trend Adjustment :**



0 324132-00 - 2012/07
229.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Shore Acres Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4500 Indianapolis Street, NE St. Petersburg FL 33703	03/01/2010-02/28/2011	Number of Beds: 109	Superior: 0
County: Pinellas[52]	Days In CR 365	Maximum: 39,785	Standard: 184
Region: Central[3] Area: 5	First Used: 2012/01	Max Annualized: 39,785	Conditional: 0
Control Private For profit [1]	Last Used: 2012/07	Total Patient: 37,636	Total: 184
Current Class Central Large [6]	Unaudited [3]	Medicare: 6,393	Inflation
Class at 1/94: North Large [2]	Initial CR? False	Medicaid: 28,757	FY Index: 1.22417738
Operating Ex > 18 months [1]	Medicaid Utilization 76.40823%		Semester Index: 1.28710041
Open Date: 3/1/1971	Occupancy: 94.59847%		Cost: 1.05140026
Acquired Date: 3/1/1971	Statewide Low Occupancy Threshold: 78.68980%		Target: 1.01634256
Entered Medicaid 3/1/1971	Medicaid Low Occupancy Threshold: 41.03510%		DC FY Index: 1.17566608
Med # Active Date: 9/1/2007	Low Occupancy Adjustment Factor: 120.21693%		DC Sem Index: 1.21100000
Previous Med # 309290	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.03005438
			PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,228,124	2,719,949	1,598,064	748,832	0	6,294,969
1a	Audit Adjustments						
2	Cost Per Diem	42.7070	94.5839	55.5713	26.0400		218.9022
3	Cost Per Diem Inflated	44.9022	97.4266	58.4277			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9022	97.4266	58.4277	26.0400		226.7965
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.3539		62.7636			
7	Provider Target Rate	58.6929		64.2289			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	49.5734		60.6422			
10b	Base for line 10a	48.4424		59.2587			
11	Lesser of 5,7,8,10, 10a	44.9022	97.4266	57.8638	13.6500		213.8426
12/13	Medicaid Adjustment Rate		2.8945	1.7191			
14	Prospective Per Diem 11	44.9022	100.3211	59.5829	13.6500		218.4562
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324132-00 - 2012/07
229.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Shore Acres Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	1,563,972	4.9716
Indexed Asset Value	1,954,965	< 60% of Base:	False	20% ROE(2):	390,993	0.2935
FRVS Base Asset:	1,206,806	Interest Rate:	9.7500 %	Insurance Cost(3):	105,406	2.8007
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	47,850	1.2714
ROE Factor	0.026880	Amortization Rate:	9.7500 %	Home Office(3):	12,250	0.3255
		Interest Only:	False	Replacement(3&4):	30,407	0.0000
		Yearly Payment:	178,015	Total FRVS PD:		9.6627

(1) 80% Capital (\$1,563,972) amortized at 9.7500% for 20 years Principal & Interest of \$178,015 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$4.9716

(2) 20% ROE (\$390,993) times the ROE factor (0.026880) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.2935

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 109	Effective PBS Limitation	3,106,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9022	44.9022	2.6518	42.2504
Patient Care				
Direct Care	100.3211	100.3211	5.9246	94.3965
Indirect Care	59.5829	59.5829	3.5188	56.0641
Property	13.6500	9.6627	0.5706	9.0921
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0018
Supplemental Rate Add-on				\$8.8324
Totals	218.4562	214.4689	12.6658	229.6373

***Medicaid Trend Adjustment :**



0 324141-00 - 2012/07
227.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Woodbridge Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8720 Jackson Springs Road Tampa FL 33615 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1982 Acquired Date: 12/1/1982 Entered Medicaid 12/1/1982 Med # Active Date: 9/1/2007 Previous Med # 309052	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,988 Medicare: 8,013 Medicaid: 27,301	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,113,603	2,495,595	1,643,575	828,039	0	6,080,812
1a	Audit Adjustments						
2	Cost Per Diem	40.7898	91.4104	60.2020	30.3300		222.7322
3	Cost Per Diem Inflated	42.8864	94.1577	63.2964			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.8864	94.1577	63.2964	30.3300		230.6705
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.1336		64.0770			
7	Provider Target Rate	53.3507		65.5730			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	48.9205		61.0510			
10b	Base for line 10a	47.8044		59.6582			
11	Lesser of 5,7,8,10, 10a	42.8864	94.1577	57.8638	13.6500		208.5579
12/13	Medicaid Adjustment Rate		1.9356	1.1895			
14	Prospective Per Diem 11	42.8864	96.0933	59.0533	13.6500		211.6830
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324141-00 - 2012/07
227.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Woodbridge Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	3,090,804	9.8723
Indexed Asset Value	3,863,505	< 60% of Base:	False	20% ROE(2):	772,701	0.5269
FRVS Base Asset:	2,176,171	Interest Rate:	11.6700 %	Insurance Cost(3):	110,028	2.7515
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	42,927	1.0735
ROE Factor	0.026880	Amortization Rate:	11.2500 %	Home Office(3):	13,016	0.3255
		Interest Only:	False	Replacement(3&4):	21,817	0.0000
		Yearly Payment:	389,165	Total FRVS PD:		14.5497

- (1) 80% Capital (\$3,090,804) amortized at 11.2500% for 20 years Principal & Interest of \$389,165 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8723
- (2) 20% ROE (\$772,701) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5269
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.8864	42.8864	2.5327	40.3537
Patient Care				
Direct Care	96.0933	96.0933	5.6750	90.4183
Indirect Care	59.0533	59.0533	3.4875	55.5658
Property	13.6500	14.5497	0.8593	13.6904
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3032
Supplemental Rate Add-on				\$8.8324
Totals	211.6830	212.5827	12.5545	227.1638

***Medicaid Trend Adjustment :**



0 324159-00 - 2012/07
223.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Ocoee Health Care Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1556 Maguire Road Ocoee FL 34761 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1990 Acquired Date: 8/1/1990 Entered Medicaid 8/16/1990 Med # Active Date: 11/1/2007 Previous Med # 312002	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,135 Medicare: 4,979 Medicaid: 24,133	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.66603% Occupancy: 89.34932% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.54625% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.28710041 Cost: 1.05432042 Target: 1.01634256 DC FY Index: 1.17400000 DC Sem Index: 1.21100000 DC Inflation: 1.03151618 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	938,547	2,262,768	1,086,731	468,904	0	4,756,950	
1a	Audit Adjustments							
2	Cost Per Diem	38.8906	93.7624	45.0309	19.4300		197.1139	
3	Cost Per Diem Inflated	41.0032	96.7174	47.4770				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.0032	96.7174	47.4770	19.4300		204.6276	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	39.3127		51.5822				
7	Provider Target Rate	40.2305		52.7865				
7a	Interim Adjustment							
7b	Interim Adjusted Provider Target Rate							
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500			
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334				
10	Target Rate Class Ceiling	50.1494		57.8638				
10a	New Provider Target Limitation	43.7745		53.9458				
10b	Base for line 10a	42.7758		52.7151				
11	Lesser of 5,7,8,10, 10a	40.2305	96.7174	47.4770	13.6500		198.0749	
12/13	Medicaid Adjustment Rate		1.2693	0.6231				
14	Prospective Per Diem 11	40.2305	97.9867	48.1001	13.6500		199.9673	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324159-00 - 2012/07
223.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Ocoee Health Care Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/16/1990	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,420,145.00	Total Amount	Per Diem
RS to Start Calcs: 1990/07	Type: Fixed [2]	80% Capital(1): 4,817,981	16.1492
Indexed Asset Value: 6,022,476	< 60% of Base: False	20% ROE(2): 1,204,495	0.8433
FRVS Base Asset: 3,620,880	Interest Rate: 12.0000 %	Insurance Cost(3): 56,398	1.4411
Occup Adj Factor: 0.9000	Chase Rate: 10.5000 %	Taxes Cost(3): 72,629	1.8559
ROE Factor: 0.027600	Amortization Rate: 12.0000 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 54,652	0.0000
	Yearly Payment: 636,602	Total FRVS PD:	20.2895

- (1) 80% Capital (\$4,817,981) amortized at 12.0000% for 20 years Principal & Interest of \$636,602 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$16.1492
- (2) 20% ROE (\$1,204,495) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8433
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,620,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.2305	40.2305	2.3759	37.8546
Patient Care				
Direct Care	97.9867	97.9867	5.7868	92.1999
Indirect Care	48.1001	48.1001	2.8406	45.2595
Property	13.6500	20.2895	1.1982	19.0913
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9778
Supplemental Rate Add-on				\$8.8324
Totals	199.9673	206.6068	12.2015	223.2155

***Medicaid Trend Adjustment :**



0 324167-00 - 2012/07
248.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Palmetto Rehabilitation and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6750 West 22nd Court Hialeah FL 33016 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 9/2/1987 Med # Active Date: 9/1/2007 Previous Med # 309125	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 31,902 Medicare: 15,213 Medicaid: 14,584 Medicaid Utilization 45.71500% Occupancy: 97.11416% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.41391% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 184 Conditional: 0 Total: 184 Inflation FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	718,794	1,352,628	1,260,878	717,387	0	4,049,687
1a	Audit Adjustments						
2	Cost Per Diem	49.2865	92.7474	86.4563	49.1900		277.6802
3	Cost Per Diem Inflated	51.8198	95.5349	90.9002			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.8198	95.5349	90.9002	49.1900		287.4449
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.0516		89.5174			
7	Provider Target Rate	62.4769		91.6073			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	56.6072		76.0995			
10b	Base for line 10a	55.3158		74.3634			
11	Lesser of 5,7,8,10, 10a	51.8198	95.5349	74.1906	13.6500		235.1953
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.8198	95.5349	74.1906	13.6500		235.1953
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324167-00 - 2012/07
248.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Palmetto Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/2/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed [2]	80% Capital(1):	3,553,572	13.6809
Indexed Asset Value	4,441,965	< 60% of Base:	False	20% ROE(2):	888,393	0.8077
FRVS Base Asset:	3,246,544	Interest Rate:	9.7500 %	Insurance Cost(3):	80,654	2.5282
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	87,436	2.7408
ROE Factor	0.026880	Amortization Rate:	9.7500 %	Home Office(3):	10,384	0.3255
		Interest Only:	False	Replacement(3&4):	52,896	0.0000
		Yearly Payment:	404,475	Total FRVS PD:		20.0831

(1) 80% Capital (\$3,553,572) amortized at 9.7500% for 20 years Principal & Interest of \$404,475 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$13.6809

(2) 20% ROE (\$888,393) times the ROE factor (0.026880) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.8077

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 90	Effective PBS Limitation	2,648,070

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.8198	51.8198	3.0603	48.7595
Patient Care				
Direct Care	95.5349	95.5349	5.6420	89.8929
Indirect Care	74.1906	74.1906	4.3815	69.8091
Property	13.6500	20.0831	1.1860	18.8971
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.9745
Supplemental Rate Add-on				\$8.8324
Totals	235.1953	241.6284	14.2698	248.1655

*Medicaid Trend Adjustment :



0 324175-00 - 2012/07
216.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Courtwards of Orlando

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1900 Mercy Drive Orlando FL 32808 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1983 Acquired Date: 4/1/1983 Entered Medicaid 4/1/1983 Med # Active Date: 9/1/2007 Previous Med # 308803	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,440 Medicare: 8,611 Medicaid: 32,500	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 76.57870% Occupancy: 96.89498% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.13538% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,252,823	3,045,309	1,484,777	1,061,775	0	6,844,684
1a	Audit Adjustments						
2	Cost Per Diem	38.5484	93.7018	45.6854	32.6700		210.6056
3	Cost Per Diem Inflated	40.5298	96.5179	48.0336			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.5298	96.5179	48.0336	32.6700		217.7513
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9452		61.5113			
7	Provider Target Rate	50.0879		62.9474			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	48.9553		61.0079			
10b	Base for line 10a	47.8384		59.6161			
11	Lesser of 5,7,8,10, 10a	40.5298	96.5179	48.0336	13.6500		198.7313
12/13	Medicaid Adjustment Rate		2.8860	1.4363			
14	Prospective Per Diem 11	40.5298	99.4039	49.4699	13.6500		203.0536
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324175-00 - 2012/07
216.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Courtwards of Orlando

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1991 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 3,437,697 FRVS Base Asset: 1,913,236 Occup Adj Factor: 0.9000 ROE Factor 0.026880	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,055,432.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,750,158	7.0516
	< 60% of Base:	False	20% ROE(2):	687,539	0.4688
	Interest Rate:	8.0940 %	Insurance Cost(3):	108,632	2.5597
	Chase Rate:	6.0000 %	Taxes Cost(3):	50,065	1.1797
	Amortization Rate:	8.0940 %	Home Office(3):	13,814	0.3255
	Interest Only:	False	Replacement(3&4):	28,328	0.0000
Yearly Payment:	277,975	Total FRVS PD:	11.5853		

(1) 80% Capital (\$2,750,158) amortized at 8.0940% for 20 years Principal & Interest of \$277,975 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0516

(2) 20% ROE (\$687,539) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4688

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.5298	40.5298	2.3936	38.1362
Patient Care				
Direct Care	99.4039	99.4039	5.8705	93.5334
Indirect Care	49.4699	49.4699	2.9215	46.5484
Property	13.6500	11.5853	0.6842	10.9011
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2457
Supplemental Rate Add-on				\$8.8324
Totals	203.0536	200.9889	11.8698	216.1972

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324213-00 - 2012/07 198.25

Royal Care of Avon Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1213 W. Stratford Rd. Avon Park FL 33825 County: Highlands[28] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/9/1976 Acquired Date: 3/9/1976 Entered Medicaid 5/1/1984 Med # Active Date: 12/1/2007 Previous Med # 310590	06/01/2010-12/31/2010 Days In CR 214 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 19,260 Max Annualized: 32,850 Total Patient: 17,547 Medicare: 4,564 Medicaid: 11,166	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Medicaid Utilization 63.63481% Occupancy: 91.10592% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.77857% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	467,323	799,922	529,507	170,170	0	1,966,922
1a	Audit Adjustments						
2	Cost Per Diem	41.8523	71.6391	47.4214	15.2400		176.1528
3	Cost Per Diem Inflated	43.9425	73.7399	49.7898			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.9425	73.7399	49.7898	15.2400		182.7122
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.8692		56.1471			
7	Provider Target Rate	50.0101		57.4579			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	57.6499	101.2154	74.7806	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.3769		66.4707			
10	Target Rate Class Ceiling	57.2982		67.5570			
10a	New Provider Target Limitation	48.7494		59.2575			
10b	Base for line 10a	47.6372		57.9056			
11	Lesser of 5,7,8,10, 10a	43.9425	73.7399	49.7898	13.6500		181.1222
12/13	Medicaid Adjustment Rate		1.1311	0.7637			
14	Prospective Per Diem 11	43.9425	74.8710	50.5535	13.6500		183.0170
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324213-00 - 2012/07
198.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Royal Care of Avon Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1976/01	Type:	Fixed [2]	80% Capital(1):	1,705,735	6.4534
Indexed Asset Value	2,132,169	< 60% of Base:	False	20% ROE(2):	426,434	0.3452
FRVS Base Asset:	1,076,683	Interest Rate:	9.5000 %	Insurance Cost(3):	33,791	1.9257
Occup Adj Factor:	0.9000	Chase Rate:	7.5000 %	Taxes Cost(3):	11,275	0.6426
ROE Factor	0.023930	Amortization Rate:	9.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	8,908	0.0000
		Yearly Payment:	190,796	Total FRVS PD:		9.3669

(1) 80% Capital (\$1,705,735) amortized at 9.5000% for 20 years Principal & Interest of \$190,796 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$6.4534

(2) 20% ROE (\$426,434) times the ROE factor (0.023930) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.3452

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 90	Effective PBS Limitation	2,565,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9425	43.9425	2.5951	41.3474
Patient Care				
Direct Care	74.8710	74.8710	4.4216	70.4494
Indirect Care	50.5535	50.5535	2.9855	47.5680
Property	13.6500	9.3669	0.5532	8.8137
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9363
Supplemental Rate Add-on				\$8.8324
Fire Sprinkler Component	\$4.5708	\$4.5708	\$0.2699	\$4.3009
Totals	187.5878	183.3047	10.8253	198.2481

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324230-00 - 2012/07

200.24

Seminole Pavilion Rehabilitation & Nursing Servi

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10800 Temple Terrace Seminole FL 33772 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1982 Acquired Date: 7/1/1982 Entered Medicaid 7/1/1982 Med # Active Date: 7/20/2007 Previous Med # 206814	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,844 Medicare: 11,768 Medicaid: 15,476	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 37.89051% Occupancy: 93.25114% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.50474% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	624,949	1,354,973	905,858	258,140	0	3,143,920
1a	Audit Adjustments						
2	Cost Per Diem	40.3818	87.5532	58.5331	16.6800		203.1481
3	Cost Per Diem Inflated	42.2088	89.9678	61.1814			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2088	89.9678	61.1814	16.6800		210.0380
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.6607		65.1157			
7	Provider Target Rate	57.9835		66.6359			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	50.6455		61.0510			
10b	Base for line 10a	49.4901		59.6582			
11	Lesser of 5,7,8,10, 10a	42.2088	89.9678	57.8638	13.6500		203.6904
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.2088	89.9678	57.8638	13.6500		203.6904
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324230-00 - 2012/07

200.24

Seminole Pavilion Rehabilitation & Nursing Servi

FRVS

FRVS Status as of this Semester:

On FRV [2]

Began FRVS:	7/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	3,916,874	8.3849
Indexed Asset Value	4,896,093	< 60% of Base:	False	20% ROE(2):	979,219	0.6496
FRVS Base Asset:	3,420,000	Interest Rate:	5.7700 %	Insurance Cost(3):	28,555	0.6991
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	59,976	1.4684
ROE Factor	0.026150	Amortization Rate:	5.7700 %	Home Office(3):	89,112	2.1818
		Interest Only:	False	Replacement(3&4):	57,914	0.0000
		Yearly Payment:	330,534	Total FRVS PD:		13.3838

(1) 80% Capital (\$3,916,874) amortized at 5.7700% for 20 years Principal & Interest of \$330,534 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.3849

(2) 20% ROE (\$979,219) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6496

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.2088	42.2088	2.4927	39.7161
Patient Care				
Direct Care	89.9678	89.9678	5.3132	84.6546
Indirect Care	57.8638	57.8638	3.4172	54.4466
Property	13.6500	13.3838	0.7904	12.5934
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	203.6904	203.4242	12.0135	200.2431

