



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 001135-00 - 2013/01 |
| 217.12 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.55692% Occupancy: 93.25571% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.57758% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 54.7925 | 75.7423 | 55.3060 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.7925 | 75.7423 | 55.3060 | 35.4700 | | 221.3108 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.3137 | | 52.1843 | | | |
| 7 | Provider Target Rate | 53.8116 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.8317 | 75.7423 | 53.6785 | 13.6500 | | 194.9025 |
| 12/13 | Medicaid Adjustment Rate | | 1.0700 | 0.7583 | | | |
| 14 | Prospective Per Diem 11 | 51.8317 | 76.8123 | 54.4368 | 13.6500 | | 196.7308 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 001135-00 - 2013/01
217.12

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 2,989,219 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): | 2,391,375 | 16.0412 |
| | < 60% of Base: | False | 20% ROE(2): | 597,844 | 0.7710 |
| | 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: | 316,173 | Total FRVS PD: | 20.8403 | | |

(1) 80% Capital (\$2,391,375) amortized at 12.0100% for 20 years Principal & Interest of \$316,173 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$16.0412

(2) 20% ROE (\$597,844) times the ROE factor (0.025420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7710

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,765,380 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.8317 | 51.8317 | 3.0230 | 48.8087 |
| Patient Care | | | | |
| Direct Care | 76.8123 | 76.8123 | 4.4800 | 72.3323 |
| Indirect Care | 54.4368 | 54.4368 | 3.1750 | 51.2618 |
| Property | 13.6500 | 20.8403 | 1.2155 | 19.6248 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.2616 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 196.7308 | 203.9211 | 11.8935 | 217.1216 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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|---|
| 0 001136-00 - 2013/01 220.88 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 52.94739% Occupancy: 88.65525% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.77727% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 49.6897 | 86.5450 | 54.4378 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.6897 | 86.5450 | 54.4378 | 40.3100 | | 230.9825 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.3904 | | 51.3593 | | | |
| 7 | Provider Target Rate | 48.7473 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.7473 | 86.5450 | 52.8299 | 13.6500 | | 201.7722 |
| 12/13 | Medicaid Adjustment Rate | | 0.2870 | 0.1752 | | | |
| 14 | Prospective Per Diem 11 | 48.7473 | 86.8320 | 53.0051 | 13.6500 | | 202.2344 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 001136-00 - 2013/01
220.88

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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): | 4,547,866 | 12.0291 |
| Indexed Asset Value | 5,684,832 | < 60% of Base: | True | 20% ROE(2): | 1,136,966 | 0.7332 |
| 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: | 474,189 | Total FRVS PD: | 16.5850 | |

(1) 80% Capital (\$4,547,866) amortized at 10.5000% for 20 years Interest of \$474,189 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.0291

(2) 20% ROE (\$1,136,966) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7332

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.7473 | 48.7473 | 2.8431 | 45.9042 |
| Patient Care | | | | |
| Direct Care | 86.8320 | 86.8320 | 5.0644 | 81.7676 |
| Indirect Care | 53.0051 | 53.0051 | 3.0915 | 49.9136 |
| Property | 13.6500 | 16.5850 | 0.9673 | 15.6177 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.8485 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.2344 | 205.1694 | 11.9663 | 220.8840 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 001306-00 - 2013/01 |
| 249.96 |

The Crossroads

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 |
|---|---|---|--|
| 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 | 12/28/2007-06/30/2008 Days In CR 186 First Used: 2007/07 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 11,160 Max Annualized: 21,900 Total Patient: 7,947 Medicare: 2,144 Medicaid: 4,234 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 53.27797% Occupancy: 71.20968% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 89.78175% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.15516097 Semester Index: 1.30828184 Cost: 1.13255371 Target: 1.02004310 DC FY Index: 1.12700000 DC Sem Index: 1.22250000 DC Inflation: 1.08473824 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|-----------------|----------------|-----|-----------------|
| 1 | Total Cost | 299,428 | 506,095 | 371,469 | 168,090 | 0 | 1,345,082 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 70.7199 | 119.5312 | 87.7348 | 39.7000 | | 317.6859 |
| 3 | Cost Per Diem Inflated | 80.0941 | 129.6601 | 99.3644 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 80.0941 | 129.6601 | 99.3644 | 39.7000 | | 348.8186 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 82.2929 | | 102.0922 | | | |
| 7 | Provider Target Rate | 84.6492 | | 105.0154 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | 57.3318 | | 67.6067 | | | |
| 10b | Base for line 10a | 55.7359 | | 65.7248 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 57.3318 | 100.4246 | 67.6067 | 13.6500 | | 239.0131 |
| 12/13 | Medicaid Adjustment Rate | | 0.3703 | 0.2493 | | | |
| 14 | Prospective Per Diem 11 | 57.3318 | 100.7949 | 67.8560 | 13.6500 | | 239.6327 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 001306-00 - 2013/01
249.96

Florida Agency For Health Care Administration
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 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,466,748 | 6.6579 |
| Indexed Asset Value | 1,833,435 | < 60% of Base: | False | 20% ROE(2): | 366,687 | 0.6822 |
| FRVS Base Asset: | 971,248 | Interest Rate: | 6.5000 % | Insurance Cost(3): | 28,103 | 3.5363 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.0000 % | Taxes Cost(3): | 11,560 | 1.4546 |
| ROE Factor | 0.036670 | Amortization Rate: | 6.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 131,228 | Total FRVS PD: | | 12.3310 |

(1) 80% Capital (\$1,466,748) amortized at 6.5000% for 20 years Principal & Interest of \$131,228 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$6.6579

(2) 20% ROE (\$366,687) times the ROE factor (0.036670) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6822

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 57.3318 | 57.3318 | 3.3438 | 53.9880 |
| Patient Care | | | | |
| Direct Care | 100.7949 | 100.7949 | 5.8788 | 94.9161 |
| Indirect Care | 67.8560 | 67.8560 | 3.9576 | 63.8984 |
| Property | 13.6500 | 12.3310 | 0.7192 | 11.6118 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.7146 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 239.6327 | 238.3137 | 13.8994 | 249.9613 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 001416-00 - 2013/01 191.27 |
|---|

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 24 Maximum: 8,760 Max Annualized: 8,760 Total Patient: 8,536 Medicare: 0 Medicaid: 3,028 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 35.47329% Occupancy: 97.44292% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.85684% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 133,721 | 227,322 | 197,435 | 10,235 | 0 | 568,713 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.1615 | 75.0733 | 65.2031 | 3.3801 | | 187.8180 |
| 3 | Cost Per Diem Inflated | 46.0870 | 77.1560 | 68.0461 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.0870 | 77.1560 | 68.0461 | 3.3801 | | 194.6692 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.7058 | | 78.8332 | | | |
| 7 | Provider Target Rate | 55.2436 | | 81.0904 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 66.2439 | | 73.2328 | | | |
| 10b | Base for line 10a | 64.3999 | | 71.1943 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.0870 | 77.1560 | 68.0461 | 3.3801 | | 194.6692 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.0870 | 77.1560 | 68.0461 | 3.3801 | | 194.6692 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 001416-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

191.27

Florida Baptist Retirement Center

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|-----------------|------------------------------|----------------|---------------|
| Began FRVS: | 7/30/2008 | 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): | 205,714 | 1.5466 |
| Indexed Asset Value | 257,142 | < 60% of Base: | True | 20% ROE(2): | 51,428 | 0.1577 |
| FRVS Base Asset: | 0 | Interest Rate: | 0.0000 % | Insurance Cost(3): | 6,352 | 0.7441 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.0000 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.0000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | True | Replacement(3&4): | 7,949 | 0.0000 |
| | | Yearly Payment: | 12,193 | Total FRVS PD: | 2.4484 | |

(1) 80% Capital (\$205,714) amortized at 6.0000% for 20 years Interest of \$12,193 divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = \$1.5466

(2) 20% ROE (\$51,428) times the ROE factor (0.024170) divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = \$0.1577

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 24 | Effective PBS Limitation | 256,056 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 46.0870 | 46.0870 | 2.6880 | 43.3990 |
| Patient Care | | | | |
| Direct Care | 77.1560 | 77.1560 | 4.5001 | 72.6559 |
| Indirect Care | 68.0461 | 68.0461 | 3.9687 | 64.0774 |
| Property | 3.3801 | 2.4484 | 0.1428 | 2.3056 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 194.6692 | 193.7375 | 11.2996 | 191.2703 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 002400-00 - 2013/01 241.73 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 40.38876% Occupancy: 83.21391% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.91679% Weighted Low Occ Adjustment Factor: 100.00000% |

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 | 62.4458 | 103.2704 | 73.3210 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 62.4458 | 103.2704 | 73.3210 | 26.2900 | 0.5701 | 265.8973 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 70.8764 | | 68.1306 | | | |
| 7 | Provider Target Rate | 72.9058 | | 70.0814 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 56.7228 | | 63.9962 | | | |
| 10b | Base for line 10a | 55.1439 | | 62.2148 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 13.6500 | 0.5701 | 228.3250 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 100.1552 | 60.9022 | 13.6500 | 0.5701 | 228.3250 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 002400-00 - 2013/01
241.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,192,420 | 12.3172 |
| Indexed Asset Value | 5,240,525 | < 60% of Base: | False | 20% ROE(2): | 1,048,105 | 0.7415 |
| 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: | 420,805 | Total FRVS PD: | | 17.5926 |