***Medicaid Trend Adjustment :**



0 324248-00 - 2012/07
199.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Freedom Square Rehabilitation & Nursing Servc

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10801 Johnson Blvd. Seminole Fl 33772 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/14/1988 Acquired Date: 9/14/1988 Entered Medicaid 2/19/2002 Med # Active Date: 7/20/2007 Previous Med # 253715	09/01/2010-12/31/2011 Days In CR 487 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 56,492 Max Annualized: 42,340 Total Patient: 50,950 Medicare: 8,011 Medicaid: 19,910	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.24804976 Semester Index: 1.28710041 Cost: 1.03128934 Target: 1.01634256 DC FY Index: 1.18649811 DC Sem Index: 1.21100000 DC Inflation: 1.02065059 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,140,888	1,632,507	1,184,946	574,802	0	4,533,143
1a	Audit Adjustments						
2	Cost Per Diem	57.3023	81.9943	59.5151	28.8700		227.6817
3	Cost Per Diem Inflated	59.0953	83.6875	61.3773			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.0953	83.6875	61.3773	28.8700		233.0301
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.4239		67.6320			
7	Provider Target Rate	64.9046		69.2110			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation	52.7968		58.9705			
10b	Base for line 10a	51.5923		57.6252			
11	Lesser of 5,7,8,10, 10a	49.9425	83.6875	57.8638	13.6500		205.1438
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9425	83.6875	57.8638	13.6500		205.1438
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324248-00 - 2012/07
199.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Freedom Square Rehabilitation & Nursing Servc

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/19/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 7,700,000.00			Total Amount	Per Diem
RS to Start Calcs: 1988/07	Type: Fixed [2]		80% Capital(1): 2,950,604		6.5342
Indexed Asset Value 3,688,255	< 60% of Base: False		20% ROE(2): 737,651		0.4567
FRVS Base Asset: 0	Interest Rate: 5.7700 %		Insurance Cost(3): 23,233		0.4560
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %		Taxes Cost(3): 46,205		0.9069
ROE Factor 0.023590	Amortization Rate: 5.7700 %		Home Office(3): 154,911		3.0405
	Interest Only: False		Replacement(3&4): 138,127		0.0000
	Yearly Payment: 248,993		Total FRVS PD:		11.3943

(1) 80% Capital (\$2,950,604) amortized at 5.7700% for 20 years Principal & Interest of \$248,993 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$6.5342

(2) 20% ROE (\$737,651) times the ROE factor (0.023590) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.4567

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,662
Comparison Date: 1/1/1988	Current RS PBS: 50,254
Comparison Bed 116	Effective PBS Limitation 3,440,792

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	83.6875	83.6875	4.9423	78.7452
Indirect Care	57.8638	57.8638	3.4172	54.4466
Property	13.6500	11.3943	0.6729	10.7214
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	205.1438	202.8881	11.9818	199.7387

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324345-00 - 2012/07

195.76

Heritage Park Care and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2302 59th Street West Bradenton FL 34209 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1985 Acquired Date: 1/1/1985 Entered Medicaid 1/23/1986 Med # Active Date: 11/1/2007 Previous Med # 258814	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,842 Medicare: 11,850 Medicaid: 21,569	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 51.54868% Occupancy: 95.52968% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.40033% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	834,435	1,749,360	872,790	898,133	0	4,354,718
1a	Audit Adjustments						
2	Cost Per Diem	38.6868	81.1053	40.4650	41.6400		201.8971
3	Cost Per Diem Inflated	39.9862	82.8848	41.8242			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.9862	82.8848	41.8242	41.6400		206.3352
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1582		48.2597			
7	Provider Target Rate	42.1191		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9862	82.8848	41.8242	13.6500		178.3452
12/13	Medicaid Adjustment Rate		0.1444	0.0729			
14	Prospective Per Diem 11	39.9862	83.0292	41.8971	13.6500		178.5625
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324345-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

195.76

Heritage Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/31/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed [2]	80% Capital(1):	4,202,259	11.7160
Indexed Asset Value	5,252,824	< 60% of Base:	False	20% ROE(2):	1,050,565	0.6775
FRVS Base Asset:	3,352,680	Interest Rate:	9.2500 %	Insurance Cost(3):	43,592	1.0418
Occup Adj Factor:	0.9000	Chase Rate:	7.5000 %	Taxes Cost(3):	81,384	1.9450
ROE Factor	0.025420	Amortization Rate:	9.2500 %	Home Office(3):	38,820	0.9278
		Interest Only:	False	Replacement(3&4):	71,830	0.0000
		Yearly Payment:	461,845	Total FRVS PD:		16.3081

(1) 80% Capital (\$4,202,259) amortized at 9.2500% for 20 years Principal & Interest of \$461,845 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.7160

(2) 20% ROE (\$1,050,565) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6775

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,939
Comparison Date: 7/1/1984	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,352,680

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9862	39.9862	2.3615	37.6247
Patient Care				
Direct Care	83.0292	83.0292	4.9034	78.1258
Indirect Care	41.8971	41.8971	2.4743	39.4228
Property	13.6500	16.3081	0.9631	15.3450
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.4074
Supplemental Rate Add-on				\$8.8324
Totals	178.5625	181.2206	10.7023	195.7581

***Medicaid Trend Adjustment :**



0 324353-00 - 2012/07
208.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Washington Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
879 Usery Road/Post Office Bo Chipley FL 32428 County: Washington[67] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1982 Acquired Date: 1/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 11/1/2007 Previous Med # 312339	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 54,517 Medicare: 7,067 Medicaid: 44,781	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 82.14135% Occupancy: 82.97869% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 105.45038% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,975,550	3,569,211	1,906,573	1,499,268	0	8,950,602
1a	Audit Adjustments						
2	Cost Per Diem	44.1158	79.7037	42.5755	33.4800		199.8750
3	Cost Per Diem Inflated	45.8711	81.7055	44.2695			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.8711	81.7055	44.2695	33.4800		205.3261
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.1169		56.1144			
7	Provider Target Rate	61.5204		57.4245			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.8711	81.7055	44.2695	13.6500		185.4961
12/13	Medicaid Adjustment Rate		2.9544	1.6007			
14	Prospective Per Diem 11	45.8711	84.6599	45.8702	13.6500		190.0512
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324353-00 - 2012/07
208.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Washington Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/31/2001	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,760,000.00	Total Amount	Per Diem
RS to Start Calcs: 1982/01	Type: Fixed [2]	80% Capital(1): 4,900,982	11.8474
Indexed Asset Value 6,126,228	< 60% of Base: False	20% ROE(2): 1,225,246	0.5352
FRVS Base Asset: 1,915,339	Interest Rate: 13.2740 %	Insurance Cost(3): 41,306	0.7577
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %	Taxes Cost(3): 49,643	0.9106
ROE Factor 0.025830	Amortization Rate: 13.2740 %	Home Office(3): 47,054	0.8631
	Interest Only: False	Replacement(3&4): 367,577	0.0000
	Yearly Payment: 700,536	Total FRVS PD: 14.9140	

(1) 80% Capital (\$4,900,982) amortized at 13.2740% for 20 years Principal & Interest of \$700,536 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.8474

(2) 20% ROE (\$1,225,246) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5352

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.8711	45.8711	2.7090	43.1621
Patient Care				
Direct Care	84.6599	84.6599	4.9997	79.6602
Indirect Care	45.8702	45.8702	2.7089	43.1613
Property	13.6500	14.9140	0.8808	14.0332
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9228
Supplemental Rate Add-on				\$8.8324
Totals	190.0512	191.3152	11.2984	208.7720

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324361-00 - 2012/07
200.27

Chautauqua Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
785 South 2nd Street Defuniak Springs FL 32435 County: Walton [66] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1979 Acquired Date: 3/1/1979 Entered Medicaid 1/1/1980 Med # Active Date: 11/1/2007 Previous Med # 312291	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 47,224 Medicare: 12,798 Medicaid: 29,379	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.21201% Occupancy: 71.87824% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 91.34378% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784	
		Semester Index: 1.28710041	
		Cost: 1.03978887	
		Target: 1.01634256	
		DC FY Index: 1.18133049	
		DC Sem Index: 1.21100000	
		DC Inflation: 1.02511533	
		PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,266,634	2,329,855	1,310,972	915,450	0	5,822,911
1a	Audit Adjustments						
2	Cost Per Diem	43.1136	79.3034	44.6228	31.1600		198.1998
3	Cost Per Diem Inflated	44.8290	81.2951	46.3983			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.8290	81.2951	46.3983	31.1600		203.6824
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.1776		56.2691			
7	Provider Target Rate	54.4191		57.5828			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.8290	81.2951	46.3983	13.6500		186.1724
12/13	Medicaid Adjustment Rate		1.1169	0.6374			
14	Prospective Per Diem 11	44.8290	82.4120	47.0357	13.6500		187.9267
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324361-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

200.27

Chautauqua Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,395,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Fixed [2]	80% Capital(1):	4,662,095	8.4543
Indexed Asset Value	5,827,619	< 60% of Base:	False	20% ROE(2):	1,165,524	0.5091
FRVS Base Asset:	1,743,133	Interest Rate:	8.9040 %	Insurance Cost(3):	43,964	0.9310
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	28,535	0.6042
ROE Factor	0.025830	Amortization Rate:	8.9040 %	Home Office(3):	44,309	0.9383
		Interest Only:	False	Replacement(3&4):	330,128	0.0000
		Yearly Payment:	499,904	Total FRVS PD:		11.4369

(1) 80% Capital (\$4,662,095) amortized at 8.9040% for 20 years Principal & Interest of \$499,904 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.4543

(2) 20% ROE (\$1,165,524) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5091

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.8290	44.8290	2.6475	42.1815
Patient Care				
Direct Care	82.4120	82.4120	4.8670	77.5450
Indirect Care	47.0357	47.0357	2.7778	44.2579
Property	13.6500	11.4369	0.6754	10.7615
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.6867
Supplemental Rate Add-on				\$8.8324
Totals	187.9267	185.7136	10.9677	200.2650

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324370-00 - 2012/07

203.76

Signature HealthCARE of College Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13755 Golf Club Parkway Fort Myers FL 33919-5146 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/1981 Acquired Date: 4/1/1981 Entered Medicaid 4/1/1981 Med # Active Date: 11/1/2007 Previous Med # 258253	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 107 Maximum: 39,055 Max Annualized: 39,055 Total Patient: 30,104 Medicare: 3,669 Medicaid: 17,362	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.67340% Occupancy: 77.08104% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 97.95557% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	778,277	1,383,038	786,994	468,948	0	3,417,257
1a	Audit Adjustments						
2	Cost Per Diem	44.8265	79.6589	45.3285	27.0100		196.8239
3	Cost Per Diem Inflated	46.3322	81.4067	46.8510			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.3322	81.4067	46.8510	27.0100		201.5999
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1360		50.1876			
7	Provider Target Rate	47.2131		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.3322	81.4067	46.8510	13.6500		188.2399
12/13	Medicaid Adjustment Rate		0.7027	0.4044			
14	Prospective Per Diem 11	46.3322	82.1094	47.2554	13.6500		189.3470
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324370-00 - 2012/07
203.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Signature HealthCARE of College Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/31/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,825,000.00	Total Amount	Per Diem
RS to Start Calcs: 1981/01	Type: Variable [3]	80% Capital(1): 2,407,670	6.1284
Indexed Asset Value: 3,009,588	< 60% of Base: False	20% ROE(2): 601,918	0.4353
FRVS Base Asset: 1,699,288	Interest Rate: 6.5000 %	Insurance Cost(3): 25,926	0.8612
Occup Adj Factor: 0.9000	Chase Rate: 6.5000 %	Taxes Cost(3): 53,620	1.7812
ROE Factor: 0.025420	Amortization Rate: 6.5000 %	Home Office(3): 26,937	0.8948
	Interest Only: False	Replacement(3&4): 30,461	0.0000
	Yearly Payment: 215,411	Total FRVS PD:	10.1009

(1) 80% Capital (\$2,407,670) amortized at 6.5000% for 20 years Principal & Interest of \$215,411 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$6.1284

(2) 20% ROE (\$601,918) times the ROE factor (0.025420) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.4353

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed: 107	Effective PBS Limitation: 3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.3322	46.3322	2.7362	43.5960
Patient Care				
Direct Care	82.1094	82.1094	4.8491	77.2603
Indirect Care	47.2554	47.2554	2.7907	44.4647
Property	13.6500	10.1009	0.5965	9.5044
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1002
Supplemental Rate Add-on				\$8.8324
Totals	189.3470	185.7979	10.9725	203.7580

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324388-00 - 2012/07

198.23

Signature HealthCARE of Gainesville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4000 South West 20th Avenue Gainesville FL 32607 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1980 Acquired Date: 5/1/1980 Entered Medicaid 5/1/1980 Med # Active Date: 11/1/2007 Previous Med # 266639	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,675 Medicare: 5,083 Medicaid: 24,911	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.12077% Occupancy: 86.01598% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 109.31021% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,115,179	1,896,320	1,124,822	667,117	0	4,803,438
1a	Audit Adjustments						
2	Cost Per Diem	44.7665	76.1238	45.1536	26.7800		192.8239
3	Cost Per Diem Inflated	46.2702	77.7940	46.6703			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2702	77.7940	46.6703	26.7800		197.5145
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.5875		46.3317			
7	Provider Target Rate	41.5351		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.5351	77.7940	46.6703	13.6500		179.6494
12/13	Medicaid Adjustment Rate		1.4109	0.8464			
14	Prospective Per Diem 11	41.5351	79.2049	47.5167	13.6500		181.9067
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324388-00 - 2012/07
198.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Signature HealthCARE of Gainesville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/8/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,349,600.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Fixed [2]	80% Capital(1):	2,615,798	7.9499
Indexed Asset Value	3,269,747	< 60% of Base:	False	20% ROE(2):	653,949	0.4217
FRVS Base Asset:	1,076,349	Interest Rate:	10.5000 %	Insurance Cost(3):	45,056	1.1959
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	57,463	1.5252
ROE Factor	0.025420	Amortization Rate:	10.5000 %	Home Office(3):	33,696	0.8944
		Interest Only:	False	Replacement(3&4):	6,415	0.0000
		Yearly Payment:	313,387	Total FRVS PD:		11.9871

(1) 80% Capital (\$2,615,798) amortized at 10.5000% for 20 years Principal & Interest of \$313,387 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.9499

(2) 20% ROE (\$653,949) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4217

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 93	Effective PBS Limitation	2,650,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.5351	41.5351	2.4529	39.0822
Patient Care				
Direct Care	79.2049	79.2049	4.6776	74.5273
Indirect Care	47.5167	47.5167	2.8062	44.7105
Property	13.6500	11.9871	0.7079	11.2792
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8017
Supplemental Rate Add-on				\$8.8324
Totals	181.9067	180.2438	10.6446	198.2333

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324396-00 - 2012/07

206.43

Signature Healthcare of North Florida

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1083 Sanders Avenue Graceville FL 32440 County: Jackson [32] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1979 Acquired Date: 12/1/1979 Entered Medicaid 7/1/1980 Med # Active Date: 11/1/2007 Previous Med # 312304	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 53,002 Medicare: 7,815 Medicaid: 39,436	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 74.40474% Occupancy: 80.67275% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 102.51997% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,752,089	3,081,245	1,838,630	1,097,504	0	7,769,468
1a	Audit Adjustments						
2	Cost Per Diem	44.4287	78.1328	46.6231	27.8300		197.0146
3	Cost Per Diem Inflated	46.1965	80.0951	48.4782			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.1965	80.0951	48.4782	27.8300		202.5998
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.1327		56.0532			
7	Provider Target Rate	70.7467		57.3618			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.1965	80.0951	48.4782	13.6500		188.4198
12/13	Medicaid Adjustment Rate		2.1990	1.3310			
14	Prospective Per Diem 11	46.1965	82.2941	49.8092	13.6500		191.9498
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324396-00 - 2012/07
206.43

Signature Healthcare of North Florida

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/28/1991 Year of Phase-In/ Full: RS to Start Calcs: 1979/07 Indexed Asset Value 5,569,047 FRVS Base Asset: 1,657,362 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,245,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,455,238	8.1501
	< 60% of Base:	False	20% ROE(2):	1,113,809	0.4865
	Interest Rate:	9.0260 %	Insurance Cost(3):	42,233	0.7968
	Chase Rate:	13.0000 %	Taxes Cost(3):	35,834	0.6761
	Amortization Rate:	9.0260 %	Home Office(3):	44,872	0.8466
	Interest Only:	False	Replacement(3&4):	93,131	0.0000
Yearly Payment:	481,914	Total FRVS PD:	10.9561		

(1) 80% Capital (\$4,455,238) amortized at 9.0260% for 20 years Principal & Interest of \$481,914 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.1501

(2) 20% ROE (\$1,113,809) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4865

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.1965	46.1965	2.7282	43.4683
Patient Care				
Direct Care	82.2941	82.2941	4.8600	77.4341
Indirect Care	49.8092	49.8092	2.9416	46.8676
Property	13.6500	10.9561	0.6470	10.3091
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5149
Supplemental Rate Add-on				\$8.8324
Totals	191.9498	189.2559	11.1768	206.4264

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324400-00 - 2012/07 194.68

Signature HealthCARE Center of Waterford

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8333 W. Okeechobee Road Hialeah Gardens FL 33016 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/27/1987 Acquired Date: 2/27/1987 Entered Medicaid 2/27/1987 Med # Active Date: 11/1/2007 Previous Med # 312347	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 214 Maximum: 78,110 Max Annualized: 78,110 Total Patient: 74,391 Medicare: 15,898 Medicaid: 57,016	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 76.64368% Occupancy: 95.23876% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.03063% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,362,476	4,681,715	2,452,314	2,116,434	0	11,612,939
1a	Audit Adjustments						
2	Cost Per Diem	41.4353	82.1123	43.0110	37.1200		203.6786
3	Cost Per Diem Inflated	43.0840	84.1746	44.7224			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.0840	84.1746	44.7224	37.1200		209.1010
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.7862		62.7897			
7	Provider Target Rate	62.2053		64.2556			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.0840	84.1746	44.7224	13.6500		185.6310
12/13	Medicaid Adjustment Rate		2.5231	1.3405			
14	Prospective Per Diem 11	43.0840	86.6977	46.0629	13.6500		189.4946
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324400-00 - 2012/07

194.68

Signature HealthCARE Center of Waterford

FRVS

FRVS Status as of this Semester:

On FRV [2]

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,645,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Fixed [2]	80% Capital(1):	7,183,206	14.0262
Indexed Asset Value	8,979,007	< 60% of Base:	False	20% ROE(2):	1,795,801	0.6598
FRVS Base Asset:	4,589,120	Interest Rate:	12.6100 %	Insurance Cost(3):	67,162	0.9028
Occup Adj Factor:	0.9000	Chase Rate:	11.2500 %	Taxes Cost(3):	140,278	1.8857
ROE Factor	0.025830	Amortization Rate:	12.6100 %	Home Office(3):	62,846	0.8448
		Interest Only:	False	Replacement(3&4):	42,594	0.0000
		Yearly Payment:	986,028	Total FRVS PD:		18.3193

(1) 80% Capital (\$7,183,206) amortized at 12.6100% for 20 years Principal & Interest of \$986,028 divided by annual available days (78,110) divided by Occup. Adj. (0.9000) = \$14.0262

(2) 20% ROE (\$1,795,801) times the ROE factor (0.025830) divided by annual available days (78,110) divided by Occup. Adj. (0.9000) = \$0.6598

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	7/1/1986	Current RS PBS:	50,254
Comparison Bed	160	Effective PBS Limitation	4,589,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.0840	43.0840	2.5444	40.5396
Patient Care				
Direct Care	86.6977	86.6977	5.1201	81.5776
Indirect Care	46.0629	46.0629	2.7203	43.3426
Property	13.6500	18.3193	1.0819	17.2374
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.1530
Supplemental Rate Add-on				\$8.8324
Totals	189.4946	194.1639	11.4667	194.6826

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324418-00 - 2012/07
204.70

Signature Healthcare of Brookwood Gardens

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1990 S. Canal Drive Homestead FL 33035 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1987 Acquired Date: 3/1/1987 Entered Medicaid 3/1/1987 Med # Active Date: 11/1/2007 Previous Med # 312321	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 54,142 Medicare: 7,798 Medicaid: 32,640	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.28591% Occupancy: 82.40792% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.72503% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,347,663	2,687,946	1,301,648	1,040,890	0	6,378,147
1a	Audit Adjustments						
2	Cost Per Diem	41.2887	82.3513	39.8789	31.8900		195.4089
3	Cost Per Diem Inflated	42.9315	84.4196	41.4656			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.9315	84.4196	41.4656	31.8900		200.7067
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.0777		60.9520			
7	Provider Target Rate	70.6904		62.3750			
7a	Interim Adjustment				1.6577		
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	15.3077		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9315	84.4196	41.4656	15.3077		184.1244
12/13	Medicaid Adjustment Rate		0.9769	0.4798			
14	Prospective Per Diem 11	42.9315	85.3965	41.9454	15.3077		185.5811
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324418-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

204.70

Signature Healthcare of Brookwood Gardens

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1989 Year of Phase-In/ Full: RS to Start Calcs: 1987/01 Indexed Asset Value 8,338,099 FRVS Base Asset: 3,441,840 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,075,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	6,670,479	15.8117
	< 60% of Base:	False	20% ROE(2):	1,667,620	0.7285
	Interest Rate:	12.9500 %	Insurance Cost(3):	47,784	0.8826
	Chase Rate:	13.0000 %	Taxes Cost(3):	-68,983	-1.2741
	Amortization Rate:	12.9500 %	Home Office(3):	49,397	0.9124
	Interest Only:	False	Replacement(3&4):	480,351	0.0000
Yearly Payment:	934,947	Total FRVS PD:		17.0611	

(1) 80% Capital (\$6,670,479) amortized at 12.9500% for 20 years Principal & Interest of \$934,947 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$15.8117

(2) 20% ROE (\$1,667,620) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7285

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,441,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9315	42.9315	2.5354	40.3961
Patient Care				
Direct Care	85.3965	85.3965	5.0432	80.3533
Indirect Care	41.9454	41.9454	2.4772	39.4682
Property	15.3077	17.0611	1.0076	16.0535
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5932
Supplemental Rate Add-on				\$8.8324
Totals	185.5811	187.3345	11.0634	204.6967

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324426-00 - 2012/07

195.05

Signature Healthcare at the Courtyard

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2600 Forest Glen Trail Marianna FL 32446 County: Jackson [32] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/27/1997 Acquired Date: 8/27/1997 Entered Medicaid 8/27/1997 Med # Active Date: 11/1/2007 Previous Med # 312495	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,623 Medicare: 6,514 Medicaid: 31,137	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 73.05211% Occupancy: 97.31278% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.66632% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,245,265	2,265,404	1,251,283	831,358	0	5,593,310
1a	Audit Adjustments						
2	Cost Per Diem	39.9931	72.7560	40.1864	26.7000		179.6355
3	Cost Per Diem Inflated	41.5844	74.5833	41.7854			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.5844	74.5833	41.7854	26.7000		184.6531
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.8754		56.2923			
7	Provider Target Rate	61.2733		57.6065			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.5844	74.5833	41.7854	13.6500		171.6031
12/13	Medicaid Adjustment Rate		1.9342	1.0836			
14	Prospective Per Diem 11	41.5844	76.5175	42.8690	13.6500		174.6209
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324426-00 - 2012/07
195.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Signature Healthcare at the Courtvard

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/27/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,200,000.00		Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	Fixed [2]	80% Capital(1):	4,330,482	13.1612
Indexed Asset Value	5,413,103	< 60% of Base:	False	20% ROE(2):	1,082,621	0.7094
FRVS Base Asset:	4,444,920	Interest Rate:	10.5000 %	Insurance Cost(3):	33,590	0.7881
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	37,364	0.8766
ROE Factor	0.025830	Amortization Rate:	10.5000 %	Home Office(3):	33,812	0.7933
		Interest Only:	False	Replacement(3&4):	23,078	0.0000
		Yearly Payment:	518,816	Total FRVS PD:		16.3286

(1) 80% Capital (\$4,330,482) amortized at 10.5000% for 20 years Principal & Interest of \$518,816 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.1612

(2) 20% ROE (\$1,082,621) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7094

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.5844	41.5844	2.4558	39.1286
Patient Care				
Direct Care	76.5175	76.5175	4.5189	71.9986
Indirect Care	42.8690	42.8690	2.5317	40.3373
Property	13.6500	16.3286	0.9643	15.3643
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3918
Supplemental Rate Add-on				\$8.8324
Totals	174.6209	177.2995	10.4707	195.0530

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324434-00 - 2012/07

209.47

Signature Healthcare of Orange Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2029 Professional Center Driv Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1980 Acquired Date: 10/1/1980 Entered Medicaid 10/1/1980 Med # Active Date: 11/1/2007 Previous Med # 258211	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 105 Maximum: 38,325 Max Annualized: 38,325 Total Patient: 36,355 Medicare: 5,889 Medicaid: 26,424	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 72.68326% Occupancy: 94.85976% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.54899% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,178,064	2,318,331	1,303,453	590,048	0	5,389,896
1a	Audit Adjustments						
2	Cost Per Diem	44.5831	87.7358	49.3284	22.3300		203.9773
3	Cost Per Diem Inflated	46.0806	89.6608	50.9853			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.0806	89.6608	50.9853	22.3300		209.0567
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.8324		46.3317			
7	Provider Target Rate	42.8090		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.8090	89.6608	47.4134	13.6500		193.5332
12/13	Medicaid Adjustment Rate		2.2880	1.2099			
14	Prospective Per Diem 11	42.8090	91.9488	48.6233	13.6500		197.0311
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324434-00 - 2012/07
209.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Signature Healthcare of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,425,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable [3]	80% Capital(1):	2,309,806	5.9913
Indexed Asset Value	2,887,257	< 60% of Base:	False	20% ROE(2):	577,451	0.4256
FRVS Base Asset:	1,610,843	Interest Rate:	6.5000 %	Insurance Cost(3):	28,680	0.7889
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	47,524	1.3072
ROE Factor	0.025420	Amortization Rate:	6.5000 %	Home Office(3):	34,387	0.9459
		Interest Only:	False	Replacement(3&4):	14,478	0.0000
		Yearly Payment:	206,656	Total FRVS PD:		9.4589

(1) 80% Capital (\$2,309,806) amortized at 6.5000% for 20 years Principal & Interest of \$206,656 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = \$5.9913

(2) 20% ROE (\$577,451) times the ROE factor (0.025420) divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = \$0.4256

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 105	Effective PBS Limitation	2,992,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.8090	42.8090	2.5282	40.2808
Patient Care				
Direct Care	91.9488	91.9488	5.4302	86.5186
Indirect Care	48.6233	48.6233	2.8715	45.7518
Property	13.6500	9.4589	0.5586	8.9003
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1821
Supplemental Rate Add-on				\$8.8324
Totals	197.0311	192.8400	11.3885	209.4660

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324442-00 - 2012/07 217.25

Signature Healthcare of Ormond

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
103 N. Clyde Morris Blvd Ormond Beach FL 32074 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/1/1984 Acquired Date: 5/20/1988 Entered Medicaid 5/20/1988 Med # Active Date: 11/1/2007 Previous Med # 255475	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,980 Medicare: 4,383 Medicaid: 9,591	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 48.00300% Occupancy: 91.23288% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.93990% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	505,253	874,850	477,335	250,805	0	2,108,243
1a	Audit Adjustments						
2	Cost Per Diem	52.6799	91.2157	49.7691	26.1500		219.8147
3	Cost Per Diem Inflated	54.4494	93.2171	51.4408			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.4494	93.2171	51.4408	26.1500		225.2573
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5441		54.3460			
7	Provider Target Rate	48.6541		55.6148			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.6541	93.2171	51.4408	13.6500		206.9620
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.6541	93.2171	51.4408	13.6500		206.9620
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324442-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

217.25

Signature Healthcare of Ormond

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/20/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	None [1]	80% Capital(1):	2,013,155	4.7839
Indexed Asset Value	2,516,444	< 60% of Base:	True	20% ROE(2):	503,289	0.6491
FRVS Base Asset:	1,623,720	Interest Rate:	4.7500 %	Insurance Cost(3):	20,139	1.0080
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	34,847	1.7441
ROE Factor	0.025420	Amortization Rate:	4.7500 %	Home Office(3):	20,162	1.0091
		Interest Only:	True	Replacement(3&4):	18,461	0.0000
		Yearly Payment:	94,290	Total FRVS PD:		9.1942

- (1) 80% Capital (\$2,013,155) amortized at 4.7500% for 20 years Interest of \$94,290 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$4.7839
- (2) 20% ROE (\$503,289) times the ROE factor (0.025420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6491
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,062
Comparison Date: 7/1/1983	Current RS PBS:	50,254
Comparison Bed 60	Effective PBS Limitation	1,623,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.6541	48.6541	2.8734	45.7807
Patient Care				
Direct Care	93.2171	93.2171	5.5051	87.7120
Indirect Care	51.4408	51.4408	3.0379	48.4029
Property	13.6500	9.1942	0.5430	8.6512
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8686
Supplemental Rate Add-on				\$8.8324
Totals	206.9620	202.5062	11.9594	217.2478

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324451-00 - 2012/07

199.43

Anchor Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1515 Port Malabar Blvd. NE Palm Bay FL 32905 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1984 Acquired Date: 2/1/1984 Entered Medicaid 2/1/1984 Med # Active Date: 11/1/2007 Previous Med # 258229	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,119 Medicare: 5,632 Medicaid: 26,271	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 65.48269% Occupancy: 91.59589% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.40122% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,082,936	2,317,365	972,325	769,215	0	5,141,841
1a	Audit Adjustments						
2	Cost Per Diem	41.2217	88.2100	37.0113	29.2800		195.7230
3	Cost Per Diem Inflated	42.6063	90.1454	38.2545			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.6063	90.1454	38.2545	29.2800		200.2862
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6653		48.2597			
7	Provider Target Rate	41.6147		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.6147	90.1454	38.2545	13.6500		183.6646
12/13	Medicaid Adjustment Rate		1.5702	0.6663			
14	Prospective Per Diem 11	41.6147	91.7156	38.9208	13.6500		185.9011
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324451-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

199.43

Anchor Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/31/1994 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 3,265,314 FRVS Base Asset: 1,787,493 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,000,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,612,251	5.9288
	< 60% of Base:	False	20% ROE(2):	653,063	0.4211
	Interest Rate:	6.5000 %	Insurance Cost(3):	34,406	0.8576
	Chase Rate:	6.5000 %	Taxes Cost(3):	52,758	1.3150
	Amortization Rate:	6.5000 %	Home Office(3):	35,296	0.8798
	Interest Only:	False	Replacement(3&4):	46,255	0.0000
Yearly Payment:	233,715	Total FRVS PD:	9.4023		

(1) 80% Capital (\$2,612,251) amortized at 6.5000% for 20 years Principal & Interest of \$233,715 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.9288

(2) 20% ROE (\$653,063) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4211

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.6147	41.6147	2.4576	39.1571
Patient Care				
Direct Care	91.7156	91.7156	5.4164	86.2992
Indirect Care	38.9208	38.9208	2.2985	36.6223
Property	13.6500	9.4023	0.5553	8.8470
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6766
Supplemental Rate Add-on				\$8.8324
Totals	185.9011	181.6534	10.7278	199.4346

***Medicaid Trend Adjustment :**



0 324469-00 - 2012/07
191.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Pinellas Park Care and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8701 49th Street North Pinellas Park FL 33782 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1982 Acquired Date: 9/1/1982 Entered Medicaid 9/1/1982 Med # Active Date: 11/1/2007 Previous Med # 266655	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,371 Medicare: 6,884 Medicaid: 28,300	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 66.79097% Occupancy: 96.73744% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.93518% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,148,264	2,085,201	956,223	913,524	0	5,103,212
1a	Audit Adjustments						
2	Cost Per Diem	40.5747	73.6820	33.7888	32.2800		180.3255
3	Cost Per Diem Inflated	41.9376	75.2987	34.9237			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9376	75.2987	34.9237	32.2800		184.4400
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8827		48.2597			
7	Provider Target Rate	45.9306		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9376	75.2987	34.9237	13.6500		165.8100
12/13	Medicaid Adjustment Rate		1.4224	0.6597			
14	Prospective Per Diem 11	41.9376	76.7211	35.5834	13.6500		167.8921
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324469-00 - 2012/07
191.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Pinellas Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	4,162,214	15.2979
Indexed Asset Value	5,202,767	< 60% of Base:	False	20% ROE(2):	1,040,553	0.6710
FRVS Base Asset:	3,261,497	Interest Rate:	13.5000 %	Insurance Cost(3):	39,404	0.9300
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	56,843	1.3416
ROE Factor	0.025420	Amortization Rate:	13.5000 %	Home Office(3):	34,828	0.8220
		Interest Only:	False	Replacement(3&4):	72,480	0.0000
		Yearly Payment:	603,042	Total FRVS PD:		19.0625

- (1) 80% Capital (\$4,162,214) amortized at 13.5000% for 20 years Principal & Interest of \$603,042 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.2979
- (2) 20% ROE (\$1,040,553) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6710
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9376	41.9376	2.4767	39.4609
Patient Care				
Direct Care	76.7211	76.7211	4.5309	72.1902
Indirect Care	35.5834	35.5834	2.1014	33.4820
Property	13.6500	19.0625	1.1258	17.9367
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1711
Supplemental Rate Add-on				\$8.8324
Totals	167.8921	173.3046	10.2348	191.0733

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324477-00 - 2012/07

216.65

Signature Healthcare of Port Charlotte

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4033 Beaver Lane Port Charlotte FL 33952 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1980 Acquired Date: 3/1/1980 Entered Medicaid 3/1/1980 Med # Active Date: 11/1/2007 Previous Med # 258237	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 164 Maximum: 59,860 Max Annualized: 59,860 Total Patient: 49,393 Medicare: 12,726 Medicaid: 31,614	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 64.00502% Occupancy: 82.51420% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 104.86010% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,437,144	2,897,998	1,531,755	810,583	0	6,677,480
1a	Audit Adjustments						
2	Cost Per Diem	45.4591	91.6682	48.4518	25.6400		211.2191
3	Cost Per Diem Inflated	46.9860	93.6795	50.0792			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.9860	93.6795	50.0792	25.6400		216.3847
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5084		58.8891			
7	Provider Target Rate	50.6642		60.2640			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.9860	93.6795	50.0792	13.6500		204.3947
12/13	Medicaid Adjustment Rate		1.4760	0.7890			
14	Prospective Per Diem 11	46.9860	95.1555	50.8682	13.6500		206.6597
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324477-00 - 2012/07
216.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Signature Healthcare of Port Charlotte

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/31/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,435,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Variable [3]	80% Capital(1):	3,666,405	6.0888
Indexed Asset Value	4,583,006	< 60% of Base:	False	20% ROE(2):	916,601	0.4325
FRVS Base Asset:	2,619,548	Interest Rate:	6.5000 %	Insurance Cost(3):	42,404	0.8585
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	68,753	1.3920
ROE Factor	0.025420	Amortization Rate:	6.5000 %	Home Office(3):	50,509	1.0226
		Interest Only:	False	Replacement(3&4):	95,631	0.0000
		Yearly Payment:	328,029	Total FRVS PD:		9.7944

(1) 80% Capital (\$3,666,405) amortized at 6.5000% for 20 years Principal & Interest of \$328,029 divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = \$6.0888

(2) 20% ROE (\$916,601) times the ROE factor (0.025420) divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = \$0.4325

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 164	Effective PBS Limitation	4,674,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.9860	46.9860	2.7748	44.2112
Patient Care				
Direct Care	95.1555	95.1555	5.6196	89.5359
Indirect Care	50.8682	50.8682	3.0041	47.8641
Property	13.6500	9.7944	0.5784	9.2160
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9924
Supplemental Rate Add-on				\$8.8324
Totals	206.6597	202.8041	11.9769	216.6520

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324485-00 - 2012/07 191.38

The Bridge at Bay St. Joe

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
220 9th Street Port St. Joe FL 32456 County: Gulf [23] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1983 Acquired Date: 5/1/1983 Entered Medicaid 5/1/1983 Med # Active Date: 11/1/2007 Previous Med # 266621	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,243 Medicare: 6,164 Medicaid: 29,048	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 74.02084% Occupancy: 89.59589% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.85959% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,298,635	2,411,966	1,123,867	657,647	0	5,492,115
1a	Audit Adjustments						
2	Cost Per Diem	44.7065	83.0338	38.6900	22.6400		189.0703
3	Cost Per Diem Inflated	46.2081	84.8556	39.9896			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2081	84.8556	39.9896	22.6400		193.6933
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8450		46.3317			
7	Provider Target Rate	38.7285		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7285	84.8556	39.9896	13.6500		177.2237
12/13	Medicaid Adjustment Rate		2.2931	1.0807			
14	Prospective Per Diem 11	38.7285	87.1487	41.0703	13.6500		180.5975
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324485-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