(1) 80% Capital (\$4,192,420) amortized at 8.0000% for 20 years Principal & Interest of \$420,805 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$12.3172

(2) 20% ROE (\$1,048,105) times the ROE factor (0.024170) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.7415

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 104 | Effective PBS Limitation | 3,036,280 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 17.5926 | 1.0261 | 16.5665 |
| ROE | 0.5701 | 0.5700 | 0.0332 | 0.5368 |
| ROE Adjustment | -0.5700 | -0.5700 | -0.0332 | -0.5368 |
| Quality Assess-Medicaid Share | | | | \$14.7110 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 227.7550 | 231.6975 | 13.5136 | 241.7273 |

***Medicaid Trend Adjustment :**



0 003521-00 - 2013/01
206.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 51.23102% Occupancy: 92.45434% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.56719% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 45.6734 | 78.5171 | 72.2169 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.6734 | 78.5171 | 72.2169 | 40.3600 | | 236.7674 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.9648 | | 82.9545 | | | |
| 7 | Provider Target Rate | 60.6531 | | 85.3297 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 49.6907 | | 56.1596 | | | |
| 10b | Base for line 10a | 48.3075 | | 54.5963 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.6734 | 78.5171 | 56.1596 | 13.6500 | | 194.0001 |
| 12/13 | Medicaid Adjustment Rate | | 0.1087 | 0.0778 | | | |
| 14 | Prospective Per Diem 11 | 45.6734 | 78.6258 | 56.2374 | 13.6500 | | 194.1866 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 003521-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

206.89

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): | 4,647,062 | 8.5277 |
| Indexed Asset Value | 5,808,827 | < 60% of Base: | False | 20% ROE(2): | 1,161,765 | 0.7123 |
| 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: | 336,163 | Total FRVS PD: | | 13.6707 |

(1) 80% Capital (\$4,647,062) amortized at 3.9400% for 20 years Principal & Interest of \$336,163 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.5277

(2) 20% ROE (\$1,161,765) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7123

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 5,604,960 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.6734 | 45.6734 | 2.6639 | 43.0095 |
| Patient Care | | | | |
| Direct Care | 78.6258 | 78.6258 | 4.5858 | 74.0400 |
| Indirect Care | 56.2374 | 56.2374 | 3.2800 | 52.9574 |
| Property | 13.6500 | 13.6707 | 0.7973 | 12.8734 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.1777 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 194.1866 | 194.2073 | 11.3270 | 206.8904 |

***Medicaid Trend Adjustment :**



0 005021-00 - 2013/01
193.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Bradén 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 208 Maximum: 75,920 Max Annualized: 75,920 Total Patient: 59,312 Medicare: 11,614 Medicaid: 42,178 Medicaid Utilization 71.11209% Occupancy: 78.12434% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 98.49982% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,544,090 | 3,449,924 | 1,709,168 | 1,418,868 | 0 | 8,122,050 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 36.6089 | 81.7944 | 40.5227 | 33.6400 | | 192.5660 |
| 3 | Cost Per Diem Inflated | 38.2051 | 84.0636 | 42.2896 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.2051 | 84.0636 | 42.2896 | 33.6400 | | 198.1983 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.8900 | | 49.3611 | | | |
| 7 | Provider Target Rate | 46.1753 | | 50.7745 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 45.7139 | | 50.8991 | | | |
| 10b | Base for line 10a | 44.4414 | | 49.4823 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.2051 | 84.0636 | 42.2896 | 13.6500 | | 178.2083 |
| 12/13 | Medicaid Adjustment Rate | | 1.9966 | 1.0044 | | | |
| 14 | Prospective Per Diem 11 | 38.2051 | 86.0602 | 43.2940 | 13.6500 | | 181.2093 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005021-00 - 2013/01
193.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 0.2943 |
| FRVS Base Asset: | 1,984,948 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 121,858 | 2.0545 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 72,444 | 1.2214 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 64,375 | 0.0000 |
| | | Yearly Payment: | 346,536 | Total FRVS PD: | | 8.6419 |

(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 (0.024170) divided by annual available days (75,920) 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: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 208 | Effective PBS Limitation | 5,928,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.2051 | 38.2051 | 2.2283 | 35.9768 |
| Patient Care | | | | |
| Direct Care | 86.0602 | 86.0602 | 5.0194 | 81.0408 |
| Indirect Care | 43.2940 | 43.2940 | 2.5251 | 40.7689 |
| Property | 13.6500 | 8.6419 | 0.5040 | 8.1379 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.4079 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 181.2093 | 176.2012 | 10.2768 | 193.1647 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 005219-00 - 2013/01 217.60 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.62465% Occupancy: 92.54110% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.67658% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 45.4612 | 83.8131 | 54.5151 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.4612 | 83.8131 | 54.5151 | 23.1100 | | 206.8994 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.1454 | | 58.2363 | | | |
| 7 | Provider Target Rate | 54.6671 | | 59.9038 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 48.4270 | | 56.2720 | | | |
| 10b | Base for line 10a | 47.0790 | | 54.7056 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.4612 | 83.8131 | 54.5151 | 13.6500 | | 197.4394 |
| 12/13 | Medicaid Adjustment Rate | | 0.7189 | 0.4676 | | | |
| 14 | Prospective Per Diem 11 | 45.4612 | 84.5320 | 54.9827 | 13.6500 | | 198.6259 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005219-00 - 2013/01
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 01/01/2013 through 06/30/2013

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 5,500,041 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): | 4,400,033 | 13.8255 |
| | < 60% of Base: | False | 20% ROE(2): | 1,100,008 | 0.7208 |
| | 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: | 545,000 | Total FRVS PD: | 16.5531 | | |

- (1) 80% Capital (\$4,400,033) amortized at 11.0000% for 20 years Principal & Interest of \$545,000 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.8255
- (2) 20% ROE (\$1,100,008) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7208
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,642,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.4612 | 45.4612 | 2.6515 | 42.8097 |
| Patient Care | | | | |
| Direct Care | 84.5320 | 84.5320 | 4.9303 | 79.6017 |
| Indirect Care | 54.9827 | 54.9827 | 3.2068 | 51.7759 |
| Property | 13.6500 | 16.5531 | 0.9654 | 15.5877 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9968 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.6259 | 201.5290 | 11.7540 | 217.6042 |

***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 01/01/2013 through 06/30/2013

| |
|---|
| 0 005372-00 - 2013/01 197.87 |
|---|

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.35446% Occupancy: 94.82648% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.55801% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 40.6954 | 79.8517 | 44.7142 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.6954 | 79.8517 | 44.7142 | 34.0000 | | 199.2613 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.2186 | | 53.1787 | | | |
| 7 | Provider Target Rate | 41.3702 | | 54.7014 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 46.0658 | | 56.0244 | | | |
| 10b | Base for line 10a | 44.7835 | | 54.4649 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.6954 | 79.8517 | 44.7142 | 13.6500 | | 178.9113 |
| 12/13 | Medicaid Adjustment Rate | | 1.5590 | 0.8730 | | | |
| 14 | Prospective Per Diem 11 | 40.6954 | 81.4107 | 45.5872 | 13.6500 | | 181.3433 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005372-00 - 2013/01
197.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,956,560 | 10.3573 |
| Indexed Asset Value | 4,945,700 | < 60% of Base: | False | 20% ROE(2): | 989,140 | 0.6065 |
| 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: | 408,283 | Total FRVS PD: | | 13.6655 |

(1) 80% Capital (\$3,956,560) amortized at 8.3750% for 20 years Principal & Interest of \$408,283 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.3573

(2) 20% ROE (\$989,140) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6065

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.6954 | 40.6954 | 2.3735 | 38.3219 |
| Patient Care | | | | |
| Direct Care | 81.4107 | 81.4107 | 4.7482 | 76.6625 |
| Indirect Care | 45.5872 | 45.5872 | 2.6588 | 42.9284 |
| Property | 13.6500 | 13.6655 | 0.7970 | 12.8685 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.2573 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 181.3433 | 181.3588 | 10.5775 | 197.8710 |

***Medicaid Trend Adjustment :**



0 005374-00 - 2013/01
213.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.09528% Occupancy: 92.01142% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.00876% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 43.0739 | 87.1282 | 53.7326 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.0739 | 87.1282 | 53.7326 | 30.8600 | | 214.7947 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.8166 | | 55.7295 | | | |
| 7 | Provider Target Rate | 40.9567 | | 57.3252 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.7737 | | 56.0752 | | | |
| 10b | Base for line 10a | 43.5274 | | 54.5143 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.9567 | 87.1282 | 53.7326 | 13.6500 | | 195.4675 |
| 12/13 | Medicaid Adjustment Rate | | 0.9895 | 0.6103 | | | |
| 14 | Prospective Per Diem 11 | 40.9567 | 88.1177 | 54.3429 | 13.6500 | | 197.0673 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 005374-00 - 2013/01
213.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,284,655 | 10.6632 |
| Indexed Asset Value | 4,105,819 | < 60% of Base: | False | 20% ROE(2): | 821,164 | 0.5035 |
| 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: | 420,342 | Total FRVS PD: | | 13.7410 |