191.38

The Bridge at Bay St. Joe

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 3,265,090 FRVS Base Asset: 1,859,117 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	2,612,072	2.6103
	< 60% of Base:	True	20% ROE(2):	653,018	0.4211
	Interest Rate:	4.0000 %	Insurance Cost(3):	42,612	1.0858
	Chase Rate:	4.0000 %	Taxes Cost(3):	62,532	1.5935
	Amortization Rate:	4.0000 %	Home Office(3):	32,857	0.8373
	Interest Only:	True	Replacement(3&4):	716,336	0.0000
Yearly Payment:	102,899	Total FRVS PD:		6.5480	

- (1) 80% Capital (\$2,612,072) amortized at 4.0000% for 20 years Interest of \$102,899 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$2.6103
- (2) 20% ROE (\$653,018) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4211
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7285	38.7285	2.2872	36.4413
Patient Care				
Direct Care	87.1487	87.1487	5.1467	82.0020
Indirect Care	41.0703	41.0703	2.4255	38.6448
Property	13.6500	6.5480	0.3867	6.1613
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2946
Supplemental Rate Add-on				\$8.8324
Totals	180.5975	173.4955	10.2461	191.3764

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324493-00 - 2012/07
190.47

Kenilworth Care and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3011 Kenilworth Blvd. Sebring FL 33870 County: Highlands [28] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1979 Acquired Date: 7/1/1979 Entered Medicaid 7/1/1979 Med # Active Date: 11/1/2007 Previous Med # 258261	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 34,203 Medicare: 8,342 Medicaid: 19,781	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 57.83411% Occupancy: 90.10274% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.50371% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	805,771	1,522,864	830,193	639,322	0	3,798,150
1a	Audit Adjustments						
2	Cost Per Diem	40.7346	76.9862	41.9692	32.3200		192.0100
3	Cost Per Diem Inflated	42.1028	78.6753	43.3789			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.1028	78.6753	43.3789	32.3200		196.4770
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.6803		52.3041			
7	Provider Target Rate	42.6534		53.5252			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.1028	78.6753	43.3789	13.6500		177.8070
12/13	Medicaid Adjustment Rate		0.6934	0.3823			
14	Prospective Per Diem 11	42.1028	79.3687	43.7612	13.6500		178.8827
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324493-00 - 2012/07
190.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Kenilworth Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Fixed [2]	80% Capital(1):	1,882,087	5.6328
Indexed Asset Value	2,352,609	< 60% of Base:	False	20% ROE(2):	470,522	0.3501
FRVS Base Asset:	1,315,960	Interest Rate:	8.2500 %	Insurance Cost(3):	29,448	0.8610
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	58,008	1.6960
ROE Factor	0.025420	Amortization Rate:	8.2500 %	Home Office(3):	29,873	0.8734
		Interest Only:	False	Replacement(3&4):	18,411	0.0000
		Yearly Payment:	192,439	Total FRVS PD:		9.4133

(1) 80% Capital (\$1,882,087) amortized at 8.2500% for 20 years Principal & Interest of \$192,439 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$5.6328

(2) 20% ROE (\$470,522) times the ROE factor (0.025420) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.3501

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.1028	42.1028	2.4865	39.6163
Patient Care				
Direct Care	79.3687	79.3687	4.6873	74.6814
Indirect Care	43.7612	43.7612	2.5844	41.1768
Property	13.6500	9.4133	0.5559	8.8574
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3072
Supplemental Rate Add-on				\$8.8324
Totals	178.8827	174.6460	10.3141	190.4715

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324507-00 - 2012/07

213.16

Peninsula Care and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
900 Beckett Way Tarpon Springs FL 34689 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1984 Acquired Date: 1/1/1984 Entered Medicaid 1/1/1984 Med # Active Date: 11/1/2007 Previous Med # 266647	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,888 Medicare: 5,179 Medicaid: 24,710	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.54145% Occupancy: 88.78539% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 112.82960% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319	Semester Index: 1.28710041
		Cost: 1.03358879	Target: 1.01634256
		DC FY Index: 1.18500000	DC Sem Index: 1.21100000
		DC Inflation: 1.02194093	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,047,322	2,129,846	966,994	880,417	0	5,024,579
1a	Audit Adjustments						
2	Cost Per Diem	42.3845	86.1937	39.1337	35.6300		203.3419
3	Cost Per Diem Inflated	43.8081	88.0849	40.4482			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8081	88.0849	40.4482	35.6300		207.9712
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0685		48.2597			
7	Provider Target Rate	44.0740		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.8081	88.0849	40.4482	13.6500		185.9912
12/13	Medicaid Adjustment Rate		1.3419	0.6162			
14	Prospective Per Diem 11	43.8081	89.4268	41.0644	13.6500		187.9493
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324507-00 - 2012/07
213.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Peninsula Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	4,553,028	17.4370
Indexed Asset Value	5,691,285	< 60% of Base:	False	20% ROE(2):	1,138,257	0.7340
FRVS Base Asset:	3,420,000	Interest Rate:	14.2000 %	Insurance Cost(3):	43,275	1.1128
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	61,057	1.5701
ROE Factor	0.025420	Amortization Rate:	14.2000 %	Home Office(3):	35,294	0.9076
		Interest Only:	False	Replacement(3&4):	38,778	0.0000
		Yearly Payment:	687,365	Total FRVS PD:		21.7615

(1) 80% Capital (\$4,553,028) amortized at 14.2000% for 20 years Principal & Interest of \$687,365 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$17.4370

(2) 20% ROE (\$1,138,257) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7340

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.8081	43.8081	2.5872	41.2209
Patient Care				
Direct Care	89.4268	89.4268	5.2813	84.1455
Indirect Care	41.0644	41.0644	2.4251	38.6393
Property	13.6500	21.7615	1.2852	20.4763
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8416
Supplemental Rate Add-on				\$8.8324
Totals	187.9493	196.0608	11.5788	213.1560

***Medicaid Trend Adjustment :**



0 324515-00 - 2012/07
206.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Winter Park Care and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2970 Scarlet Road Winter Park FL 32792 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1979 Acquired Date: 9/1/1979 Entered Medicaid 9/1/1979 Med # Active Date: 11/1/2007 Previous Med # 258245	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 103 Maximum: 37,595 Max Annualized: 37,595 Total Patient: 32,637 Medicare: 6,064 Medicaid: 20,662	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 63.30851% Occupancy: 86.81208% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.32189% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	967,028	1,693,931	930,380	482,044	0	4,073,383
1a	Audit Adjustments						
2	Cost Per Diem	46.8022	81.9829	45.0286	23.3300		197.1437
3	Cost Per Diem Inflated	48.3742	83.7817	46.5411			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.3742	83.7817	46.5411	23.3300		202.0270
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5795		52.9165			
7	Provider Target Rate	49.7137		54.1519			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.3742	83.7817	46.5411	13.6500		192.3470
12/13	Medicaid Adjustment Rate		1.2544	0.6968			
14	Prospective Per Diem 11	48.3742	85.0361	47.2379	13.6500		194.2982
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324515-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

206.23

Winter Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/31/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Fixed [2]	80% Capital(1):	1,695,496	5.1236
Indexed Asset Value	2,119,370	< 60% of Base:	False	20% ROE(2):	423,874	0.3184
FRVS Base Asset:	1,171,640	Interest Rate:	8.2500 %	Insurance Cost(3):	30,069	0.9213
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	67,439	2.0663
ROE Factor	0.025420	Amortization Rate:	8.2500 %	Home Office(3):	29,522	0.9046
		Interest Only:	False	Replacement(3&4):	69,676	0.0000
		Yearly Payment:	173,361	Total FRVS PD:		9.3342

(1) 80% Capital (\$1,695,496) amortized at 8.2500% for 20 years Principal & Interest of \$173,361 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$5.1236

(2) 20% ROE (\$423,874) times the ROE factor (0.025420) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$0.3184

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 103	Effective PBS Limitation	2,935,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.3742	48.3742	2.8568	45.5174
Patient Care				
Direct Care	85.0361	85.0361	5.0220	80.0141
Indirect Care	47.2379	47.2379	2.7897	44.4482
Property	13.6500	9.3342	0.5512	8.7830
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6370
Supplemental Rate Add-on				\$8.8324
Totals	194.2982	189.9824	11.2197	206.2321

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 324566-00 - 2012/07

209.50

Southern Oaks Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
600 West Gregory Street Pensacola FL 32501 County: Escambia [17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1978 Acquired Date: 10/1/1978 Entered Medicaid 10/1/1978 Med # Active Date: 12/31/2007 Previous Med # 260631	01/01/2011-12/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 210 Maximum: 76,650 Max Annualized: 76,650 Total Patient: 66,621 Medicare: 7,299 Medicaid: 54,232	Superior: 0 Standard: 158 Conditional: 26 Total: 184
	Medicaid Utilization 81.40376% Occupancy: 86.91585% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.45377% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25362148 Semester Index: 1.28710041 Cost: 1.02670577 Target: 1.01634256 DC FY Index: 1.18950000 DC Sem Index: 1.21100000 DC Inflation: 1.01807482 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,491,413	5,135,841	2,878,814	1,254,386	0	11,760,454
1a	Audit Adjustments						
2	Cost Per Diem	45.9399	94.7013	53.0833	23.1300		216.8545
3	Cost Per Diem Inflated	47.1668	96.4130	54.5009			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.1668	96.4130	54.5009	23.1300		221.2107
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6362		59.9056			
7	Provider Target Rate	48.7483		61.3042			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	50.0931		52.3298			
10b	Base for line 10a	48.9503		51.1360			
11	Lesser of 5,7,8,10, 10a	47.1668	96.4130	52.3298	13.6500		209.5596
12/13	Medicaid Adjustment Rate		2.9249	1.5875			
14	Prospective Per Diem 11	47.1668	99.3379	53.9173	13.6500		214.0720
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324566-00 - 2012/07
209.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Southern Oaks Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1988	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,485,000.00	Total Amount	Per Diem
RS to Start Calcs: 1978/07	Type: Variable [3]	80% Capital(1): 4,024,057	4.7168
Indexed Asset Value 5,030,071	< 60% of Base: False	20% ROE(2): 1,006,014	0.3525
FRVS Base Asset: 2,938,978	Interest Rate: 5.2500 %	Insurance Cost(3): 201,382	3.0228
Occup Adj Factor: 0.9000	Chase Rate: 4.2500 %	Taxes Cost(3): 42,900	0.6439
ROE Factor 0.024170	Amortization Rate: 5.2500 %	Home Office(3): 20,902	0.3137
	Interest Only: False	Replacement(3&4): 61,388	0.0000
	Yearly Payment: 325,391	Total FRVS PD:	9.0497

(1) 80% Capital (\$4,024,057) amortized at 5.2500% for 20 years Principal & Interest of \$325,391 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$4.7168

(2) 20% ROE (\$1,006,014) times the ROE factor (0.024170) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$0.3525

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 210	Effective PBS Limitation	5,985,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.1668	47.1668	2.7855	44.3813
Patient Care				
Direct Care	99.3379	99.3379	5.8666	93.4713
Indirect Care	53.9173	53.9173	3.1842	50.7331
Property	13.6500	9.0497	0.5344	8.5153
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.5707
Supplemental Rate Add-on				\$8.8324
Totals	214.0720	209.4717	12.3707	209.5041

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325031-00 - 2012/07 254.73

Terraces of Lake Worth Rehab and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1711 6th Avenue South Lake Worth FL 33460 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1977 Acquired Date: 7/1/1977 Entered Medicaid 1/1/1979 Med # Active Date: 8/1/2007 Previous Med # 309303	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 33,074 Medicare: 3,219 Medicaid: 25,749	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 77.85269% Occupancy: 91.52899% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.31620% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,237,839	2,415,200	1,655,833	778,135	0	6,087,007
1a	Audit Adjustments						
2	Cost Per Diem	48.0733	93.7978	64.3067	30.2200		236.3978
3	Cost Per Diem Inflated	50.5443	96.6168	67.6121			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.5443	96.6168	67.6121	30.2200		244.9932
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.3252		76.6483			
7	Provider Target Rate	67.8737		78.4378			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	55.8528		71.1522			
10b	Base for line 10a	54.5786		69.5289			
11	Lesser of 5,7,8,10, 10a	50.5443	96.6168	67.6121	13.6500		228.4232
12/13	Medicaid Adjustment Rate		3.0274	2.1186			
14	Prospective Per Diem 11	50.5443	99.6442	69.7307	13.6500		233.5692
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325031-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

254.73

Terraces of Lake Worth Rehab and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/1/1986 Year of Phase-In/ Full: RS to Start Calcs: 1977/07 Indexed Asset Value 4,742,066 FRVS Base Asset: 1,103,813 Occup Adj Factor: 0.9000 ROE Factor 0.026880	Mortgage Information		Calculation of FRVS Per Diem		
	Amount: 2,768,698.00			Total Amount	Per Diem
	Type: Fixed [2]		80% Capital(1): 3,793,653	13.7878	
	< 60% of Base: False		20% ROE(2): 948,413	0.7839	
	Interest Rate: 10.3000 %		Insurance Cost(3): 92,361	2.7926	
	Chase Rate: 8.5000 %		Taxes Cost(3): 58,210	1.7600	
	Amortization Rate: 10.3000 %		Home Office(3): 10,765	0.3255	
	Interest Only: False		Replacement(3&4): 25,010	0.0000	
Yearly Payment: 448,401		Total FRVS PD:	19.4498		

- (1) 80% Capital (\$3,793,653) amortized at 10.3000% for 20 years Principal & Interest of \$448,401 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$13.7878
- (2) 20% ROE (\$948,413) times the ROE factor (0.026880) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.7839
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 99	Effective PBS Limitation 2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.5443	50.5443	2.9850	47.5593
Patient Care				
Direct Care	99.6442	99.6442	5.8847	93.7595
Indirect Care	69.7307	69.7307	4.1181	65.6126
Property	13.6500	19.4498	1.1486	18.3012
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6622
Supplemental Rate Add-on				\$8.8324
Totals	233.5692	239.3690	14.1364	254.7272

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325040-00 - 2012/07 215.79

Arbor Village Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
490 South Old Wire Road Wildwood FL 34785 County: Sumter [60] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1982 Acquired Date: 5/1/1982 Entered Medicaid 5/1/1982 Med # Active Date: 8/1/2007 Previous Med # 283142	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 210 Maximum: 76,650 Max Annualized: 76,650 Total Patient: 73,829 Medicare: 22,316 Medicaid: 43,463	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.86982% Occupancy: 96.31963% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 122.40422% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,704,366	3,967,337	2,129,160	1,800,237	0	9,601,100
1a	Audit Adjustments						
2	Cost Per Diem	39.2142	91.2808	48.9879	41.4200		220.9029
3	Cost Per Diem Inflated	41.2298	94.0242	51.5059			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.2298	94.0242	51.5059	41.4200		228.1799
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3362		58.5653			
7	Provider Target Rate	50.4880		59.9326			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation	43.9380		56.8916			
10b	Base for line 10a	42.9356		55.5937			
11	Lesser of 5,7,8,10, 10a	41.2298	94.0242	51.5059	13.6500		200.4099
12/13	Medicaid Adjustment Rate		0.9382	0.5140			
14	Prospective Per Diem 11	41.2298	94.9624	52.0199	13.6500		201.8621
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325040-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

215.79

Arbor Village Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1982/01 Indexed Asset Value 8,462,905 FRVS Base Asset: 2,419,633 Occup Adj Factor: 0.9000 ROE Factor 0.026880	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,300,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	6,770,324	10.0348
	< 60% of Base:	False	20% ROE(2):	1,692,581	0.6595
	Interest Rate:	9.0000 %	Insurance Cost(3):	188,207	2.5492
	Chase Rate:	5.2500 %	Taxes Cost(3):	87,687	1.1877
	Amortization Rate:	8.2500 %	Home Office(3):	24,024	0.3254
	Interest Only:	False	Replacement(3&4):	24,922	0.0000
Yearly Payment:	692,251	Total FRVS PD:	14.7566		

(1) 80% Capital (\$6,770,324) amortized at 8.2500% for 20 years Principal & Interest of \$692,251 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$10.0348

(2) 20% ROE (\$1,692,581) times the ROE factor (0.026880) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$0.6595

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.2298	41.2298	2.4349	38.7949
Patient Care				
Direct Care	94.9624	94.9624	5.6082	89.3542
Indirect Care	52.0199	52.0199	3.0721	48.9478
Property	13.6500	14.7566	0.8715	13.8851
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9711
Supplemental Rate Add-on				\$8.8324
Totals	201.8621	202.9687	11.9867	215.7855

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325163-00 - 2012/07

253.27

North Lake Rehabilitation and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
750 Bayberry Drive Lake Park FL 33403 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 9/1/2007 Previous Med # 309281	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 85 Maximum: 31,025 Max Annualized: 31,025 Total Patient: 28,162 Medicare: 1,758 Medicaid: 24,635	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 87.47603% Occupancy: 90.77196% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.35416% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22417738 Semester Index: 1.28710041 Cost: 1.05140026 Target: 1.01634256 DC FY Index: 1.17566608 DC Sem Index: 1.21100000 DC Inflation: 1.03005438 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,111,001	2,393,741	1,697,667	595,674	0	5,798,083
1a	Audit Adjustments						
2	Cost Per Diem	45.0985	97.1683	68.9128	24.1800		235.3596
3	Cost Per Diem Inflated	47.4166	100.0886	72.4549			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.4166	100.0886	72.4549	24.1800		244.1401
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.5748		80.0693			
7	Provider Target Rate	70.1758		81.9386			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation	59.5270		72.5914			
10b	Base for line 10a	58.1690		70.9353			
11	Lesser of 5,7,8,10, 10a	47.4166	100.0886	72.4549	13.6500		233.6101
12/13	Medicaid Adjustment Rate		4.2198	3.0547			
14	Prospective Per Diem 11	47.4166	104.3084	75.5096	13.6500		240.8846
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325163-00 - 2012/07
253.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

North Lake Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	1,108,784	4.4417
Indexed Asset Value	1,385,980	< 60% of Base:	False	20% ROE(2):	277,196	0.2668
FRVS Base Asset:	480,912	Interest Rate:	9.5000 %	Insurance Cost(3):	78,195	2.7766
Occup Adj Factor:	0.9000	Chase Rate:	8.7500 %	Taxes Cost(3):	54,101	1.9211
ROE Factor	0.026880	Amortization Rate:	9.5000 %	Home Office(3):	9,166	0.3255
		Interest Only:	False	Replacement(3&4):	5,118	0.0000
		Yearly Payment:	124,024	Total FRVS PD:		9.7317

(1) 80% Capital (\$1,108,784) amortized at 9.5000% for 20 years Principal & Interest of \$124,024 divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = \$4.4417

(2) 20% ROE (\$277,196) times the ROE factor (0.026880) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = \$0.2668

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 85	Effective PBS Limitation	2,422,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4166	47.4166	2.8003	44.6163
Patient Care				
Direct Care	104.3084	104.3084	6.1601	98.1483
Indirect Care	75.5096	75.5096	4.4593	71.0503
Property	13.6500	9.7317	0.5747	9.1570
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$21.4611
Supplemental Rate Add-on				\$8.8324
Totals	240.8846	236.9663	13.9944	253.2654

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325236-00 - 2012/07

190.98

Heartland of Jacksonville FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8495 Normandy Blvd Jacksonville FL 32221 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/12/1990 Acquired Date: 1/12/1990 Entered Medicaid 1/12/1990 Med # Active Date: 12/20/2007 Previous Med # 201511	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,978 Medicare: 19,041 Medicaid: 16,664	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 39.69698% Occupancy: 95.84018% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.79492% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178	Semester Index: 1.28710041
		Cost: 1.04290285	Target: 1.01634256
		DC FY Index: 1.17950000	DC Sem Index: 1.21100000
		DC Inflation: 1.02670623	PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	961,698	1,226,370	702,056	217,465	60,754	3,168,343
1a	Audit Adjustments						
2	Cost Per Diem	57.7111	73.5940	42.1301	13.0500	3.6458	190.1310
3	Cost Per Diem Inflated	60.1871	75.5594	43.9376			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	60.1871	75.5594	43.9376	13.0500	3.6458	196.3799
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.8170		47.8611			
7	Provider Target Rate	64.2836		48.9785			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.4780	75.5594	43.9376	13.0500	3.6458	183.6708
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.4780	75.5594	43.9376	13.0500	3.6458	183.6708
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325236-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

190.98

Heartland of Jacksonville FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/12/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Variable [3]	80% Capital(1):	4,717,960	10.3019
Indexed Asset Value	5,897,450	< 60% of Base:	False	20% ROE(2):	1,179,490	0.7729
FRVS Base Asset:	3,602,760	Interest Rate:	6.0150 %	Insurance Cost(3):	4,714	0.1123
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	63,274	1.5073
ROE Factor	0.025830	Amortization Rate:	6.0150 %	Home Office(3):	25,897	0.6169
		Interest Only:	False	Replacement(3&4):	42,805	0.0000
		Yearly Payment:	406,101	Total FRVS PD:		13.3113

(1) 80% Capital (\$4,717,960) amortized at 6.0150% for 20 years Principal & Interest of \$406,101 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.3019

(2) 20% ROE (\$1,179,490) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7729

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4780	47.4780	2.8039	44.6741
Patient Care				
Direct Care	75.5594	75.5594	4.4623	71.0971
Indirect Care	43.9376	43.9376	2.5948	41.3428
Property	13.0500	13.3113	0.7861	12.5252
ROE	3.6458	2.3215	0.1371	2.1844
ROE Adjustment	-2.3215	-2.3215	-0.1371	-2.1844
Quality Assess-Medicaid Share				\$12.5072
Supplemental Rate Add-on				\$8.8324
Totals	181.3493	180.2863	10.6471	190.9788

***Medicaid Trend Adjustment :**



0 325244-00 - 2012/07

203.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heartland of Kendall FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9400 SW 137th Avenue Kendall FL 33186 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/31/1989 Acquired Date: 8/31/1989 Entered Medicaid 8/31/1989 Med # Active Date: 12/20/2007 Previous Med # 211591	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,035 Medicare: 23,904 Medicaid: 14,754	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 35.09932% Occupancy: 95.97032% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 121.96031% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	846,171	1,252,944	636,241	166,278	76,314	2,977,948
1a	Audit Adjustments						
2	Cost Per Diem	57.3520	84.9223	43.1233	11.2700	5.1724	201.8400
3	Cost Per Diem Inflated	59.8126	87.1903	44.9734			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.8126	87.1903	44.9734	11.2700	5.1724	208.4187
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.6144		50.6589			
7	Provider Target Rate	62.0295		51.8416			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	87.1903	44.9734	11.2700	5.1724	200.8209
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	87.1903	44.9734	11.2700	5.1724	200.8209
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325244-00 - 2012/07
203.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heartland of Kendall FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/31/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,215,000.00		Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Variable [3]	80% Capital(1):	3,982,020	9.2098
Indexed Asset Value	4,977,525	< 60% of Base:	False	20% ROE(2):	995,505	0.6523
FRVS Base Asset:	3,578,520	Interest Rate:	6.7400 %	Insurance Cost(3):	5,650	0.1344
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	68,193	1.6223
ROE Factor	0.025830	Amortization Rate:	6.7400 %	Home Office(3):	17,350	0.4128
		Interest Only:	False	Replacement(3&4):	564,587	0.0000
		Yearly Payment:	363,050	Total FRVS PD:		12.0316

(1) 80% Capital (\$3,982,020) amortized at 6.7400% for 20 years Principal & Interest of \$363,050 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2098

(2) 20% ROE (\$995,505) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6523

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	1/1/1989	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	87.1903	87.1903	5.1492	82.0411
Indirect Care	44.9734	44.9734	2.6560	42.3174
Property	11.2700	12.0316	0.7105	11.3211
ROE	5.1724	3.9310	0.2322	3.6988
ROE Adjustment	-3.9310	-3.9310	-0.2322	-3.6988
Quality Assess-Medicaid Share				\$9.8732
Supplemental Rate Add-on				\$8.8324
Totals	196.8899	196.4101	11.5993	203.5164

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325252-00 - 2012/07
205.22

Heartland of Miami Lakes

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5725 NW 186th Street Hialeah FL 33015 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/14/1990 Acquired Date: 9/14/1990 Entered Medicaid 9/14/1990 Med # Active Date: 12/20/2007 Previous Med # 202932	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,875 Medicare: 31,685 Medicaid: 9,858	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 22.99242% Occupancy: 97.88813% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 124.39748% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	534,592	820,231	474,876	153,588	44,149	2,027,436
1a	Audit Adjustments						
2	Cost Per Diem	54.2293	83.2046	48.1716	15.5800	4.4785	205.6640
3	Cost Per Diem Inflated	56.0508	85.0302	49.7896			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.0508	85.0302	49.7896	15.5800	4.4785	210.9291
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.0783		50.1908			
7	Provider Target Rate	60.4576		51.3626			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	85.0302	49.7896	13.6500	4.4785	205.1631
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	85.0302	49.7896	13.6500	4.4785	205.1631
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heartland of Miami Lakes

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/14/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Fixed [2]	80% Capital(1):	4,101,555	12.4655
Indexed Asset Value	5,126,944	< 60% of Base:	False	20% ROE(2):	1,025,389	0.6612
FRVS Base Asset:	3,620,880	Interest Rate:	10.5000 %	Insurance Cost(3):	6,950	0.1621
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	57,753	1.3470
ROE Factor	0.025420	Amortization Rate:	10.5000 %	Home Office(3):	29,881	0.6969
		Interest Only:	False	Replacement(3&4):	389,630	0.0000
		Yearly Payment:	491,389	Total FRVS PD:		15.3327

(1) 80% Capital (\$4,101,555) amortized at 10.5000% for 20 years Principal & Interest of \$491,389 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.4655

(2) 20% ROE (\$1,025,389) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6612

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,620,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	85.0302	85.0302	5.0216	80.0086
Indirect Care	49.7896	49.7896	2.9404	46.8492
Property	13.6500	15.3327	0.9055	14.4272
ROE	4.4785	2.6800	0.1583	2.5217
ROE Adjustment	-2.6800	-2.6800	-0.1583	-2.5217
Quality Assess-Medicaid Share				\$5.9741
Supplemental Rate Add-on				\$8.8324
Totals	202.4831	202.3673	11.9511	205.2227

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325261-00 - 2012/07

196.72

Heartland of Orange Park FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
570 Wells Road Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/22/1990 Acquired Date: 3/22/1990 Entered Medicaid 4/26/1990 Med # Active Date: 12/20/2007 Previous Med # 202169	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,117 Medicare: 13,147 Medicaid: 18,203	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 46.53475% Occupancy: 89.30822% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.49403% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	716,436	1,550,570	755,617	150,903	53,673	3,227,199
1a	Audit Adjustments						
2	Cost Per Diem	39.3581	85.1821	41.5106	8.2900	2.9486	177.2894
3	Cost Per Diem Inflated	40.6801	87.0511	42.9049			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.6801	87.0511	42.9049	8.2900	2.9486	181.8747
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.2475		49.2385			
7	Provider Target Rate	64.7241		50.3880			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.6801	87.0511	42.9049	8.2900	2.9486	181.8747
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.6801	87.0511	42.9049	8.2900	2.9486	181.8747
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325261-00 - 2012/07
196.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heartland of Orange Park FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/26/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Variable [3]	80% Capital(1):	4,002,460	9.6374
Indexed Asset Value	5,003,075	< 60% of Base:	False	20% ROE(2):	1,000,615	0.6452
FRVS Base Asset:	3,602,760	Interest Rate:	7.2600 %	Insurance Cost(3):	3,412	0.0872
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	74,038	1.8927
ROE Factor	0.025420	Amortization Rate:	7.2600 %	Home Office(3):	24,619	0.6294
		Interest Only:	False	Replacement(3&4):	67,326	0.0000
		Yearly Payment:	379,905	Total FRVS PD:		12.8919

(1) 80% Capital (\$4,002,460) amortized at 7.2600% for 20 years Principal & Interest of \$379,905 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6374

(2) 20% ROE (\$1,000,615) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6452

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.6801	40.6801	2.4024	38.2777
Patient Care				
Direct Care	87.0511	87.0511	5.1410	81.9101
Indirect Care	42.9049	42.9049	2.5338	40.3711
Property	8.2900	12.8919	0.7614	12.1305
ROE	2.9486	2.2110	0.1306	2.0804
ROE Adjustment	-2.2110	-2.2110	-0.1306	-2.0804
Quality Assess-Medicaid Share				\$15.1968
Supplemental Rate Add-on				\$8.8324
Totals	179.6637	183.5280	10.8386	196.7186

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325279-00 - 2012/07
203.89

Manor Care Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2075 Lochmond Drive Winter Park FL 32792 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1977 Acquired Date: 7/1/1977 Entered Medicaid 7/1/1977 Med # Active Date: 12/20/2007 Previous Med # 204854	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 138 Maximum: 50,370 Max Annualized: 50,370 Total Patient: 38,596 Medicare: 13,009 Medicaid: 17,883	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 46.33382% Occupancy: 76.62498% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 97.37599% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	809,694	1,580,832	742,946	188,308	57,790	3,379,570
1a	Audit Adjustments						
2	Cost Per Diem	45.2773	88.3986	41.5448	10.5300	3.2316	188.9823
3	Cost Per Diem Inflated	46.7981	90.3381	42.9402			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.7981	90.3381	42.9402	10.5300	3.2316	193.8380
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.6345		48.2597			
7	Provider Target Rate	66.1435		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7981	90.3381	42.9402	10.5300	3.2316	193.8380
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7981	90.3381	42.9402	10.5300	3.2316	193.8380
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325279-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

203.89

Manor Care Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
				Total Amount	Per Diem
Year of Phase-In/ Full:	Amount:	2,068,000.00	80% Capital(1):	2,934,554	6.2578
RS to Start Calcs:	Type:	Fixed [2]	20% ROE(2):	733,638	0.4114
Indexed Asset Value	< 60% of Base:	False	Insurance Cost(3):	1,709	0.0443
FRVS Base Asset:	Interest Rate:	7.5000 %	Taxes Cost(3):	54,480	1.4115
Occup Adj Factor:	Chase Rate:	13.0000 %	Home Office(3):	26,364	0.6831
ROE Factor	Amortization Rate:	7.5000 %	Replacement(3&4):	85,900	0.0000
	Interest Only:	False	Total FRVS PD:		8.8081
	Yearly Payment:	283,687			

(1) 80% Capital (\$2,934,554) amortized at 7.5000% for 20 years Principal & Interest of \$283,687 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$6.2578

(2) 20% ROE (\$733,638) times the ROE factor (0.025420) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.4114

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 138	Effective PBS Limitation	3,933,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7981	46.7981	2.7637	44.0344
Patient Care				
Direct Care	90.3381	90.3381	5.3351	85.0030
Indirect Care	42.9402	42.9402	2.5359	40.4043
Property	10.5300	8.8081	0.6219	9.9081
ROE	3.2316	2.6659	0.1908	3.0408
ROE Adjustment	-2.6659	-2.6659	-0.1574	-2.5085
Quality Assess-Medicaid Share				\$15.1748
Supplemental Rate Add-on				\$8.8324
Totals	191.1721	188.8845	11.2900	203.8893

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325287-00 - 2012/07

200.82

Heartland-South Jacksonville of Jacksonville FL, L

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3648 University Boulevard Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1981 Acquired Date: 11/1/1981 Entered Medicaid 7/1/1980 Med # Active Date: 12/20/2007 Previous Med # 205630	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 117 Maximum: 42,705 Max Annualized: 42,705 Total Patient: 40,099 Medicare: 17,788 Medicaid: 14,536	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 36.25028% Occupancy: 93.89767% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.32635% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	646,548	1,161,894	663,483	191,584	50,200	2,713,709
1a	Audit Adjustments						
2	Cost Per Diem	44.4791	79.9322	45.6441	13.1800	3.4535	186.6889
3	Cost Per Diem Inflated	46.4915	82.1366	47.7092			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.4915	82.1366	47.7092	13.1800	3.4535	192.9708
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.5266		46.3317			
7	Provider Target Rate	57.8463		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.4915	82.1366	47.4134	13.1800	3.4535	192.6750
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.4915	82.1366	47.4134	13.1800	3.4535	192.6750
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325287-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

200.82

Heartland-South Jacksonville of Jacksonville FL, L

FRVS

FRVS Status as of this Semester:

On Payback FRV [3]

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
				Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 1,521,100.00			
RS to Start Calcs: 1981/07		Type: Fixed [2]	80% Capital(1):	4,080,984	11.8769
Indexed Asset Value 5,101,230		< 60% of Base: False	20% ROE(2):	1,020,246	0.6942
FRVS Base Asset: 2,155,424		Interest Rate: 9.5000 %	Insurance Cost(3):	4,696	0.1171
Occup Adj Factor: 0.9000		Chase Rate: 13.0000 %	Taxes Cost(3):	69,844	1.7418
ROE Factor 0.026150		Amortization Rate: 9.5000 %	Home Office(3):	25,947	0.6471
		Interest Only: False	Replacement(3&4):	1,432,755	0.0000
		Yearly Payment: 456,482	Total FRVS PD:		15.0771

(1) 80% Capital (\$4,080,984) amortized at 9.5000% for 20 years Principal & Interest of \$456,482 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$11.8769

(2) 20% ROE (\$1,020,246) times the ROE factor (0.026150) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.6942

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 89	Effective PBS Limitation	2,536,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.4915	46.4915	2.7456	43.7459
Patient Care				
Direct Care	82.1366	82.1366	4.8507	77.2859
Indirect Care	47.4134	47.4134	2.8001	44.6133
Property	13.1800	15.0771	0.7784	12.4016
ROE	3.4535	2.1737	0.2040	3.2495
ROE Adjustment	-2.1737	-2.1737	-0.1284	-2.0453
Quality Assess-Medicaid Share				\$12.7359
Supplemental Rate Add-on				\$8.8324
Totals	190.5013	191.1186	11.2504	200.8192

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325295-00 - 2012/07

195.27

Heartland of Brooksville FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
575 Lamar Ave Brooksville FL 34601 County: Hernando [27] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1988 Acquired Date: 1/1/1988 Entered Medicaid 1/1/1988 Med # Active Date: 12/20/2007 Previous Med # 211575	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 34,264 Medicare: 6,006 Medicaid: 23,889	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 69.72041% Occupancy: 78.22831% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 99.41354% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	947,985	1,808,579	1,000,237	249,879	74,472	4,081,152
1a	Audit Adjustments						
2	Cost Per Diem	39.6829	75.7076	41.8702	10.4600	3.1174	170.8381
3	Cost Per Diem Inflated	41.1386	77.4888	43.4062			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.1386	77.4888	43.4062	10.4600	3.1174	175.6110
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.7285		46.3317			
7	Provider Target Rate	62.1463		47.4134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.6702	96.6592	60.8795	13.6500		
9	Prior Semester: Class Ceiling Target Base	46.7146		55.2316			
10	Target Rate Class Ceiling	47.4780		56.1342			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.1386	77.4888	43.4062	10.4600	3.1174	175.6110
12/13	Medicaid Adjustment Rate		1.7191	0.9630			
14	Prospective Per Diem 11	41.1386	79.2079	44.3692	10.4600	3.1174	178.2931
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325295-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

195.27

Heartland of Brooksville FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable [3]	80% Capital(1):	4,596,286	10.0362
Indexed Asset Value	5,745,358	< 60% of Base:	False	20% ROE(2):	1,149,072	0.7471
FRVS Base Asset:	3,530,760	Interest Rate:	6.0150 %	Insurance Cost(3):	2,521	0.0736
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	66,090	1.9288
ROE Factor	0.025630	Amortization Rate:	6.0150 %	Home Office(3):	19,532	0.5700
		Interest Only:	False	Replacement(3&4):	193,984	0.0000
		Yearly Payment:	395,628	Total FRVS PD:		13.3557

(1) 80% Capital (\$4,596,286) amortized at 6.0150% for 20 years Principal & Interest of \$395,628 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.0362

(2) 20% ROE (\$1,149,072) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7471

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.1386	41.1386	2.4295	38.7091
Patient Care				
Direct Care	79.2079	79.2079	4.6778	74.5301
Indirect Care	44.3692	44.3692	2.6203	41.7489
Property	10.4600	13.3557	0.7887	12.5670
ROE	3.1174	2.6027	0.1537	2.4490
ROE Adjustment	-2.6027	-2.6027	-0.1537	-2.4490
Quality Assess-Medicaid Share				\$18.8777
Supplemental Rate Add-on				\$8.8324
Totals	175.6904	178.0714	10.5163	195.2652