- (1) 80% Capital (\$3,284,655) amortized at 11.5000% for 20 years Principal & Interest of \$420,342 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6632
- (2) 20% ROE (\$821,164) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5035
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.9567 | 40.9567 | 2.3888 | 38.5679 |
| Patient Care | | | | |
| Direct Care | 88.1177 | 88.1177 | 5.1394 | 82.9783 |
| Indirect Care | 54.3429 | 54.3429 | 3.1695 | 51.1734 |
| Property | 13.6500 | 13.7410 | 0.8014 | 12.9396 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.7688 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 197.0673 | 197.1583 | 11.4991 | 213.2604 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 005379-00 - 2013/01 196.60 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,531 Medicare: 7,586 Medicaid: 29,363 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.70140% Occupancy: 94.81964% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.54938% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,168,155 | 2,253,173 | 1,269,207 | 1,041,799 | 0 | 5,732,334 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.7832 | 76.7351 | 43.2247 | 35.4800 | | 195.2230 |
| 3 | Cost Per Diem Inflated | 41.5178 | 78.8639 | 45.1094 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.5178 | 78.8639 | 45.1094 | 35.4800 | | 200.9711 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.2491 | | 56.0345 | | | |
| 7 | Provider Target Rate | 43.4588 | | 57.6389 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 47.8783 | | 57.8117 | | | |
| 10b | Base for line 10a | 46.5456 | | 56.2025 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.5178 | 78.8639 | 45.1094 | 13.6500 | | 179.1411 |
| 12/13 | Medicaid Adjustment Rate | | 1.8367 | 1.0506 | | | |
| 14 | Prospective Per Diem 11 | 41.5178 | 80.7006 | 46.1600 | 13.6500 | | 182.0284 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005379-00 - 2013/01
196.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,311,534 | 8.2368 |
| Indexed Asset Value 4,139,418 | < 60% of Base: False | 20% ROE(2): 827,884 | 0.5076 |
| FRVS Base Asset: 2,415,321 | Interest Rate: 7.6872 % | Insurance Cost(3): 32,421 | 0.7806 |
| Occup Adj Factor: 0.9000 | Chase Rate: 7.7500 % | Taxes Cost(3): 33,743 | 0.8125 |
| ROE Factor 0.024170 | Amortization Rate: 7.6872 % | Home Office(3): 33,854 | 0.8152 |
| | Interest Only: False | Replacement(3&4): 80,073 | 0.0000 |
| | Yearly Payment: 324,694 | Total FRVS PD: 11.1527 | |

(1) 80% Capital (\$3,311,534) amortized at 7.6872% for 20 years Principal & Interest of \$324,694 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.2368

(2) 20% ROE (\$827,884) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5076

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.5178 | 41.5178 | 2.4215 | 39.0963 |
| Patient Care | | | | |
| Direct Care | 80.7006 | 80.7006 | 4.7068 | 75.9938 |
| Indirect Care | 46.1600 | 46.1600 | 2.6922 | 43.4678 |
| Property | 13.6500 | 11.1527 | 0.6505 | 10.5022 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.7089 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 182.0284 | 179.5311 | 10.4710 | 196.6014 |

***Medicaid Trend Adjustment :**



0 005380-00 - 2013/01
212.14

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 46,568 Medicare: 9,782 Medicaid: 31,929 Medicaid Utilization 68.56425% Occupancy: 70.87976% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 89.36579% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,326,226 | 2,651,831 | 1,483,321 | 749,374 | 0 | 6,210,752 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.5367 | 83.0540 | 46.4569 | 23.4700 | | 194.5176 |
| 3 | Cost Per Diem Inflated | 43.3478 | 85.3581 | 48.4825 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.3478 | 85.3581 | 48.4825 | 23.4700 | | 200.6584 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.3251 | | 57.8851 | | | |
| 7 | Provider Target Rate | 51.7661 | | 59.5425 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 52.2714 | | 59.3166 | | | |
| 10b | Base for line 10a | 50.8164 | | 57.6655 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.3478 | 85.3581 | 48.4825 | 13.6500 | | 190.8384 |
| 12/13 | Medicaid Adjustment Rate | | 1.7827 | 1.0125 | | | |
| 14 | Prospective Per Diem 11 | 43.3478 | 87.1408 | 49.4950 | 13.6500 | | 193.6336 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005380-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

212.14

The Rehabilitation Center of Winter 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: 1983/01 Indexed Asset Value 6,079,239 FRVS Base Asset: 3,384,742 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,800,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,863,391 | 12.7900 |
| | < 60% of Base: | False | 20% ROE(2): | 1,215,848 | 0.4970 |
| | Interest Rate: | 14.7160 % | Insurance Cost(3): | 49,670 | 1.0666 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 66,500 | 1.4280 |
| | Amortization Rate: | 14.7160 % | Home Office(3): | 43,506 | 0.9342 |
| | Interest Only: | False | Replacement(3&4): | 105,529 | 0.0000 |
| Yearly Payment: | 756,270 | Total FRVS PD: | 16.7158 | | |

(1) 80% Capital (\$4,863,391) amortized at 14.7160% for 20 years Principal & Interest of \$756,270 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.7900

(2) 20% ROE (\$1,215,848) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4970

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.3478 | 43.3478 | 2.5282 | 40.8196 |
| Patient Care | | | | |
| Direct Care | 87.1408 | 87.1408 | 5.0824 | 82.0584 |
| Indirect Care | 49.4950 | 49.4950 | 2.8868 | 46.6082 |
| Property | 13.6500 | 16.7158 | 0.9749 | 15.7409 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.0818 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.6336 | 196.6994 | 11.4723 | 212.1413 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 005381-00 - 2013/01 201.62 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 73.51760% Occupancy: 90.02683% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.50658% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 97 Maximum: 35,405 Max Annualized: 35,405 Total Patient: 31,874 Medicare: 3,868 Medicaid: 23,433 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 41.7444 | 85.0671 | 39.5130 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.7444 | 85.0671 | 39.5130 | 24.7500 | | 191.0745 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.3181 | | 52.1843 | | | |
| 7 | Provider Target Rate | 43.5298 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 46.4804 | | 58.2366 | | | |
| 10b | Base for line 10a | 45.1866 | | 56.6155 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.7444 | 85.0671 | 39.5130 | 13.6500 | | 179.9745 |
| 12/13 | Medicaid Adjustment Rate | | 2.2506 | 1.0454 | | | |
| 14 | Prospective Per Diem 11 | 41.7444 | 87.3177 | 40.5584 | 13.6500 | | 183.2705 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005381-00 - 2013/01
201.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,859,215 | 10.7141 |
| Indexed Asset Value | 3,574,019 | < 60% of Base: | False | 20% ROE(2): | 714,804 | 0.5422 |
| 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: | 341,398 | Total FRVS PD: | | 13.7547 |

- (1) 80% Capital (\$2,859,215) amortized at 10.4500% for 20 years Principal & Interest of \$341,398 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$10.7141
- (2) 20% ROE (\$714,804) times the ROE factor (0.024170) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$0.5422
- (3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,720,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.7444 | 41.7444 | 2.4347 | 39.3097 |
| Patient Care | | | | |
| Direct Care | 87.3177 | 87.3177 | 5.0927 | 82.2250 |
| Indirect Care | 40.5584 | 40.5584 | 2.3655 | 38.1929 |
| Property | 13.6500 | 13.7547 | 0.8022 | 12.9525 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1122 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.2705 | 183.3752 | 10.6951 | 201.6247 |

***Medicaid Trend Adjustment :**



0 005383-00 - 2013/01
208.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,422 Medicare: 3,543 Medicaid: 15,284 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.84086% Occupancy: 93.25114% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.57181% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 643,363 | 1,132,320 | 760,745 | 375,834 | 0 | 2,912,262 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.0939 | 74.0853 | 49.7739 | 24.5900 | | 190.5431 |
| 3 | Cost Per Diem Inflated | 43.9293 | 76.1406 | 51.9441 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.9293 | 76.1406 | 51.9441 | 24.5900 | | 196.6040 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.0240 | | 59.1916 | | | |
| 7 | Provider Target Rate | 44.2559 | | 60.8864 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 48.5017 | | 58.4564 | | | |
| 10b | Base for line 10a | 47.1516 | | 56.8292 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.9293 | 76.1406 | 51.9441 | 13.6500 | | 185.6640 |
| 12/13 | Medicaid Adjustment Rate | | 2.1278 | 1.4516 | | | |
| 14 | Prospective Per Diem 11 | 43.9293 | 78.2684 | 53.3957 | 13.6500 | | 189.2434 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 005383-00 - 2013/01
208.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,043,530 | 12.6311 |
| Indexed Asset Value | 2,554,413 | < 60% of Base: | False | 20% ROE(2): | 510,883 | 0.6265 |
| FRVS Base Asset: | 1,711,770 | Interest Rate: | 10.7500 % | Insurance Cost(3): | 17,370 | 0.8506 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 18,808 | 0.9210 |
| ROE Factor | 0.024170 | Amortization Rate: | 10.7500 % | Home Office(3): | 17,381 | 0.8511 |
| | | Interest Only: | False | Replacement(3&4): | 67,644 | 0.0000 |
| | | Yearly Payment: | 248,958 | Total FRVS PD: | | 15.8803 |