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325309-00 - 2012/07
184.29

Heartland of Boynton Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3600 Old Boynton Beach Boynton Beach FL 33436 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/3/1991 Acquired Date: 5/3/1991 Entered Medicaid 1/16/1992 Med # Active Date: 12/20/2007 Previous Med # 204200	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,920 Medicare: 5,236 Medicaid: 25,390	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 62.04790% Occupancy: 93.42466% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.72525% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.28710041 Cost: 1.04290285 Target: 1.01634256 DC FY Index: 1.17950000 DC Sem Index: 1.21100000 DC Inflation: 1.02670623 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,031,209	1,818,221	874,748	349,620	101,680	4,175,478
1a	Audit Adjustments						
2	Cost Per Diem	40.6148	71.6117	34.4525	13.7700	4.0047	164.4537
3	Cost Per Diem Inflated	42.3573	73.5242	35.9306			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.3573	73.5242	35.9306	13.7700	4.0047	169.5868
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.9542		50.1876			
7	Provider Target Rate	61.3539		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.3573	73.5242	35.9306	13.6500	4.0047	169.4668
12/13	Medicaid Adjustment Rate		0.9965	0.4870			
14	Prospective Per Diem 11	42.3573	74.5207	36.4176	13.6500	4.0047	170.9503
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325309-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

184.29

Heartland of Boynton Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/16/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	None [1]	80% Capital(1):	4,028,092	8.6076
Indexed Asset Value	5,035,115	< 60% of Base:	True	20% ROE(2):	1,007,023	0.6599
FRVS Base Asset:	3,642,240	Interest Rate:	8.5000 %	Insurance Cost(3):	5,785	0.1414
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	84,827	2.0730
ROE Factor	0.025830	Amortization Rate:	8.5000 %	Home Office(3):	19,780	0.4834
		Interest Only:	True	Replacement(3&4):	518,954	0.0000
		Yearly Payment:	339,312	Total FRVS PD:		11.9653

- (1) 80% Capital (\$4,028,092) amortized at 8.5000% for 20 years Interest of \$339,312 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6076
- (2) 20% ROE (\$1,007,023) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6599
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.3573	42.3573	2.5015	39.8558
Patient Care				
Direct Care	74.5207	74.5207	4.4009	70.1198
Indirect Care	36.4176	36.4176	2.1507	34.2669
Property	13.6500	11.9653	0.7066	11.2587
ROE	4.0047	1.8968	0.1120	1.7848
ROE Adjustment	-1.8968	-1.8968	-0.1120	-1.7848
Quality Assess-Medicaid Share				\$19.9611
Supplemental Rate Add-on				\$8.8324
Totals	169.0535	165.2609	9.7597	184.2947

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325325-00 - 2012/07 191.97

Heartland of Fort Myers FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1600 Matthew Drive Ft. Myers FL 33907 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/29/1990 Acquired Date: 10/29/1990 Entered Medicaid 4/25/1991 Med # Active Date: 12/20/2007 Previous Med # 203491	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,474 Medicare: 17,602 Medicaid: 14,600	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 35.20278% Occupancy: 94.68950% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 120.33262% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	625,000	1,233,956	547,317	238,710	55,303	2,700,286
1a	Audit Adjustments						
2	Cost Per Diem	42.8082	84.5175	37.4875	16.3500	3.7879	184.9511
3	Cost Per Diem Inflated	44.2461	86.3719	38.7467			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.2461	86.3719	38.7467	16.3500	3.7879	189.5026
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.0193		50.1876			
7	Provider Target Rate	63.4672		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.2461	86.3719	38.7467	13.6500	3.7879	186.8026
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.2461	86.3719	38.7467	13.6500	3.7879	186.8026
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325325-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

191.97

Heartland of Fort Myers FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/25/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Variable [3]	80% Capital(1):	3,582,950	7.8236
Indexed Asset Value	4,478,688	< 60% of Base:	False	20% ROE(2):	895,738	0.5776
FRVS Base Asset:	2,715,660	Interest Rate:	6.0150 %	Insurance Cost(3):	5,113	0.1233
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	87,568	2.1114
ROE Factor	0.025420	Amortization Rate:	6.0150 %	Home Office(3):	25,896	0.6244
		Interest Only:	False	Replacement(3&4):	908,908	0.0000
		Yearly Payment:	308,405	Total FRVS PD:		11.2603

(1) 80% Capital (\$3,582,950) amortized at 6.0150% for 20 years Principal & Interest of \$308,405 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.8236

(2) 20% ROE (\$895,738) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5776

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	50,254
Comparison Bed 90	Effective PBS Limitation	2,715,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.2461	44.2461	2.6130	41.6331
Patient Care				
Direct Care	86.3719	86.3719	5.1008	81.2711
Indirect Care	38.7467	38.7467	2.2883	36.4584
Property	13.6500	11.2603	0.6650	10.5953
ROE	3.7879	2.2142	0.1308	2.0834
ROE Adjustment	-2.2142	-2.2142	-0.1308	-2.0834
Quality Assess-Medicaid Share				\$13.1752
Supplemental Rate Add-on				\$8.8324
Totals	184.5884	180.6250	10.6671	191.9655

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325333-00 - 2012/07

181.25

Heartland of Lauderhill

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2599 NW 55th Avenue Lauderhill FL 33313 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/13/1989 Acquired Date: 4/13/1989 Entered Medicaid 12/27/1989 Med # Active Date: 12/20/2007 Previous Med # 201570	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 109 Maximum: 39,785 Max Annualized: 39,785 Total Patient: 38,632 Medicare: 6,515 Medicaid: 27,358	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 70.81694% Occupancy: 97.10192% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 123.39835% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23784784 Semester Index: 1.28710041 Cost: 1.03978887 Target: 1.01634256 DC FY Index: 1.18133049 DC Sem Index: 1.21100000 DC Inflation: 1.02511533 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,044,834	1,820,303	1,046,451	344,437	94,009	4,350,034
1a	Audit Adjustments						
2	Cost Per Diem	38.1912	66.5364	38.2503	12.5900	3.4363	159.0042
3	Cost Per Diem Inflated	39.7108	68.2075	39.7722			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.7108	68.2075	39.7722	12.5900	3.4363	163.7168
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.8038		50.1876			
7	Provider Target Rate	64.2700		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.7108	68.2075	39.7722	12.5900	3.4363	163.7168
12/13	Medicaid Adjustment Rate		1.5974	0.9314			
14	Prospective Per Diem 11	39.7108	69.8049	40.7036	12.5900	3.4363	166.2456
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325333-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

181.25

Heartland of Lauderdale

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/27/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/01 Indexed Asset Value 4,662,160 FRVS Base Asset: 2,519,910 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem				
	Amount: 4,050,000.00		<table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type: Variable [3]		80% Capital(1): 3,729,728	8.9659			
	< 60% of Base: False		20% ROE(2): 932,432	0.6726			
	Interest Rate: 6.0150 %		Insurance Cost(3): 4,483	0.1160			
	Chase Rate: 8.5000 %		Taxes Cost(3): 98,488	2.5494			
	Amortization Rate: 6.0150 %		Home Office(3): 18,926	0.4899			
Interest Only: False		Replacement(3&4): 128,678	0.0000				
Yearly Payment: 321,039		Total FRVS PD:	12.7938				

(1) 80% Capital (\$3,729,728) amortized at 6.0150% for 20 years Principal & Interest of \$321,039 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$8.9659

(2) 20% ROE (\$932,432) times the ROE factor (0.025830) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.6726

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,646
Comparison Date: 7/1/1988	Current RS PBS: 50,254
Comparison Bed 85	Effective PBS Limitation 2,519,910

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.7108	39.7108	2.3452	37.3656
Patient Care				
Direct Care	69.8049	69.8049	4.1224	65.6825
Indirect Care	40.7036	40.7036	2.4038	38.2998
Property	12.5900	12.7938	0.7556	12.0382
ROE	3.4363	1.7739	0.1048	1.6691
ROE Adjustment	-1.7739	-1.7739	-0.1048	-1.6691
Quality Assess-Medicaid Share				\$19.0298
Supplemental Rate Add-on				\$8.8324
Totals	164.4717	163.0131	9.6270	181.2483

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325341-00 - 2012/07
205.44

Heartland-Prosperty Oaks of Palm Beach Garden

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11375 Prosperity Farms Road Palm Beach FL 33410 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/9/1991 Acquired Date: 9/9/1991 Entered Medicaid 7/7/1992 Med # Active Date: 12/20/2007 Previous Med # 205061	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,159 Medicare: 13,355 Medicaid: 19,308	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 49.30667% Occupancy: 89.40411% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.61588% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	926,022	1,619,302	855,021	227,448	73,023	3,700,816
1a	Audit Adjustments						
2	Cost Per Diem	47.9605	83.8669	44.2833	11.7800	3.7820	191.6727
3	Cost Per Diem Inflated	49.5714	85.7070	45.7707			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.5714	85.7070	45.7707	11.7800	3.7820	196.6111
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.1725		50.1876			
7	Provider Target Rate	65.6707		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.5714	85.7070	45.7707	11.7800	3.7820	196.6111
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.5714	85.7070	45.7707	11.7800	3.7820	196.6111
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325341-00 - 2012/07

205.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heartland-Prosperty Oaks of Palm Beach Garden

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/7/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Variable [3]	80% Capital(1):	3,865,595	8.4407
Indexed Asset Value	4,831,994	< 60% of Base:	False	20% ROE(2):	966,399	0.6232
FRVS Base Asset:	3,663,600	Interest Rate:	6.0150 %	Insurance Cost(3):	4,725	0.1207
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	82,922	2.1176
ROE Factor	0.025420	Amortization Rate:	6.0150 %	Home Office(3):	22,342	0.5705
		Interest Only:	False	Replacement(3&4):	570,370	0.0000
		Yearly Payment:	332,733	Total FRVS PD:		11.8727

(1) 80% Capital (\$3,865,595) amortized at 6.0150% for 20 years Principal & Interest of \$332,733 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.4407

(2) 20% ROE (\$966,399) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6232

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 1/1/1991	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.5714	49.5714	2.9275	46.6439
Patient Care				
Direct Care	85.7070	85.7070	5.0616	80.6454
Indirect Care	45.7707	45.7707	2.7031	43.0676
Property	11.7800	11.8727	0.7012	11.1715
ROE	3.7820	2.0414	0.1206	1.9208
ROE Adjustment	-2.0414	-2.0414	-0.1206	-1.9208
Quality Assess-Medicaid Share				\$15.0835
Supplemental Rate Add-on				\$8.8324
Totals	194.5697	192.9218	11.3934	205.4443

***Medicaid Trend Adjustment :**



0 325350-00 - 2012/07
207.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heartland of Tamarac

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5901 NW 79th Avenue Tamarac FL 33321 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/1/1988 Acquired Date: 7/1/1988 Entered Medicaid 7/7/1988 Med # Active Date: 12/20/2007 Previous Med # 212857	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 151 Maximum: 55,115 Max Annualized: 55,115 Total Patient: 52,026 Medicare: 16,772 Medicaid: 24,510	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,187,606	2,082,865	1,035,867	328,679	99,083	4,734,100
1a	Audit Adjustments						
2	Cost Per Diem	48.4539	84.9802	42.2630	13.4100	4.0426	193.1497
3	Cost Per Diem Inflated	50.0814	86.8447	43.6826			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.0814	86.8447	43.6826	13.4100	4.0426	198.0613
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.5839		50.1876			
7	Provider Target Rate	67.1151		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.0814	86.8447	43.6826	13.4100	4.0426	198.0613
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.0814	86.8447	43.6826	13.4100	4.0426	198.0613
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325350-00 - 2012/07
207.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heartland of Tamarac

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/7/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,952,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable [3]	80% Capital(1):	5,217,623	9.1380
Indexed Asset Value	6,522,029	< 60% of Base:	False	20% ROE(2):	1,304,406	0.6685
FRVS Base Asset:	2,971,723	Interest Rate:	6.1300 %	Insurance Cost(3):	8,757	0.1683
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	159,162	3.0593
ROE Factor	0.025420	Amortization Rate:	6.1300 %	Home Office(3):	28,814	0.5538
		Interest Only:	False	Replacement(3&4):	224,340	0.0000
		Yearly Payment:	453,276	Total FRVS PD:		13.5879

(1) 80% Capital (\$5,217,623) amortized at 6.1300% for 20 years Principal & Interest of \$453,276 divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = \$9.1380

(2) 20% ROE (\$1,304,406) times the ROE factor (0.025420) divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = \$0.6685

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 101	Effective PBS Limitation	2,971,723

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.0814	50.0814	2.9576	47.1238
Patient Care				
Direct Care	86.8447	86.8447	5.1288	81.7159
Indirect Care	43.6826	43.6826	2.5798	41.1028
Property	13.4100	13.5879	0.8025	12.7854
ROE	4.0426	2.2090	0.1305	2.0785
ROE Adjustment	-2.2090	-2.2090	-0.1305	-2.0785
Quality Assess-Medicaid Share				\$15.5108
Supplemental Rate Add-on				\$8.8324
Totals	195.8523	194.1966	11.4687	207.0711

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325368-00 - 2012/07

210.19

MCHS- Boca Raton

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
375 N W Street Boca Raton FL 33431 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 12/20/2007 Previous Med # 309770	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 59,021 Medicare: 8,797 Medicaid: 40,457	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 68.54679% Occupancy: 89.83409% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 114.16231% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,897,132	3,181,919	1,737,249	698,692	175,488	7,690,480
1a	Audit Adjustments						
2	Cost Per Diem	46.8926	78.6494	42.9406	17.2700	4.3376	190.0902
3	Cost Per Diem Inflated	49.0142	80.8184	44.8834			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.0142	80.8184	44.8834	17.2700	4.3376	196.3236
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.0364		50.1876			
7	Provider Target Rate	67.5781		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.0142	80.8184	44.8834	13.6500	4.3376	192.7036
12/13	Medicaid Adjustment Rate		1.6863	0.9365			
14	Prospective Per Diem 11	49.0142	82.5047	45.8199	13.6500	4.3376	195.3264
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325368-00 - 2012/07
210.19

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

MCHS- Boca Raton

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 3,600,000.00		
RS to Start Calcs:	1984/07	Type: Variable [3]	80% Capital(1): 5,968,494	9.5369
Indexed Asset Value	7,460,618	< 60% of Base: False	20% ROE(2): 1,492,124	0.6599
FRVS Base Asset:	3,420,000	Interest Rate: 7.2000 %	Insurance Cost(3): 8,307	0.1407
Occup Adj Factor:	0.9000	Chase Rate: 8.0000 %	Taxes Cost(3): 141,311	2.3942
ROE Factor	0.026150	Amortization Rate: 7.2000 %	Home Office(3): 31,894	0.5404
		Interest Only: False	Replacement(3&4): 1,045,049	0.0000
		Yearly Payment: 563,915	Total FRVS PD:	13.2721

(1) 80% Capital (\$5,968,494) amortized at 7.2000% for 20 years Principal & Interest of \$563,915 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.5369

(2) 20% ROE (\$1,492,124) times the ROE factor (0.026150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6599

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.0142	49.0142	2.8946	46.1196
Patient Care				
Direct Care	82.5047	82.5047	4.8725	77.6322
Indirect Care	45.8199	45.8199	2.7060	43.1139
Property	13.6500	13.2721	0.8061	12.8439
ROE	4.3376	2.0321	0.2562	4.0814
ROE Adjustment	-2.0321	-2.0321	-0.1200	-1.9121
Quality Assess-Medicaid Share				\$19.4783
Supplemental Rate Add-on				\$8.8324
Totals	193.2943	190.6109	11.4154	210.1896

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325376-00 - 2012/07

200.36

MCHS- Boynton Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3001 S Congress Ave Boynton Beach FL 33426 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1985 Acquired Date: 3/1/1985 Entered Medicaid 3/1/1985 Med # Active Date: 12/20/2007 Previous Med # 310182	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 57,334 Medicare: 18,504 Medicaid: 28,831	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 50.28604% Occupancy: 87.26636% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.89920% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,231,927	2,302,176	1,219,641	641,490	133,887	5,529,121
1a	Audit Adjustments						
2	Cost Per Diem	42.7292	79.8507	42.3031	22.2500	4.6439	191.7769
3	Cost Per Diem Inflated	44.6625	82.0528	44.2171			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.6625	82.0528	44.2171	22.2500	4.6439	197.8263
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.5128		50.1876			
7	Provider Target Rate	64.9956		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.6625	82.0528	44.2171	13.6500	4.6439	189.2263
12/13	Medicaid Adjustment Rate		0.0264	0.0142			
14	Prospective Per Diem 11	44.6625	82.0792	44.2313	13.6500	4.6439	189.2669
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325376-00 - 2012/07
200.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

MCHS- Boynton Beach

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
Year of Phase-In/ Full:	Amount: 4,116,079.00		
RS to Start Calcs: 1985/01	Type: Variable [3]	80% Capital(1): 6,334,590	9.9053
Indexed Asset Value 7,918,238	< 60% of Base: False	20% ROE(2): 1,583,648	0.7004
FRVS Base Asset: 3,420,000	Interest Rate: 6.9200 %	Insurance Cost(3): 6,260	0.1092
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %	Taxes Cost(3): 149,237	2.6029
ROE Factor 0.026150	Amortization Rate: 6.9200 %	Home Office(3): 33,464	0.5837
	Interest Only: False	Replacement(3&4): 178,067	0.0000
	Yearly Payment: 585,699	Total FRVS PD:	13.9015

(1) 80% Capital (\$6,334,590) amortized at 6.9200% for 20 years Principal & Interest of \$585,699 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.9053

(2) 20% ROE (\$1,583,648) times the ROE factor (0.026150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7004

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.6625	44.6625	2.6376	42.0249
Patient Care				
Direct Care	82.0792	82.0792	4.8473	77.2319
Indirect Care	44.2313	44.2313	2.6122	41.6191
Property	13.6500	13.9015	0.8061	12.8439
ROE	4.6439	2.1964	0.2743	4.3696
ROE Adjustment	-2.1964	-2.1964	-0.1297	-2.0667
Quality Assess-Medicaid Share				\$15.5025
Supplemental Rate Add-on				\$8.8324
Totals	187.0705	184.8745	11.0478	200.3576