- (1) 80% Capital (\$2,043,530) amortized at 10.7500% for 20 years Principal & Interest of \$248,958 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.6311
- (2) 20% ROE (\$510,883) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6265
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,821,120 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.9293 | 43.9293 | 2.5621 | 41.3672 |
| Patient Care | | | | |
| Direct Care | 78.2684 | 78.2684 | 4.5649 | 73.7035 |
| Indirect Care | 53.3957 | 53.3957 | 3.1143 | 50.2814 |
| Property | 13.6500 | 15.8803 | 0.9262 | 14.9541 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9188 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.2434 | 191.4737 | 11.1675 | 208.0574 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 005384-00 - 2013/01 219.63 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.00619% Occupancy: 93.13639% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.42712% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 42.6143 | 92.5527 | 51.2911 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.6143 | 92.5527 | 51.2911 | 30.9400 | | 217.3981 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.3057 | | 57.1281 | | | |
| 7 | Provider Target Rate | 43.5170 | | 58.7638 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 46.6021 | | 58.3393 | | | |
| 10b | Base for line 10a | 45.3049 | | 56.7154 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.6143 | 92.5527 | 51.2911 | 13.6500 | | 200.1081 |
| 12/13 | Medicaid Adjustment Rate | | 0.7295 | 0.4043 | | | |
| 14 | Prospective Per Diem 11 | 42.6143 | 93.2822 | 51.6954 | 13.6500 | | 201.2419 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 005384-00 - 2013/01
219.63

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Glencove Nursing Pavilion

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 9/1/1992 | 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: | 1992/07 | Type: | Fixed [2] | 80% Capital(1): | 4,029,787 | 12.9955 |
| Indexed Asset Value | 5,037,234 | < 60% of Base: | False | 20% ROE(2): | 1,007,447 | 0.6446 |
| FRVS Base Asset: | 3,635,035 | Interest Rate: | 10.7500 % | Insurance Cost(3): | 37,212 | 0.9519 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 65,720 | 1.6811 |
| ROE Factor | 0.024170 | Amortization Rate: | 10.7500 % | Home Office(3): | 36,374 | 0.9304 |
| | | Interest Only: | False | Replacement(3&4): | 98,961 | 0.0000 |
| | | Yearly Payment: | 490,939 | Total FRVS PD: | | 17.2035 |

(1) 80% Capital (\$4,029,787) amortized at 10.7500% for 20 years Principal & Interest of \$490,939 divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = \$12.9955

(2) 20% ROE (\$1,007,447) times the ROE factor (0.024170) divided by annual available days (41,975) 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: | 31,609 |
| Comparison Date: 1/1/1992 | Current RS PBS: | 50,500 |
| Comparison Bed 115 | Effective PBS Limitation | 3,635,035 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.6143 | 42.6143 | 2.4854 | 40.1289 |
| Patient Care | | | | |
| Direct Care | 93.2822 | 93.2822 | 5.4406 | 87.8416 |
| Indirect Care | 51.6954 | 51.6954 | 3.0151 | 48.6803 |
| Property | 13.6500 | 17.2035 | 1.0034 | 16.2001 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.9459 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.2419 | 204.7954 | 11.9445 | 219.6292 |

***Medicaid Trend Adjustment :**



0 005385-00 - 2013/01
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 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,210 Medicare: 7,583 Medicaid: 28,543 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.26231% Occupancy: 94.08676% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.62537% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,033,987 | 2,453,705 | 1,319,643 | 543,459 | 0 | 5,350,794 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 36.2256 | 85.9652 | 46.2335 | 19.0400 | | 187.4643 |
| 3 | Cost Per Diem Inflated | 37.8051 | 88.3501 | 48.2494 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.8051 | 88.3501 | 48.2494 | 19.0400 | | 193.4446 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8208 | | 56.1623 | | | |
| 7 | Provider Target Rate | 41.9896 | | 57.7704 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.8810 | | 56.4983 | | | |
| 10b | Base for line 10a | 43.6317 | | 54.9256 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.8051 | 88.3501 | 48.2494 | 13.6500 | | 188.0546 |
| 12/13 | Medicaid Adjustment Rate | | 1.9146 | 1.0456 | | | |
| 14 | Prospective Per Diem 11 | 37.8051 | 90.2647 | 49.2950 | 13.6500 | | 191.0148 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005385-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

202.80

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): | 1,977,828 | 6.2379 |
| Indexed Asset Value | 2,472,285 | < 60% of Base: | True | 20% ROE(2): | 494,457 | 0.3032 |
| FRVS Base Asset: | 1,395,468 | Interest Rate: | 12.5000 % | Insurance Cost(3): | 31,572 | 0.7661 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 25,244 | 0.6126 |
| ROE Factor | 0.024170 | Amortization Rate: | 12.5000 % | Home Office(3): | 35,605 | 0.8640 |
| | | Interest Only: | True | Replacement(3&4): | 90,341 | 0.0000 |
| | | Yearly Payment: | 245,898 | Total FRVS PD: | | 8.7838 |

(1) 80% Capital (\$1,977,828) amortized at 12.5000% for 20 years Interest of \$245,898 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.2379

(2) 20% ROE (\$494,457) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3032

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.8051 | 37.8051 | 2.2049 | 35.6002 |
| Patient Care | | | | |
| Direct Care | 90.2647 | 90.2647 | 5.2646 | 85.0001 |
| Indirect Care | 49.2950 | 49.2950 | 2.8751 | 46.4199 |
| Property | 13.6500 | 8.7838 | 0.5123 | 8.2715 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.6780 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.0148 | 186.1486 | 10.8569 | 202.8021 |

***Medicaid Trend Adjustment :**



0 005386-00 - 2013/01
204.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,141 Medicare: 4,127 Medicaid: 35,454 Medicaid Utilization 84.13184% Occupancy: 96.21233% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.30530% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,480,918 | 2,458,753 | 1,687,722 | 764,743 | 0 | 6,392,136 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.7701 | 69.3505 | 47.6031 | 21.5700 | | 180.2937 |
| 3 | Cost Per Diem Inflated | 43.5914 | 71.2745 | 49.6787 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.5914 | 71.2745 | 49.6787 | 21.5700 | | 186.1146 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.1483 | | 52.2199 | | | |
| 7 | Provider Target Rate | 43.3551 | | 53.7151 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.7737 | | 52.9629 | | | |
| 10b | Base for line 10a | 43.5274 | | 51.4886 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.3551 | 71.2745 | 49.6787 | 13.6500 | | 177.9583 |
| 12/13 | Medicaid Adjustment Rate | | 2.7368 | 1.9076 | | | |
| 14 | Prospective Per Diem 11 | 43.3551 | 74.0113 | 51.5863 | 13.6500 | | 182.6027 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005386-00 - 2013/01
204.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,538,846 | 13.7481 |
| Indexed Asset Value | 5,673,557 | < 60% of Base: | False | 20% ROE(2): | 1,134,711 | 0.6957 |
| FRVS Base Asset: | 3,420,000 | Interest Rate: | 10.4500 % | Insurance Cost(3): | 28,862 | 0.6849 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 11.5000 % | Taxes Cost(3): | 42,971 | 1.0197 |
| ROE Factor | 0.024170 | Amortization Rate: | 10.4500 % | Home Office(3): | 32,317 | 0.7669 |
| | | Interest Only: | False | Replacement(3&4): | 62,355 | 0.0000 |
| | | Yearly Payment: | 541,951 | Total FRVS PD: | | 16.9153 |

- (1) 80% Capital (\$4,538,846) amortized at 10.4500% for 20 years Principal & Interest of \$541,951 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.7481
- (2) 20% ROE (\$1,134,711) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6957
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.3551 | 43.3551 | 2.5286 | 40.8265 |
| Patient Care | | | | |
| Direct Care | 74.0113 | 74.0113 | 4.3166 | 69.6947 |
| Indirect Care | 51.5863 | 51.5863 | 3.0087 | 48.5776 |
| Property | 13.6500 | 16.9153 | 0.9866 | 15.9287 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6483 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 182.6027 | 185.8680 | 10.8405 | 204.5082 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 005387-00 - 2013/01 |
| 206.32 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,943 Medicare: 11,785 Medicaid: 48,552 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.13646% Occupancy: 95.80365% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.79004% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,994,254 | 3,672,561 | 2,178,298 | 1,663,392 | 0 | 9,508,505 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.0746 | 75.6418 | 44.8653 | 34.2600 | | 195.8417 |
| 3 | Cost Per Diem Inflated | 42.8655 | 77.7403 | 46.8215 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.8655 | 77.7403 | 46.8215 | 34.2600 | | 201.6873 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.8003 | | 55.3533 | | | |
| 7 | Provider Target Rate | 44.0258 | | 56.9382 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 48.5340 | | 57.6188 | | | |
| 10b | Base for line 10a | 47.1830 | | 56.0149 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.8655 | 77.7403 | 46.8215 | 13.6500 | | 181.0773 |
| 12/13 | Medicaid Adjustment Rate | | 2.3733 | 1.4294 | | | |
| 14 | Prospective Per Diem 11 | 42.8655 | 80.1136 | 48.2509 | 13.6500 | | 184.8800 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005387-00 - 2013/01
206.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,857,378 | 15.1297 |
| Indexed Asset Value | 8,571,723 | < 60% of Base: | False | 20% ROE(2): | 1,714,345 | 0.7008 |
| FRVS Base Asset: | 3,332,561 | Interest Rate: | 11.8000 % | Insurance Cost(3): | 52,335 | 0.8315 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 79,220 | 1.2586 |
| ROE Factor | 0.024170 | Amortization Rate: | 11.8000 % | Home Office(3): | 51,433 | 0.8171 |
| | | Interest Only: | False | Replacement(3&4): | 183,571 | 0.0000 |
| | | Yearly Payment: | 894,620 | Total FRVS PD: | | 18.7377 |

(1) 80% Capital (\$6,857,378) amortized at 11.8000% for 20 years Principal & Interest of \$894,620 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$15.1297

(2) 20% ROE (\$1,714,345) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7008

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.8655 | 42.8655 | 2.5001 | 40.3654 |
| Patient Care | | | | |
| Direct Care | 80.1136 | 80.1136 | 4.6726 | 75.4410 |
| Indirect Care | 48.2509 | 48.2509 | 2.8142 | 45.4367 |
| Property | 13.6500 | 18.7377 | 1.0929 | 17.6448 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.6042 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.8800 | 189.9677 | 11.0798 | 206.3245 |

***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 01/01/2013 through 06/30/2013

| |
|---|
| 0 005388-00 - 2013/01 232.05 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 245 Maximum: 89,425 Max Annualized: 89,425 Total Patient: 41,009 Medicare: 2,276 Medicaid: 35,452 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 86.44932% Occupancy: 45.85854% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 57.81883% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,663,089 | 2,989,259 | 1,922,492 | 916,434 | 0 | 7,491,274 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.9110 | 84.3185 | 54.2280 | 25.8500 | | 211.3075 |
| 3 | Cost Per Diem Inflated | 48.9564 | 86.6577 | 56.5924 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.9564 | 86.6577 | 56.5924 | 25.8500 | | 218.0565 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.1710 | | 59.2699 | | | |
| 7 | Provider Target Rate | 51.6075 | | 60.9670 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 54.1782 | | 61.5737 | | | |
| 10b | Base for line 10a | 52.6701 | | 59.8597 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.9564 | 86.6577 | 56.5924 | 13.6500 | | 205.8565 |
| 12/13 | Medicaid Adjustment Rate | | 3.5534 | 2.3206 | | | |
| 14 | Prospective Per Diem 11 | 48.9564 | 90.2111 | 58.9130 | 13.6500 | | 211.7305 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005388-00 - 2013/01
232.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 7,676,950 | 12.2068 |
| Indexed Asset Value | 9,596,188 | < 60% of Base: | False | 20% ROE(2): | 1,919,238 | 0.5764 |
| FRVS Base Asset: | 5,509,033 | Interest Rate: | 11.5000 % | Insurance Cost(3): | 40,271 | 0.9820 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 56,400 | 1.3753 |
| ROE Factor | 0.024170 | Amortization Rate: | 11.5000 % | Home Office(3): | 35,461 | 0.8647 |
| | | Interest Only: | False | Replacement(3&4): | 79,469 | 0.0000 |
| | | Yearly Payment: | 982,431 | Total FRVS PD: | | 16.0052 |

- (1) 80% Capital (\$7,676,950) amortized at 11.5000% for 20 years Principal & Interest of \$982,431 divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = \$12.2068
- (2) 20% ROE (\$1,919,238) times the ROE factor (0.024170) divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = \$0.5764
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.9564 | 48.9564 | 2.8553 | 46.1011 |
| Patient Care | | | | |
| Direct Care | 90.2111 | 90.2111 | 5.2615 | 84.9496 |
| Indirect Care | 58.9130 | 58.9130 | 3.4360 | 55.4770 |
| Property | 13.6500 | 16.0052 | 0.9335 | 15.0717 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.6196 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 211.7305 | 214.0857 | 12.4863 | 232.0514 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 005519-00 - 2013/01 |
| 209.12 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.46149% Occupancy: 86.11674% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.57669% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 42.3057 | 86.9690 | 46.6410 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.3057 | 86.9690 | 46.6410 | 24.5800 | | 200.4957 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.8957 | | 54.1767 | | | |
| 7 | Provider Target Rate | 47.2098 | | 55.7279 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 47.2988 | | 55.2067 | | | |
| 10b | Base for line 10a | 45.9822 | | 53.6700 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.3057 | 86.9690 | 46.6410 | 13.6500 | | 189.5657 |
| 12/13 | Medicaid Adjustment Rate | | 1.6106 | 0.8638 | | | |
| 14 | Prospective Per Diem 11 | 42.3057 | 88.5796 | 47.5048 | 13.6500 | | 192.0401 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005519-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

209.12

Carnegie Gardens 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: 1983/07 Indexed Asset Value 6,707,773 FRVS Base Asset: 3,933,000 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,595,040.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 5,366,218 | 10.5640 |
| | < 60% of Base: | False | 20% ROE(2): | 1,341,555 | 0.7153 |
| | Interest Rate: | 6.4680 % | Insurance Cost(3): | 35,694 | 0.8229 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 45,790 | 1.0556 |
| | Amortization Rate: | 6.4680 % | Home Office(3): | 38,687 | 0.8919 |
| | Interest Only: | False | Replacement(3&4): | 98,376 | 0.0000 |
| Yearly Payment: | 478,897 | Total FRVS PD: | 14.0497 | | |

(1) 80% Capital (\$5,366,218) amortized at 6.4680% for 20 years Principal & Interest of \$478,897 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$10.5640

(2) 20% ROE (\$1,341,555) times the ROE factor (0.024170) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.7153

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.3057 | 42.3057 | 2.4674 | 39.8383 |
| Patient Care | | | | |
| Direct Care | 88.5796 | 88.5796 | 5.1663 | 83.4133 |
| Indirect Care | 47.5048 | 47.5048 | 2.7707 | 44.7341 |
| Property | 13.6500 | 14.0497 | 0.8194 | 13.2303 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.0737 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.0401 | 192.4398 | 11.2238 | 209.1221 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 005523-00 - 2013/01 |
| 203.64 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 90.76684% Occupancy: 79.62845% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 100.39620% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 37.5690 | 76.3115 | 46.6265 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.5690 | 76.3115 | 46.6265 | 25.3600 | | 185.8670 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.5301 | | 51.9149 | | | |
| 7 | Provider Target Rate | 43.7479 | | 53.4014 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 49.3347 | | 57.2283 | | | |
| 10b | Base for line 10a | 47.9614 | | 55.6353 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.5690 | 76.3115 | 46.6265 | 13.6500 | | 174.1570 |
| 12/13 | Medicaid Adjustment Rate | | 3.4340 | 2.0982 | | | |
| 14 | Prospective Per Diem 11 | 37.5690 | 79.7455 | 48.7247 | 13.6500 | | 179.6892 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005523-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

203.64

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): | 5,560,426 | 14.8366 |
| Indexed Asset Value | 6,950,533 | < 60% of Base: | False | 20% ROE(2): | 1,390,107 | 0.7005 |
| 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: | 711,576 | Total FRVS PD: | | 17.7796 |

(1) 80% Capital (\$5,560,426) amortized at 11.5000% for 20 years Principal & Interest of \$711,576 divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = \$14.8366

(2) 20% ROE (\$1,390,107) times the ROE factor (0.024170) divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = \$0.7005

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.5690 | 37.5690 | 2.1912 | 35.3778 |
| Patient Care | | | | |
| Direct Care | 79.7455 | 79.7455 | 4.6511 | 75.0944 |
| Indirect Care | 48.7247 | 48.7247 | 2.8418 | 45.8829 |
| Property | 13.6500 | 17.7796 | 1.0370 | 16.7426 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.7054 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 179.6892 | 183.8188 | 10.7211 | 203.6355 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 005543-00 - 2013/01 215.12 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 192 Maximum: 70,080 Max Annualized: 70,080 Total Patient: 46,845 Medicare: 3,216 Medicaid: 39,458 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 84.23097% Occupancy: 66.84504% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 84.27877% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,745,458 | 3,222,929 | 1,883,667 | 713,401 | 0 | 7,565,455 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.2358 | 81.6800 | 47.7385 | 18.0800 | | 191.7343 |
| 3 | Cost Per Diem Inflated | 46.1646 | 83.9460 | 49.8200 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.1646 | 83.9460 | 49.8200 | 18.0800 | | 198.0106 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.6047 | | 60.6697 | | | |
| 7 | Provider Target Rate | 47.9391 | | 62.4069 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 46.7585 | | 57.7498 | | | |
| 10b | Base for line 10a | 45.4569 | | 56.1423 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.1646 | 83.9460 | 49.8200 | 13.6500 | | 193.5806 |
| 12/13 | Medicaid Adjustment Rate | | 3.2327 | 1.9186 | | | |
| 14 | Prospective Per Diem 11 | 46.1646 | 87.1787 | 51.7386 | 13.6500 | | 198.7319 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005543-00 - 2013/01
215.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Manor on the Green