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325384-00 - 2012/07

210.70

Manor Care of Ft. Myers FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13881 Eagle Ridge Drive Ft. Myers Fl 33912 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/16/1999 Acquired Date: 12/16/1999 Entered Medicaid 5/1/2000 Med # Active Date: 12/20/2007 Previous Med # 310174	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,853 Medicare: 17,649 Medicaid: 11,746	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 28.75187% Occupancy: 93.27169% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.53086% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	604,990	997,212	545,780	116,403	61,819	2,326,204
1a	Audit Adjustments						
2	Cost Per Diem	51.5060	84.8980	46.4652	9.9100	5.2630	198.0422
3	Cost Per Diem Inflated	53.8364	87.2393	48.5675			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.8364	87.2393	48.5675	9.9100	5.2630	204.8162
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.9676		50.1876			
7	Provider Target Rate	65.4610		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	87.2393	48.5675	9.9100	5.2630	203.1946
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	87.2393	48.5675	9.9100	5.2630	203.1946
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325384-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

210.70

Manor Care of Ft. Myers FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	None [1]	80% Capital(1):	4,193,290	9.4929
Indexed Asset Value	5,241,612	< 60% of Base:	True	20% ROE(2):	1,048,322	0.6954
FRVS Base Asset:	0	Interest Rate:	9.0000 %	Insurance Cost(3):	7,745	0.1896
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	68,151	1.6682
ROE Factor	0.026150	Amortization Rate:	9.0000 %	Home Office(3):	26,691	0.6533
		Interest Only:	True	Replacement(3&4):	413,608	0.0000
		Yearly Payment:	374,209	Total FRVS PD:		12.6994

(1) 80% Capital (\$4,193,290) amortized at 9.0000% for 20 years Interest of \$374,209 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4929

(2) 20% ROE (\$1,048,322) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6954

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	1/1/1999	Current RS PBS:	50,254
Comparison Bed	120	Effective PBS Limitation	4,661,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	87.2393	87.2393	5.1521	82.0872
Indirect Care	48.5675	48.5675	2.8682	45.6993
Property	9.9100	12.6994	0.7500	11.9494
ROE	5.2630	2.3660	0.1397	2.2263
ROE Adjustment	-2.3660	-2.3660	-0.1397	-2.2263
Quality Assess-Medicaid Share				\$13.0012
Supplemental Rate Add-on				\$8.8324
Totals	200.8286	200.7210	11.8539	210.7007

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325422-00 - 2012/07 216.63

Manor Care @ Lev Palms

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6135 Rattlesnake Hammock R Naples FL 34113 County: Collier [11] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/26/1984 Acquired Date: 5/26/1984 Entered Medicaid 5/26/1984 Med # Active Date: 12/20/2007 Previous Med # 319368	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 117 Maximum: 42,705 Max Annualized: 42,705 Total Patient: 39,662 Medicare: 17,699 Medicaid: 18,889	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 47.62493% Occupancy: 92.87437% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 118.02593% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,021,837	1,631,212	924,557	399,691	94,548	4,071,845
1a	Audit Adjustments						
2	Cost Per Diem	54.0969	86.3578	48.9468	21.1600	5.0055	215.5670
3	Cost Per Diem Inflated	55.9139	88.2526	50.5909			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.9139	88.2526	50.5909	21.1600	5.0055	220.9229
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.9469		50.1876			
7	Provider Target Rate	74.6500		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	88.2526	50.5909	13.6500	5.0055	209.7138
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	88.2526	50.5909	13.6500	5.0055	209.7138
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325422-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

216.63

Manor Care @ Lely Palms

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
			Total Amount	Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		80% Capital(1):	4,299,833	9.7037
RS to Start Calcs: 1984/01	Type: None [1]		20% ROE(2):	1,074,958	0.7110
Indexed Asset Value 5,374,791	< 60% of Base: True		Insurance Cost(3):	4,957	0.1250
FRVS Base Asset: 2,764,500	Interest Rate: 8.7500 %		Taxes Cost(3):	38,335	0.9665
Occup Adj Factor: 0.9000	Chase Rate: 8.7500 %		Home Office(3):	26,989	0.6805
ROE Factor 0.025420	Amortization Rate: 8.7500 %		Replacement(3&4):	641,874	0.0000
	Interest Only: True		Total FRVS PD:	12.1867	
	Yearly Payment: 372,958				

- (1) 80% Capital (\$4,299,833) amortized at 8.7500% for 20 years Interest of \$372,958 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$9.7037
- (2) 20% ROE (\$1,074,958) times the ROE factor (0.025420) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.7110
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 97	Effective PBS Limitation	2,764,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	88.2526	88.2526	5.2119	83.0407
Indirect Care	50.5909	50.5909	2.9877	47.6032
Property	13.6500	12.1867	0.8061	12.8439
ROE	5.0055	2.3417	0.2956	4.7099
ROE Adjustment	-2.3417	-2.3417	-0.1383	-2.2034
Quality Assess-Medicaid Share				\$12.6754
Supplemental Rate Add-on				\$8.8324
Totals	207.3721	203.2450	12.2466	216.6333

***Medicaid Trend Adjustment :**



0 325449-00 - 2012/07
204.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Manor Care of Naples FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3601 Lakewood Blvd Naples FL 34112 County: Collier[11] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/1983 Acquired Date: 4/1/1983 Entered Medicaid 4/1/1983 Med # Active Date: 12/20/2007 Previous Med # 309958	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,528 Medicare: 11,549 Medicaid: 22,783	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 60.70934% Occupancy: 85.68037% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 108.88370% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	846,359	1,920,133	1,129,610	274,079	67,679	4,237,860
1a	Audit Adjustments						
2	Cost Per Diem	37.1487	84.2792	49.5813	12.0300	2.9706	186.0098
3	Cost Per Diem Inflated	38.8295	86.6035	51.8246			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.8295	86.6035	51.8246	12.0300	2.9706	192.2582
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.5736		50.1876			
7	Provider Target Rate	66.0812		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.8295	86.6035	51.3593	12.0300	2.9706	191.7929
12/13	Medicaid Adjustment Rate		1.0434	0.6188			
14	Prospective Per Diem 11	38.8295	87.6469	51.9781	12.0300	2.9706	193.4551
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325449-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

204.72

Manor Care of Naples FL, LLC

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 3,000,000.00		
RS to Start Calcs:	1983/01	Type: Variable [3]	80% Capital(1): 4,732,837	9.1538
Indexed Asset Value	5,916,046	< 60% of Base: False	20% ROE(2): 1,183,209	0.7849
FRVS Base Asset:	3,420,000	Interest Rate: 4.5500 %	Insurance Cost(3): 4,052	0.1080
Occup Adj Factor:	0.9000	Chase Rate: 8.0000 %	Taxes Cost(3): 31,612	0.8424
ROE Factor	0.026150	Amortization Rate: 4.5500 %	Home Office(3): 23,405	0.6237
		Interest Only: False	Replacement(3&4): 180,056	0.0000
		Yearly Payment: 360,842	Total FRVS PD:	11.5128

(1) 80% Capital (\$4,732,837) amortized at 4.5500% for 20 years Principal & Interest of \$360,842 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1538

(2) 20% ROE (\$1,183,209) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7849

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.8295	38.8295	2.2931	36.5364
Patient Care				
Direct Care	87.6469	87.6469	5.1761	82.4708
Indirect Care	51.9781	51.9781	3.0697	48.9084
Property	12.0300	11.5128	0.7105	11.3195
ROE	2.9706	2.1176	0.1754	2.7952
ROE Adjustment	-2.1176	-2.1176	-0.1251	-1.9925
Quality Assess-Medicaid Share				\$15.8458
Supplemental Rate Add-on				\$8.8324
Totals	191.3375	189.9673	11.2997	204.7160

***Medicaid Trend Adjustment :**



0 325457-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

203.93

MCHS- Plantation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6931 W Sunrise Blvd Plantation FL 33313 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 9/1/1985 Med # Active Date: 12/20/2007 Previous Med # 309940	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,922 Medicare: 15,756 Medicaid: 19,717	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Inflation
			FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	885,659	1,501,615	982,341	307,980	79,434	3,757,029
1a	Audit Adjustments						
2	Cost Per Diem	44.9185	76.1584	49.8220	15.6200	4.0287	190.5476
3	Cost Per Diem Inflated	46.9508	78.2587	52.0762			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.9508	78.2587	52.0762	15.6200	4.0287	196.9344
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.5504		50.1876			
7	Provider Target Rate	77.3142		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.9508	78.2587	51.3593	13.6500	4.0287	194.2475
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.9508	78.2587	51.3593	13.6500	4.0287	194.2475
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325457-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

203.93

MCHS- Plantation

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 4,000,000.00		
RS to Start Calcs: 1985/07		Type: Variable [3]	80% Capital(1): 3,802,602	9.8269
Indexed Asset Value 4,753,253		< 60% of Base: False	20% ROE(2): 950,651	0.6306
FRVS Base Asset: 3,420,000		Interest Rate: 8.2000 %	Insurance Cost(3): 5,852	0.1396
Occup Adj Factor: 0.9000		Chase Rate: 13.0000 %	Taxes Cost(3): 76,838	1.8329
ROE Factor 0.026150		Amortization Rate: 8.2000 %	Home Office(3): 25,847	0.6165
		Interest Only: False	Replacement(3&4): 325,300	0.0000
		Yearly Payment: 387,377	Total FRVS PD:	13.0465

(1) 80% Capital (\$3,802,602) amortized at 8.2000% for 20 years Principal & Interest of \$387,377 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8269

(2) 20% ROE (\$950,651) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6306

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 50,254
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.9508	46.9508	2.7728	44.1780
Patient Care				
Direct Care	78.2587	78.2587	4.6217	73.6370
Indirect Care	51.3593	51.3593	3.0331	48.3262
Property	13.6500	13.0465	0.8061	12.8439
ROE	4.0287	2.0940	0.2379	3.7908
ROE Adjustment	-2.0940	-2.0940	-0.1237	-1.9703
Quality Assess-Medicaid Share				\$14.2870
Supplemental Rate Add-on				\$8.8324
Totals	192.1535	189.6153	11.3479	203.9250

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325465-00 - 2012/07 201.93

Manor Care Nursing Center of Sarasota FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5511 Swift Road Sarasota FL 34231 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1983 Acquired Date: 12/1/1983 Entered Medicaid 9/1/1985 Med # Active Date: 12/20/2007 Previous Med # 310832	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 178 Maximum: 64,970 Max Annualized: 64,970 Total Patient: 59,783 Medicare: 14,055 Medicaid: 29,260	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 48.94368% Occupancy: 92.01632% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.93550% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,160,633	2,606,838	1,096,470	425,148	124,487	5,413,576
1a	Audit Adjustments						
2	Cost Per Diem	39.6662	89.0922	37.4733	14.5300	4.2545	185.0162
3	Cost Per Diem Inflated	41.4609	91.5492	39.1688			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4609	91.5492	39.1688	14.5300	4.2545	190.9634
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.9524		50.1876			
7	Provider Target Rate	58.2820		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.4609	91.5492	39.1688	13.6500	4.2545	190.0834
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.4609	91.5492	39.1688	13.6500	4.2545	190.0834
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325465-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

201.93

Manor Care Nursing Center of Sarasota FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,390,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	5,579,590	12.2113
Indexed Asset Value	6,974,488	< 60% of Base:	False	20% ROE(2):	1,394,898	0.6238
FRVS Base Asset:	3,420,000	Interest Rate:	11.5000 %	Insurance Cost(3):	5,596	0.0936
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	55,041	0.9207
ROE Factor	0.026150	Amortization Rate:	11.5000 %	Home Office(3):	34,887	0.5836
		Interest Only:	False	Replacement(3&4):	1,066,172	0.0000
		Yearly Payment:	714,029	Total FRVS PD:		14.4330

(1) 80% Capital (\$5,579,590) amortized at 11.5000% for 20 years Principal & Interest of \$714,029 divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = \$12.2113

(2) 20% ROE (\$1,394,898) times the ROE factor (0.026150) divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = \$0.6238

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.4609	41.4609	2.4485	39.0124
Patient Care				
Direct Care	91.5492	91.5492	5.4066	86.1426
Indirect Care	39.1688	39.1688	2.3132	36.8556
Property	13.6500	14.4330	0.8524	13.5806
ROE	4.2545	3.2080	0.1895	3.0185
ROE Adjustment	-3.2080	-3.2080	-0.1895	-3.0185
Quality Assess-Medicaid Share				\$17.5086
Supplemental Rate Add-on				\$8.8324
Totals	186.8754	186.6119	11.0207	201.9322

***Medicaid Trend Adjustment :**



0 325473-00 - 2012/07
213.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Manor Care of Venice FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1450 E. Venice Venice FL 34292 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/5/1997 Acquired Date: 6/5/1997 Entered Medicaid 6/5/1997 Med # Active Date: 12/20/2007 Previous Med # 309788	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 129 Maximum: 47,085 Max Annualized: 47,085 Total Patient: 39,690 Medicare: 15,219 Medicaid: 15,073	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 37.97682% Occupancy: 84.29436% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 107.12235% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	707,591	1,382,438	666,978	229,562	56,003	3,042,572
1a	Audit Adjustments						
2	Cost Per Diem	46.9443	91.7162	44.2499	15.2300	3.7155	201.8559
3	Cost Per Diem Inflated	49.0683	94.2456	46.2520			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.0683	94.2456	46.2520	15.2300	3.7155	208.5114
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.0491		50.1876			
7	Provider Target Rate	62.4744		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.0683	94.2456	46.2520	13.6500	3.7155	206.9314
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.0683	94.2456	46.2520	13.6500	3.7155	206.9314
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325473-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

213.10

Manor Care of Venice FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/5/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	None [1]	80% Capital(1):	4,441,358	8.8286
Indexed Asset Value	5,551,697	< 60% of Base:	True	20% ROE(2):	1,110,339	0.6852
FRVS Base Asset:	4,711,854	Interest Rate:	8.5000 %	Insurance Cost(3):	7,895	0.1989
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	87,183	2.1966
ROE Factor	0.026150	Amortization Rate:	8.5000 %	Home Office(3):	24,369	0.6140
		Interest Only:	True	Replacement(3&4):	84,051	0.0000
		Yearly Payment:	374,124	Total FRVS PD:		12.5233

- (1) 80% Capital (\$4,441,358) amortized at 8.5000% for 20 years Interest of \$374,124 divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = \$8.8286
- (2) 20% ROE (\$1,110,339) times the ROE factor (0.026150) divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = \$0.6852
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	50,254
Comparison Bed 129	Effective PBS Limitation	4,711,854

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.0683	49.0683	2.8978	46.1705
Patient Care				
Direct Care	94.2456	94.2456	5.5658	88.6798
Indirect Care	46.2520	46.2520	2.7315	43.5205
Property	13.6500	12.5233	0.7396	11.7837
ROE	3.7155	3.2035	0.1892	3.0143
ROE Adjustment	-3.2035	-3.2035	-0.1892	-3.0143
Quality Assess-Medicaid Share				\$14.1129
Supplemental Rate Add-on				\$8.8324
Totals	203.7279	202.0892	11.9347	213.0998

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325481-00 - 2012/07

204.65

Manor Care of W. Palm Beach FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2300 Village Blvd West Palm Beach FL 33409 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1996 Acquired Date: 6/1/1996 Entered Medicaid 6/1/1996 Med # Active Date: 12/20/2007 Previous Med # 309931	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,947 Medicare: 13,260 Medicaid: 20,816	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 52.10904% Occupancy: 91.20319% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 115.90219% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,132,657	1,599,310	957,099	318,277	90,235	4,097,578
1a	Audit Adjustments						
2	Cost Per Diem	54.4128	76.8308	45.9790	15.2900	4.3349	196.8475
3	Cost Per Diem Inflated	56.2405	78.5165	47.5234			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.2405	78.5165	47.5234	15.2900	4.3349	201.9053
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.9780		52.3677			
7	Provider Target Rate	68.5417		53.5903			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	78.5165	47.5234	13.6500	4.3349	196.2396
12/13	Medicaid Adjustment Rate		0.1863	0.1128			
14	Prospective Per Diem 11	52.2148	78.7028	47.6362	13.6500	4.3349	196.5387
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325481-00 - 2012/07
204.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Manor Care of W. Palm Beach FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	None [1]	80% Capital(1):	4,159,422	8.6244
Indexed Asset Value	5,199,277	< 60% of Base:	True	20% ROE(2):	1,039,855	0.6706
FRVS Base Asset:	4,252,320	Interest Rate:	8.2500 %	Insurance Cost(3):	6,327	0.1584
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	130,119	3.2573
ROE Factor	0.025420	Amortization Rate:	8.2500 %	Home Office(3):	23,589	0.5905
		Interest Only:	True	Replacement(3&4):	26,829	0.0000
		Yearly Payment:	339,974	Total FRVS PD:		13.3012

- (1) 80% Capital (\$4,159,422) amortized at 8.2500% for 20 years Interest of \$339,974 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6244
- (2) 20% ROE (\$1,039,855) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6706
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	35,436
Comparison Date: 7/1/1995	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,252,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	78.7028	78.7028	4.6479	74.0549
Indirect Care	47.6362	47.6362	2.8132	44.8230
Property	13.6500	13.3012	0.7855	12.5157
ROE	4.3349	3.2437	0.1916	3.0521
ROE Adjustment	-3.2437	-3.2437	-0.1916	-3.0521
Quality Assess-Medicaid Share				\$15.2919
Supplemental Rate Add-on				\$8.8324
Totals	193.2950	191.8550	11.3302	204.6491

***Medicaid Trend Adjustment :**



0 325490-00 - 2012/07
211.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Kensington Manor-Sarasota FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3250 12th Street Sarasota FL 34237 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 10/1/1969 Acquired Date: 10/1/1969 Entered Medicaid 5/1/1970 Med # Active Date: 12/20/2007 Previous Med # 309923	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 87 Maximum: 31,755 Max Annualized: 31,755 Total Patient: 27,648 Medicare: 5,479 Medicaid: 17,109	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 61.88151% Occupancy: 87.06660% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 110.64534% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24155496 Semester Index: 1.28710041 Cost: 1.03668420 Target: 1.01634256 DC FY Index: 1.18316382 DC Sem Index: 1.21100000 DC Inflation: 1.02352690 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	743,881	1,522,265	776,814	256,122	53,777	3,352,859
1a	Audit Adjustments						
2	Cost Per Diem	43.4789	88.9745	45.4038	14.9700	3.1432	195.9704
3	Cost Per Diem Inflated	45.0739	91.0678	47.0694			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.0739	91.0678	47.0694	14.9700	3.1432	201.3243
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.3459		61.3003			
7	Provider Target Rate	66.8715		62.7314			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	62.1797	107.8514	82.4340	13.6500		
9	Prior Semester: Class Ceiling Target Base	62.7714		72.5715			
10	Target Rate Class Ceiling	63.7972		74.1906			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.0739	91.0678	47.0694	13.6500	3.1432	200.0043
12/13	Medicaid Adjustment Rate		1.2173	0.6292			
14	Prospective Per Diem 11	45.0739	92.2851	47.6986	13.6500	3.1432	201.8508
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325490-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