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: | 3,495,865.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1981/07 | Type: | Variable [3] | 80% Capital(1): | 5,006,228 | 8.1906 |
| Indexed Asset Value | 6,257,785 | < 60% of Base: | False | 20% ROE(2): | 1,251,557 | 0.4796 |
| FRVS Base Asset: | 3,805,960 | Interest Rate: | 8.3750 % | Insurance Cost(3): | 39,155 | 0.8358 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 46,816 | 0.9994 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.3750 % | Home Office(3): | 39,324 | 0.8394 |
| | | Interest Only: | False | Replacement(3&4): | 78,504 | 0.0000 |
| | | Yearly Payment: | 516,600 | Total FRVS PD: | | 11.3448 |

(1) 80% Capital (\$5,006,228) amortized at 8.3750% for 20 years Principal & Interest of \$516,600 divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = \$8.1906

(2) 20% ROE (\$1,251,557) times the ROE factor (0.024170) divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = \$0.4796

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 46.1646 | 46.1646 | 2.6925 | 43.4721 |
| Patient Care | | | | |
| Direct Care | 87.1787 | 87.1787 | 5.0846 | 82.0941 |
| Indirect Care | 51.7386 | 51.7386 | 3.0176 | 48.7210 |
| Property | 13.6500 | 11.3448 | 0.6617 | 10.6831 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.3186 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.7319 | 196.4267 | 11.4564 | 215.1213 |

***Medicaid Trend Adjustment :**



0 005547-00 - 2013/01
205.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 122 Maximum: 44,530 Max Annualized: 44,530 Total Patient: 40,136 Medicare: 4,556 Medicaid: 29,676 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.93861% Occupancy: 90.13249% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.63980% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,192,484 | 2,361,106 | 1,404,568 | 691,154 | 0 | 5,649,312 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.1834 | 79.5628 | 47.3301 | 23.2900 | | 190.3663 |
| 3 | Cost Per Diem Inflated | 41.9355 | 81.7701 | 49.3938 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.9355 | 81.7701 | 49.3938 | 23.2900 | | 196.3894 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.8156 | | 56.1484 | | | |
| 7 | Provider Target Rate | 48.1561 | | 57.7561 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 50.9855 | | 59.4113 | | | |
| 10b | Base for line 10a | 49.5663 | | 57.7575 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.9355 | 81.7701 | 49.3938 | 13.6500 | | 186.7494 |
| 12/13 | Medicaid Adjustment Rate | | 2.2021 | 1.3302 | | | |
| 14 | Prospective Per Diem 11 | 41.9355 | 83.9722 | 50.7240 | 13.6500 | | 190.2817 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005547-00 - 2013/01
205.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 3,548,086 FRVS Base Asset: 2,076,193 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,586,938.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 2,838,469 | 7.3086 |
| | < 60% of Base: | False | 20% ROE(2): | 709,617 | 0.4280 |
| | Interest Rate: | 8.3750 % | Insurance Cost(3): | 33,868 | 0.8438 |
| | Chase Rate: | 8.5000 % | Taxes Cost(3): | 36,070 | 0.8987 |
| | Amortization Rate: | 8.3750 % | Home Office(3): | 33,727 | 0.8403 |
| | Interest Only: | False | Replacement(3&4): | 152,153 | 0.0000 |
| Yearly Payment: | 292,906 | Total FRVS PD: | | 10.3194 | |

(1) 80% Capital (\$2,838,469) amortized at 8.3750% for 20 years Principal & Interest of \$292,906 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$7.3086

(2) 20% ROE (\$709,617) times the ROE factor (0.024170) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$0.4280

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.9355 | 41.9355 | 2.4459 | 39.4896 |
| Patient Care | | | | |
| Direct Care | 83.9722 | 83.9722 | 4.8976 | 79.0746 |
| Indirect Care | 50.7240 | 50.7240 | 2.9584 | 47.7656 |
| Property | 13.6500 | 10.3194 | 0.6019 | 9.7175 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.2917 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.2817 | 186.9511 | 10.9038 | 205.1714 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 005549-00 - 2013/01 227.27 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 52.3118 | 88.0469 | 56.4326 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.3118 | 88.0469 | 56.4326 | 25.4400 | | 222.2313 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.9899 | | 61.5376 | | | |
| 7 | Provider Target Rate | 53.4785 | | 63.2996 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | 55.8884 | | 61.8963 | | | |
| 10b | Base for line 10a | 54.3327 | | 60.1734 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.3118 | 88.0469 | 56.4326 | 13.6500 | | 210.4413 |
| 12/13 | Medicaid Adjustment Rate | | 2.0484 | 1.3129 | | | |
| 14 | Prospective Per Diem 11 | 52.3118 | 90.0953 | 57.7455 | 13.6500 | | 213.8026 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005549-00 - 2013/01
227.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,400,702 | 7.3216 |
| Indexed Asset Value | 1,750,878 | < 60% of Base: | False | 20% ROE(2): | 350,176 | 0.4367 |
| 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: | 141,903 | Total FRVS PD: | | 11.2681 |

- (1) 80% Capital (\$1,400,702) amortized at 8.1250% for 20 years Principal & Interest of \$141,903 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$7.3216
- (2) 20% ROE (\$350,176) times the ROE factor (0.024170) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.4367
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.3118 | 52.3118 | 3.0510 | 49.2608 |
| Patient Care | | | | |
| Direct Care | 90.0953 | 90.0953 | 5.2547 | 84.8406 |
| Indirect Care | 57.7455 | 57.7455 | 3.3680 | 54.3775 |
| Property | 13.6500 | 11.2681 | 0.6572 | 10.6109 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.3515 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 213.8026 | 211.4207 | 12.3309 | 227.2737 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 005701-00 - 2013/01

208.60

Avante at 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 |
|--|---|--|--|
| 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 133 Maximum: 48,678 Max Annualized: 48,545 Total Patient: 35,086 Medicare: 9,737 Medicaid: 19,090 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.40917% Occupancy: 72.07773% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 90.87620% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 837,562 | 1,706,199 | 1,384,547 | 242,061 | 0 | 4,170,369 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.8744 | 89.3766 | 72.5273 | 12.6800 | | 218.4583 |
| 3 | Cost Per Diem Inflated | 45.4170 | 91.5356 | 75.0773 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.4170 | 91.5356 | 75.0773 | 12.6800 | | 224.7099 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 69.4930 | | 86.1587 | | | |
| 7 | Provider Target Rate | 71.4828 | | 88.6257 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 42.1997 | | 48.7710 | | | |
| 10b | Base for line 10a | 41.0250 | | 47.4134 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.1997 | 91.5356 | 48.7710 | 12.6800 | | 195.1863 |
| 12/13 | Medicaid Adjustment Rate | | 0.4540 | 0.2419 | | | |
| 14 | Prospective Per Diem 11 | 42.1997 | 91.9896 | 49.0129 | 12.6800 | | 195.8822 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005701-00 - 2013/01
208.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Avante at Ocala

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 3,489,704 FRVS Base Asset: 1,786,469 Occup Adj Factor: 0.9000 ROE Factor 0.018750 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 0.00 | | Total Amount | Per Diem |
| | Type: | None [1] | 80% Capital(1): | 2,791,763 | 7.9444 |
| | < 60% of Base: | True | 20% ROE(2): | 697,941 | 0.2995 |
| | Interest Rate: | 12.5000 % | Insurance Cost(3): | 39,332 | 1.1210 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 42,259 | 1.2044 |
| | Amortization Rate: | 12.5000 % | Home Office(3): | 28,302 | 0.8066 |
| | Interest Only: | True | Replacement(3&4): | 1,691 | 0.0000 |
| Yearly Payment: | 347,093 | Total FRVS PD: | | 11.3759 | |

(1) 80% Capital (\$2,791,763) amortized at 12.5000% for 20 years Interest of \$347,093 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$7.9444

(2) 20% ROE (\$697,941) times the ROE factor (0.018750) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$0.2995

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.1997 | 42.1997 | 2.4613 | 39.7384 |
| Patient Care | | | | |
| Direct Care | 91.9896 | 91.9896 | 5.3652 | 86.6244 |
| Indirect Care | 49.0129 | 49.0129 | 2.8586 | 46.1543 |
| Property | 12.6800 | 11.3759 | 0.6635 | 10.7124 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.5376 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 195.8822 | 194.5781 | 11.3486 | 208.5995 |