211.15

Kensington Manor-Sarasota FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,218,483 FRVS Base Asset: 1,731,265 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	825,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,774,786	7.7207
	< 60% of Base:	True	20% ROE(2):	443,697	0.3979
	Interest Rate:	8.5000 %	Insurance Cost(3):	2,717	0.0983
	Chase Rate:	12.5000 %	Taxes Cost(3):	45,141	1.6327
	Amortization Rate:	12.5000 %	Home Office(3):	16,741	0.6055
	Interest Only:	True	Replacement(3&4):	70,584	0.0000
Yearly Payment:	220,655	Total FRVS PD:		10.4551	

(1) 80% Capital (\$1,774,786) amortized at 12.5000% for 20 years Interest of \$220,655 divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = \$7.7207

(2) 20% ROE (\$443,697) times the ROE factor (0.025630) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = \$0.3979

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	50,254
Comparison Bed	147	Effective PBS Limitation	4,189,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.0739	45.0739	2.6619	42.4120
Patient Care				
Direct Care	92.2851	92.2851	5.4501	86.8350
Indirect Care	47.6986	47.6986	2.8169	44.8817
Property	13.6500	10.4551	0.6174	9.8377
ROE	3.1432	2.7551	0.1627	2.5924
ROE Adjustment	-2.7551	-2.7551	-0.1627	-2.5924
Quality Assess-Medicaid Share				\$18.3539
Supplemental Rate Add-on				\$8.8324
Totals	199.0957	195.5127	11.5463	211.1527

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325520-00 - 2012/07

196.61

MCHS- Delrav

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16200 Jog Road Delray Beach FL 33446 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/17/1999 Acquired Date: 2/17/1999 Entered Medicaid 2/17/1999 Med # Active Date: 12/20/2007 Previous Med # 309761	05/01/2010-04/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,187 Medicare: 20,189 Medicaid: 16,520	Superior: 0 Standard: 184 Conditional: 0 Total: 184
			Medicaid Utilization 40.10974% Occupancy: 94.03425% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 119.49992% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	835,001	1,174,214	780,045	282,822	44,152	3,116,234
1a	Audit Adjustments						
2	Cost Per Diem	50.5449	71.0783	47.2182	17.1200	2.6726	188.6340
3	Cost Per Diem Inflated	52.9504	73.1005	49.4654			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.9504	73.1005	49.4654	17.1200	2.6726	195.3089
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.3783		50.1876			
7	Provider Target Rate	61.7879		51.3593			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	52.2148	99.9145	66.1489	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.9713		58.7454			
10	Target Rate Class Ceiling	52.8206		59.7055			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.2148	73.1005	49.4654	13.6500	2.6726	191.1033
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.2148	73.1005	49.4654	13.6500	2.6726	191.1033
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325520-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

196.61

MCHS- Delrav

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/17/1999 Year of Phase-In/ Full: RS to Start Calcs: 1999/01 Indexed Asset Value 5,279,243 FRVS Base Asset: 4,594,920 Occup Adj Factor: 0.9000 ROE Factor 0.026460	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,223,394	8.2215
	< 60% of Base:	True	20% ROE(2):	1,055,849	0.7087
	Interest Rate:	7.7500 %	Insurance Cost(3):	6,360	0.1544
	Chase Rate:	7.7500 %	Taxes Cost(3):	108,934	2.6449
	Amortization Rate:	7.7500 %	Home Office(3):	26,845	0.6518
	Interest Only:	True	Replacement(3&4):	2,409,396	0.0000
Yearly Payment:	324,092	Total FRVS PD:	12.3813		

- (1) 80% Capital (\$4,223,394) amortized at 7.7500% for 20 years Interest of \$324,092 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.2215
- (2) 20% ROE (\$1,055,849) times the ROE factor (0.026460) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7087
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.2148	52.2148	3.0836	49.1312
Patient Care				
Direct Care	73.1005	73.1005	4.3171	68.7834
Indirect Care	49.4654	49.4654	2.9213	46.5441
Property	13.6500	12.3813	0.7312	11.6501
ROE	2.6726	0.3180	0.0188	0.2992
ROE Adjustment	-0.3180	-0.3180	-0.0188	-0.2992
Quality Assess-Medicaid Share				\$11.6698
Supplemental Rate Add-on				\$8.8324
Totals	190.7853	187.1620	11.0532	196.6110

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325678-00 - 2012/07

211.15

Manor Care-Carrollwood of Tampa FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3030 W. Bearass Avenue Tampa FL 33618 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/18/1990 Acquired Date: 5/18/1990 Entered Medicaid 7/20/1990 Med # Active Date: 12/20/2007 Previous Med # 319350	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,357 Medicare: 20,030 Medicaid: 12,398	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 30.72082% Occupancy: 92.13927% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.09175% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	897,056	1,072,437	603,027	174,440	54,288	2,801,248
1a	Audit Adjustments						
2	Cost Per Diem	72.3549	86.5008	48.6391	14.0700	4.3788	225.9436
3	Cost Per Diem Inflated	75.6286	88.8863	50.8397			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	75.6286	88.8863	50.8397	14.0700	4.3788	233.8034
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.8129		54.8833			
7	Provider Target Rate	62.2327		56.1646			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9425	88.8863	50.8397	13.6500	4.3788	207.6973
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9425	88.8863	50.8397	13.6500	4.3788	207.6973
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325678-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

211.15

Manor Care-Carrollwood of Tampa FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/20/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	None [1]	80% Capital(1):	4,082,839	10.2801
Indexed Asset Value	5,103,549	< 60% of Base:	True	20% ROE(2):	1,020,710	0.6771
FRVS Base Asset:	3,602,760	Interest Rate:	10.0000 %	Insurance Cost(3):	4,657	0.1154
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	54,207	1.3432
ROE Factor	0.026150	Amortization Rate:	10.0000 %	Home Office(3):	27,191	0.6738
		Interest Only:	True	Replacement(3&4):	430,950	0.0000
		Yearly Payment:	405,243	Total FRVS PD:		13.0896

(1) 80% Capital (\$4,082,839) amortized at 10.0000% for 20 years Interest of \$405,243 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2801

(2) 20% ROE (\$1,020,710) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6771

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9425	49.9425	2.9494	46.9931
Patient Care				
Direct Care	88.8863	88.8863	5.2493	83.6370
Indirect Care	50.8397	50.8397	3.0024	47.8373
Property	13.6500	13.0896	0.7730	12.3166
ROE	4.3788	3.4850	0.2058	3.2792
ROE Adjustment	-3.4850	-3.4850	-0.2058	-3.2792
Quality Assess-Medicaid Share				\$11.5292
Supplemental Rate Add-on				\$8.8324
Totals	204.2123	202.7581	11.9741	211.1456

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325686-00 - 2012/07

183.82

Manor Care of Dunedin FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
870 Patricia Ave Dunedin FL 34698 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/18/1983 Acquired Date: 5/1/1996 Entered Medicaid 5/1/1996 Med # Active Date: 12/20/2007 Previous Med # 310191	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,597 Medicare: 13,954 Medicaid: 19,495	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 48.02079% Occupancy: 92.68721% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 117.78809% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	725,566	1,471,173	860,192	306,461	71,888	3,435,280
1a	Audit Adjustments						
2	Cost Per Diem	37.2181	75.4641	44.1237	15.7200	3.6875	176.2134
3	Cost Per Diem Inflated	38.4682	77.1199	45.6058			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.4682	77.1199	45.6058	15.7200	3.6875	180.6014
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.3603		49.8996			
7	Provider Target Rate	63.8162		51.0646			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.4682	77.1199	45.6058	13.6500	3.6875	178.5314
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.4682	77.1199	45.6058	13.6500	3.6875	178.5314
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325686-00 - 2012/07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

183.82

Manor Care of Dunedin FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1996/01 Indexed Asset Value 3,631,230 FRVS Base Asset: 3,043,800 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	2,904,984	6.0234
	< 60% of Base:	True	20% ROE(2):	726,246	0.4683
	Interest Rate:	8.2500 %	Insurance Cost(3):	6,297	0.1551
	Chase Rate:	8.2500 %	Taxes Cost(3):	64,720	1.5942
	Amortization Rate:	8.2500 %	Home Office(3):	23,031	0.5673
	Interest Only:	True	Replacement(3&4):	470,384	0.0000
Yearly Payment:	237,442	Total FRVS PD:		8.8083	

(1) 80% Capital (\$2,904,984) amortized at 8.2500% for 20 years Interest of \$237,442 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.0234

(2) 20% ROE (\$726,246) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4683

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	25,365
Comparison Date: 7/1/1982	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,043,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.4682	38.4682	2.2718	36.1964
Patient Care				
Direct Care	77.1199	77.1199	4.5544	72.5655
Indirect Care	45.6058	45.6058	2.6933	42.9125
Property	13.6500	8.8083	0.5202	8.2881
ROE	3.6875	2.8807	0.1701	2.7106
ROE Adjustment	-2.8807	-2.8807	-0.1701	-2.7106
Quality Assess-Medicaid Share				\$15.0222
Supplemental Rate Add-on				\$8.8324
Totals	175.6507	170.0022	10.0397	183.8171

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325694-00 - 2012/07 196.60

Manor Care of Palm Harbor FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2851 Tampa Road Palm Harbor FL 34684 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/28/1990 Acquired Date: 9/28/1990 Entered Medicaid 9/28/1990 Med # Active Date: 12/20/2007 Previous Med # 310395	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 60,086 Medicare: 21,371 Medicaid: 25,923	Superior: 184 Standard: 0 Conditional: 0 Total: 184
	Medicaid Utilization 43.14316% Occupancy: 91.45510% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 116.22230% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23138707 Semester Index: 1.28710041 Cost: 1.04524438 Target: 1.01634256 DC FY Index: 1.17849915 DC Sem Index: 1.21100000 DC Inflation: 1.02757817 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,123,627	2,138,930	1,026,545	343,739	111,031	4,743,872
1a	Audit Adjustments						
2	Cost Per Diem	43.3448	82.5109	39.5998	13.2600	4.2831	182.9986
3	Cost Per Diem Inflated	45.3059	84.7864	41.3915			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.3059	84.7864	41.3915	13.2600	4.2831	189.0269
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.7724		48.2597			
7	Provider Target Rate	57.0745		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.3059	84.7864	41.3915	13.2600	4.2831	189.0269
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.3059	84.7864	41.3915	13.2600	4.2831	189.0269
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325694-00 - 2012/07
196.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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Manor Care of Palm Harbor FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/28/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	None [1]	80% Capital(1):	5,581,024	9.3683
Indexed Asset Value	6,976,280	< 60% of Base:	True	20% ROE(2):	1,395,256	0.6170
FRVS Base Asset:	5,431,320	Interest Rate:	10.0000 %	Insurance Cost(3):	8,774	0.1460
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	100,416	1.6712
ROE Factor	0.026150	Amortization Rate:	10.0000 %	Home Office(3):	35,338	0.5881
		Interest Only:	True	Replacement(3&4):	602,118	0.0000
		Yearly Payment:	553,946	Total FRVS PD:		12.3906

(1) 80% Capital (\$5,581,024) amortized at 10.0000% for 20 years Interest of \$553,946 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.3683

(2) 20% ROE (\$1,395,256) times the ROE factor (0.026150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6170

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	1/1/1990	Current RS PBS:	50,254
Comparison Bed	180	Effective PBS Limitation	5,431,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.3059	45.3059	2.6756	42.6303
Patient Care				
Direct Care	84.7864	84.7864	5.0072	79.7792
Indirect Care	41.3915	41.3915	2.4444	38.9471
Property	13.2600	12.3906	0.7317	11.6589
ROE	4.2831	3.2853	0.1940	3.0913
ROE Adjustment	-3.2853	-3.2853	-0.1940	-3.0913
Quality Assess-Medicaid Share				\$14.7486
Supplemental Rate Add-on				\$8.8324
Totals	185.7416	183.8744	10.8589	196.5965

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

0 325708-00 - 2012/07 189.07

Heartland of Zephyrhills FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
38220 Henry Drive Zephyrhills FL 33540 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/25/1988 Acquired Date: 1/25/1988 Entered Medicaid 2/4/1988 Med # Active Date: 12/20/2007 Previous Med # 211834	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,291 Medicare: 13,170 Medicaid: 22,907	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 58.30088% Occupancy: 89.70548% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 113.99887% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24527319 Semester Index: 1.28710041 Cost: 1.03358879 Target: 1.01634256 DC FY Index: 1.18500000 DC Sem Index: 1.21100000 DC Inflation: 1.02194093 PS Target: 1.02334651	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	916,465	1,678,439	1,006,648	238,004	72,687	3,912,243
1a	Audit Adjustments						
2	Cost Per Diem	40.0081	73.2719	43.9450	10.3900	3.1731	170.7881
3	Cost Per Diem Inflated	41.3519	74.8796	45.4211			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.3519	74.8796	45.4211	10.3900	3.1731	175.2157
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.4595		48.2597			
7	Provider Target Rate	57.7776		49.3864			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.9425	98.2868	63.5142	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.3430		56.9334			
10	Target Rate Class Ceiling	50.1494		57.8638			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.3519	74.8796	45.4211	10.3900	3.1731	175.2157
12/13	Medicaid Adjustment Rate		0.6993	0.4242			
14	Prospective Per Diem 11	41.3519	75.5789	45.8453	10.3900	3.1731	176.3392
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325708-00 - 2012/07
189.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

Heartland of Zephyrhills FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/4/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable [3]	80% Capital(1):	4,469,329	9.7590
Indexed Asset Value	5,586,661	< 60% of Base:	False	20% ROE(2):	1,117,332	0.7205
FRVS Base Asset:	3,530,760	Interest Rate:	6.0150 %	Insurance Cost(3):	4,083	0.1039
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	57,608	1.4662
ROE Factor	0.025420	Amortization Rate:	6.0150 %	Home Office(3):	21,759	0.5538
		Interest Only:	False	Replacement(3&4):	301,676	0.0000
		Yearly Payment:	384,700	Total FRVS PD:		12.6034

(1) 80% Capital (\$4,469,329) amortized at 6.0150% for 20 years Principal & Interest of \$384,700 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7590

(2) 20% ROE (\$1,117,332) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7205

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	50,254
Comparison Bed 120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.3519	41.3519	2.4421	38.9098
Patient Care				
Direct Care	75.5789	75.5789	4.4634	71.1155
Indirect Care	45.8453	45.8453	2.7075	43.1378
Property	10.3900	12.6034	0.7443	11.8591
ROE	3.1731	2.5469	0.1504	2.3965
ROE Adjustment	-2.5469	-2.5469	-0.1504	-2.3965
Quality Assess-Medicaid Share				\$15.2175
Supplemental Rate Add-on				\$8.8324
Totals	173.7923	175.3795	10.3573	189.0721

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2012 through 12/31/2012

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206.58

Moosehaven, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1701 Park Avenue Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1922 Acquired Date: 1/1/1922 Entered Medicaid 4/17/2008 Med # Active Date: 4/17/2008 Previous Med #	05/01/2010-04/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/07 Unaudited [3] Initial CR? False	Number of Beds: 36 Maximum: 13,140 Max Annualized: 13,140 Total Patient: 11,062 Medicare: 1,430 Medicaid: 5,952	Superior: 0 Standard: 184 Conditional: 0 Total: 184
	Medicaid Utilization 53.80582% Occupancy: 84.18569% Statewide Low Occupancy Threshold: 78.68980% Medicaid Low Occupancy Threshold: 41.03510% Low Occupancy Adjustment Factor: 106.98425% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22862856 Semester Index: 1.28710041 Cost: 1.04759115 Target: 1.01634256 DC FY Index: 1.17749915 DC Sem Index: 1.21100000 DC Inflation: 1.02845085 PS Target: 1.02334651

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	384,440	629,279	642,910	75,948	0	1,732,577
1a	Audit Adjustments						
2	Cost Per Diem	64.5901	105.7256	108.0158	12.7601		291.0916
3	Cost Per Diem Inflated	67.6640	108.7336	113.1564			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	67.6640	108.7336	113.1564	12.7601		302.3141
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.5140		99.8005			
7	Provider Target Rate	68.0669		102.1305			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.1201	94.5794	67.1273	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.9961		60.7689			
10	Target Rate Class Ceiling	50.8132		61.7620			
10a	New Provider Target Limitation	50.9043		60.1807			
10b	Base for line 10a	49.7430		58.8077			
11	Lesser of 5,7,8,10, 10a	50.8132	94.5794	60.1807	12.7601		218.3334
12/13	Medicaid Adjustment Rate		0.4049	0.2577			
14	Prospective Per Diem 11	50.8132	94.9843	60.4384	12.7601		218.9960
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Moosehaven, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/17/2008 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 437,660 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.026460	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	350,128	2.2719
	< 60% of Base:	True	20% ROE(2):	87,532	0.1958
	Interest Rate:	0.0000 %	Insurance Cost(3):	14,325	1.2950
	Chase Rate:	7.7500 %	Taxes Cost(3):	1,734	0.1568
	Amortization Rate:	7.7500 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	3,899	0.0000
Yearly Payment:	26,868	Total FRVS PD:		3.9195	

- (1) 80% Capital (\$350,128) amortized at 7.7500% for 20 years Interest of \$26,868 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$2.2719
- (2) 20% ROE (\$87,532) times the ROE factor (0.026460) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$0.1958
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,669
Comparison Date: 1/1/1972	Current RS PBS:	50,254
Comparison Bed 36	Effective PBS Limitation	384,084

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8132	50.8132	3.0009	47.8123
Patient Care				
Direct Care	94.9843	94.9843	5.6095	89.3748
Indirect Care	60.4384	60.4384	3.5693	56.8691
Property	12.7601	3.9195	0.2315	3.6880
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.8324
Totals	218.9960	210.1554	12.4112	206.5766

***Medicaid Trend Adjustment :**