***Medicaid Trend Adjustment :**



0 005811-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

220.50

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.79973% Occupancy: 93.08524% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.36263% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 46.8633 | 88.2516 | 53.5707 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.8633 | 88.2516 | 53.5707 | 17.1900 | | 205.8756 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.9153 | | 59.2919 | | | |
| 7 | Provider Target Rate | 52.3732 | | 60.9896 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 45.2495 | | 54.3346 | | | |
| 10b | Base for line 10a | 43.9899 | | 52.8221 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.2495 | 88.2516 | 53.5707 | 13.6500 | | 200.7218 |
| 12/13 | Medicaid Adjustment Rate | | 1.3701 | 0.8317 | | | |
| 14 | Prospective Per Diem 11 | 45.2495 | 89.6217 | 54.4024 | 13.6500 | | 202.9236 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005811-00 - 2013/01
220.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,384,165 | 12.2231 |
| Indexed Asset Value | 7,980,206 | < 60% of Base: | False | 20% ROE(2): | 1,596,041 | 0.6972 |
| 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: | 722,752 | Total FRVS PD: | | 16.5680 |

(1) 80% Capital (\$6,384,165) amortized at 9.6724% for 20 years Principal & Interest of \$722,752 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.2231

(2) 20% ROE (\$1,596,041) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6972

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,778,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.2495 | 45.2495 | 2.6391 | 42.6104 |
| Patient Care | | | | |
| Direct Care | 89.6217 | 89.6217 | 5.2271 | 84.3946 |
| Indirect Care | 54.4024 | 54.4024 | 3.1730 | 51.2294 |
| Property | 13.6500 | 16.5680 | 0.9663 | 15.6017 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.8267 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.9236 | 205.8416 | 12.0055 | 220.4952 |

***Medicaid Trend Adjustment :**



0 005814-00 - 2013/01
230.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 81 Maximum: 29,565 Max Annualized: 29,565 Total Patient: 25,903 Medicare: 10,677 Medicaid: 8,868 Medicaid Utilization 34.23542% Occupancy: 87.61373% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.46412% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 446,417 | 786,492 | 533,790 | 357,912 | 0 | 2,124,611 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 50.3402 | 88.6888 | 60.1928 | 40.3599 | | 239.5817 |
| 3 | Cost Per Diem Inflated | 52.5351 | 91.1493 | 62.8173 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.5351 | 91.1493 | 62.8173 | 40.3599 | | 246.8616 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.7512 | | 67.0852 | | | |
| 7 | Provider Target Rate | 51.1757 | | 69.0060 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 59.1396 | | 68.3060 | | | |
| 10b | Base for line 10a | 57.4934 | | 66.4046 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.1757 | 91.1493 | 62.8173 | 13.6500 | | 218.7923 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.1757 | 91.1493 | 62.8173 | 13.6500 | | 218.7923 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005814-00 - 2013/01
230.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Bovnton Health Care Center

FRVS

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

| | | | | | |
|--|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: 9/14/1999 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 3,169,173 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,280,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 2,535,338 | 10.3536 |
| | < 60% of Base: | False | 20% ROE(2): | 633,835 | 0.5757 |
| | Interest Rate: | 9.0898 % | Insurance Cost(3): | 26,486 | 1.0225 |
| | Chase Rate: | 8.5000 % | Taxes Cost(3): | 63,039 | 2.4337 |
| | Amortization Rate: | 9.0898 % | Home Office(3): | 30,509 | 1.1778 |
| | Interest Only: | False | Replacement(3&4): | 76,933 | 0.0000 |
| Yearly Payment: | 275,493 | Total FRVS PD: | 15.5633 | | |

(1) 80% Capital (\$2,535,338) amortized at 9.0898% for 20 years Principal & Interest of \$275,493 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$10.3536

(2) 20% ROE (\$633,835) times the ROE factor (0.024170) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$0.5757

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 71 | Effective PBS Limitation | 2,758,066 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.1757 | 51.1757 | 2.9848 | 48.1909 |
| Patient Care | | | | |
| Direct Care | 91.1493 | 91.1493 | 5.3162 | 85.8331 |
| Indirect Care | 62.8173 | 62.8173 | 3.6638 | 59.1535 |
| Property | 13.6500 | 15.5633 | 0.9077 | 14.6556 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.4549 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 218.7923 | 220.7056 | 12.8725 | 230.1204 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 005826-00 - 2013/01 191.39 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 266 Maximum: 97,090 Max Annualized: 97,090 Total Patient: 83,688 Medicare: 13,746 Medicaid: 65,311 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 78.04106% Occupancy: 86.19632% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.67703% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 2,409,473 | 5,806,318 | 2,807,500 | 1,069,141 | 0 | 12,092,432 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 36.8923 | 88.9026 | 42.9866 | 16.3700 | | 185.1515 |
| 3 | Cost Per Diem Inflated | 38.5009 | 91.3690 | 44.8609 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.5009 | 91.3690 | 44.8609 | 16.3700 | | 191.1008 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.7694 | | 54.3569 | | | |
| 7 | Provider Target Rate | 46.0513 | | 55.9133 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 47.2988 | | 55.7824 | | | |
| 10b | Base for line 10a | 45.9822 | | 54.2296 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.5009 | 91.3690 | 44.8609 | 13.6500 | | 188.3808 |
| 12/13 | Medicaid Adjustment Rate | | 2.8823 | 1.4152 | | | |
| 14 | Prospective Per Diem 11 | 38.5009 | 94.2513 | 46.2761 | 13.6500 | | 192.6783 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005826-00 - 2013/01
191.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 5,657,199 | 8.0492 |
| Indexed Asset Value | 7,071,499 | < 60% of Base: | True | 20% ROE(2): | 1,414,300 | 0.3912 |
| FRVS Base Asset: | 3,288,408 | Interest Rate: | 9.5000 % | Insurance Cost(3): | 46,251 | 0.5527 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 119,329 | 1.4259 |
| ROE Factor | 0.024170 | Amortization Rate: | 12.5000 % | Home Office(3): | 71,428 | 0.8535 |
| | | Interest Only: | True | Replacement(3&4): | 219,184 | 0.0000 |
| | | Yearly Payment: | 703,345 | Total FRVS PD: | | 11.2725 |

(1) 80% Capital (\$5,657,199) amortized at 12.5000% for 20 years Interest of \$703,345 divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = \$8.0492

(2) 20% ROE (\$1,414,300) times the ROE factor (0.024170) divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = \$0.3912

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 38.5009 | 38.5009 | 2.2455 | 36.2554 |
| Patient Care | | | | |
| Direct Care | 94.2513 | 94.2513 | 5.4971 | 88.7542 |
| Indirect Care | 46.2761 | 46.2761 | 2.6990 | 43.5771 |
| Property | 13.6500 | 11.2725 | 0.6575 | 10.6150 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.3513 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.6783 | 190.3008 | 11.0991 | 191.3854 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 005849-00 - 2013/01 236.83 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 76 Maximum: 27,740 Max Annualized: 27,740 Total Patient: 24,417 Medicare: 2,531 Medicaid: 20,832 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 85.31761% Occupancy: 88.02091% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.97749% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,047,045 | 1,760,048 | 1,163,412 | 521,008 | 0 | 4,491,513 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 50.2614 | 84.4877 | 55.8474 | 25.0100 | | 215.6065 |
| 3 | Cost Per Diem Inflated | 52.4529 | 86.8316 | 58.2825 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.4529 | 86.8316 | 58.2825 | 25.0100 | | 222.5770 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.8631 | | 64.0931 | | | |
| 7 | Provider Target Rate | 53.3481 | | 65.9283 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | 56.6930 | | 67.2873 | | | |
| 10b | Base for line 10a | 55.1149 | | 65.4143 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.4529 | 86.8316 | 58.2825 | 13.6500 | | 211.2170 |
| 12/13 | Medicaid Adjustment Rate | | 3.4500 | 2.3157 | | | |
| 14 | Prospective Per Diem 11 | 52.4529 | 90.2816 | 60.5982 | 13.6500 | | 216.9827 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005849-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 2,841,738 | 13.5910 |
| Indexed Asset Value | 3,552,173 | < 60% of Base: | False | 20% ROE(2): | 710,435 | 0.6878 |
| FRVS Base Asset: | 2,253,096 | Interest Rate: | 10.4500 % | Insurance Cost(3): | 22,332 | 0.9146 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 11.0000 % | Taxes Cost(3): | 22,048 | 0.9030 |
| ROE Factor | 0.024170 | Amortization Rate: | 10.4500 % | Home Office(3): | 22,014 | 0.9016 |
| | | Interest Only: | False | Replacement(3&4): | 67,407 | 0.0000 |
| | | Yearly Payment: | 339,312 | Total FRVS PD: | | 16.9980 |

(1) 80% Capital (\$2,841,738) amortized at 10.4500% for 20 years Principal & Interest of \$339,312 divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = \$13.5910

(2) 20% ROE (\$710,435) times the ROE factor (0.024170) divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = \$0.6878

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 76 | Effective PBS Limitation | 2,253,096 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.4529 | 52.4529 | 3.0593 | 49.3936 |
| Patient Care | | | | |
| Direct Care | 90.2816 | 90.2816 | 5.2656 | 85.0160 |
| Indirect Care | 60.5982 | 60.5982 | 3.5343 | 57.0639 |
| Property | 13.6500 | 16.9980 | 0.9914 | 16.0066 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.5173 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 216.9827 | 220.3307 | 12.8506 | 236.8298 |

***Medicaid Trend Adjustment :**



0 005850-00 - 2013/01

206.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,786 Medicare: 7,554 Medicaid: 27,863 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.68023% Occupancy: 95.40182% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.28341% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,102,138 | 2,409,138 | 1,245,695 | 663,418 | 0 | 5,420,389 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.5556 | 86.4637 | 44.7079 | 23.8100 | | 194.5372 |
| 3 | Cost Per Diem Inflated | 41.2803 | 88.8624 | 46.6573 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.2803 | 88.8624 | 46.6573 | 23.8100 | | 200.6100 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.2601 | | 53.5240 | | | |
| 7 | Provider Target Rate | 44.4988 | | 55.0566 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 47.6546 | | 55.5938 | | | |
| 10b | Base for line 10a | 46.3281 | | 54.0463 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.2803 | 88.8624 | 46.6573 | 13.6500 | | 190.4500 |
| 12/13 | Medicaid Adjustment Rate | | 1.6675 | 0.8755 | | | |
| 14 | Prospective Per Diem 11 | 41.2803 | 90.5299 | 47.5328 | 13.6500 | | 192.9930 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005850-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

206.96

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): | 3,058,236 | 7.6067 |
| Indexed Asset Value | 3,822,795 | < 60% of Base: | False | 20% ROE(2): | 764,559 | 0.4688 |
| FRVS Base Asset: | 2,122,271 | Interest Rate: | 7.6872 % | Insurance Cost(3): | 37,496 | 0.8973 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 53,647 | 1.2839 |
| ROE Factor | 0.024170 | Amortization Rate: | 7.6872 % | Home Office(3): | 36,936 | 0.8839 |
| | | Interest Only: | False | Replacement(3&4): | 292,159 | 0.0000 |
| | | Yearly Payment: | 299,858 | Total FRVS PD: | | 11.1406 |

(1) 80% Capital (\$3,058,236) amortized at 7.6872% for 20 years Principal & Interest of \$299,858 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.6067

(2) 20% ROE (\$764,559) times the ROE factor (0.024170) 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 41.2803 | 41.2803 | 2.4076 | 38.8727 |
| Patient Care | | | | |
| Direct Care | 90.5299 | 90.5299 | 5.2801 | 85.2498 |
| Indirect Care | 47.5328 | 47.5328 | 2.7723 | 44.7605 |
| Property | 13.6500 | 11.1406 | 0.6498 | 10.4908 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.7520 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.9930 | 190.4836 | 11.1098 | 206.9582 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 005851-00 - 2013/01 |
| 216.46 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 30,814 Medicare: 8,787 Medicaid: 19,213 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.35153% Occupancy: 93.80213% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.26650% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 826,261 | 1,527,512 | 1,160,906 | 519,904 | 0 | 4,034,583 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.0053 | 79.5041 | 60.4229 | 27.0600 | | 209.9923 |
| 3 | Cost Per Diem Inflated | 44.8804 | 81.7098 | 63.0575 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.8804 | 81.7098 | 63.0575 | 27.0600 | | 216.7077 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.5215 | | 62.7831 | | | |
| 7 | Provider Target Rate | 43.7390 | | 64.5808 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 48.7172 | | 64.6046 | | | |
| 10b | Base for line 10a | 47.3611 | | 62.8063 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.7390 | 81.7098 | 62.9999 | 13.6500 | | 202.0987 |
| 12/13 | Medicaid Adjustment Rate | | 1.1354 | 0.8754 | | | |
| 14 | Prospective Per Diem 11 | 43.7390 | 82.8452 | 63.8753 | 13.6500 | | 204.1095 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 005851-00 - 2013/01
216.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,520,888 | 9.3711 |
| Indexed Asset Value | 3,151,110 | < 60% of Base: | False | 20% ROE(2): | 630,222 | 0.5152 |
| FRVS Base Asset: | 1,010,008 | Interest Rate: | 9.5350 % | Insurance Cost(3): | 25,409 | 0.8246 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.2500 % | Taxes Cost(3): | 29,273 | 0.9500 |
| ROE Factor | 0.024170 | Amortization Rate: | 9.2500 % | Home Office(3): | 30,547 | 0.9913 |
| | | Interest Only: | False | Replacement(3&4): | 93,034 | 0.0000 |
| | | Yearly Payment: | 277,056 | Total FRVS PD: | | 12.6522 |

- (1) 80% Capital (\$2,520,888) amortized at 9.2500% for 20 years Principal & Interest of \$277,056 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$9.3711
- (2) 20% ROE (\$630,222) times the ROE factor (0.024170) divided by annual available days (32,850) 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,710,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.7390 | 43.7390 | 2.5510 | 41.1880 |
| Patient Care | | | | |
| Direct Care | 82.8452 | 82.8452 | 4.8319 | 78.0133 |
| Indirect Care | 63.8753 | 63.8753 | 3.7255 | 60.1498 |
| Property | 13.6500 | 12.6522 | 0.7379 | 11.9143 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.3626 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 204.1095 | 203.1117 | 11.8463 | 216.4604 |

***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 01/01/2013 through 06/30/2013

| |
|---|
| 0 006339-00 - 2013/01 202.67 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 60,058 Medicare: 16,507 Medicaid: 37,969 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.22055% Occupancy: 91.41248% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.25360% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,422,851 | 3,094,997 | 1,777,221 | 1,105,278 | 0 | 7,400,347 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 37.4740 | 81.5138 | 46.8072 | 29.1100 | | 194.9050 |
| 3 | Cost Per Diem Inflated | 39.1079 | 83.7752 | 48.8481 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.1079 | 83.7752 | 48.8481 | 29.1100 | | 200.8412 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.9780 | | 56.1668 | | | |
| 7 | Provider Target Rate | 41.1227 | | 57.7750 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 46.8339 | | 55.2067 | | | |
| 10b | Base for line 10a | 45.5302 | | 53.6700 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.1079 | 83.7752 | 48.8481 | 13.6500 | | 185.3812 |
| 12/13 | Medicaid Adjustment Rate | | 1.2460 | 0.7265 | | | |
| 14 | Prospective Per Diem 11 | 39.1079 | 85.0212 | 49.5746 | 13.6500 | | 187.3537 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 006339-00 - 2013/01
202.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,417,224 | 10.6410 |
| Indexed Asset Value | 8,021,530 | < 60% of Base: | False | 20% ROE(2): | 1,604,306 | 0.6558 |
| FRVS Base Asset: | 2,984,578 | Interest Rate: | 7.6872 % | Insurance Cost(3): | 50,002 | 0.8326 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 88,737 | 1.4775 |
| ROE Factor | 0.024170 | Amortization Rate: | 7.6872 % | Home Office(3): | 54,232 | 0.9030 |
| | | Interest Only: | False | Replacement(3&4): | 107,198 | 0.0000 |
| | | Yearly Payment: | 629,205 | Total FRVS PD: | | 14.5099 |

(1) 80% Capital (\$6,417,224) amortized at 7.6872% for 20 years Principal & Interest of \$629,205 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.6410

(2) 20% ROE (\$1,604,306) times the ROE factor (0.024170) divided by annual available days (65,700) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.1079 | 39.1079 | 2.2809 | 36.8270 |
| Patient Care | | | | |
| Direct Care | 85.0212 | 85.0212 | 4.9588 | 80.0624 |
| Indirect Care | 49.5746 | 49.5746 | 2.8914 | 46.6832 |
| Property | 13.6500 | 14.5099 | 0.8463 | 13.6636 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.5987 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.3537 | 188.2136 | 10.9774 | 202.6673 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 006340-00 - 2013/01 200.13 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,652 Medicare: 7,904 Medicaid: 28,644 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 68.76981% Occupancy: 95.09589% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.89769% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,060,392 | 2,178,671 | 1,280,670 | 1,065,557 | 0 | 5,585,290 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 37.0197 | 76.0603 | 44.7099 | 37.2000 | | 194.9899 |
| 3 | Cost Per Diem Inflated | 38.6338 | 78.1704 | 46.6593 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.6338 | 78.1704 | 46.6593 | 37.2000 | | 200.6635 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.5468 | | 53.4286 | | | |
| 7 | Provider Target Rate | 42.7364 | | 54.9584 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.7737 | | 54.8444 | | | |
| 10b | Base for line 10a | 43.5274 | | 53.3178 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.6338 | 78.1704 | 46.6593 | 13.6500 | | 177.1135 |
| 12/13 | Medicaid Adjustment Rate | | 1.6506 | 0.9853 | | | |
| 14 | Prospective Per Diem 11 | 38.6338 | 79.8210 | 47.6446 | 13.6500 | | 179.7494 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 006340-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

200.13

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): | 4,369,258 | 14.1842 |
| Indexed Asset Value | 5,461,572 | < 60% of Base: | False | 20% ROE(2): | 1,092,314 | 0.6697 |
| FRVS Base Asset: | 3,595,587 | Interest Rate: | 11.5000 % | Insurance Cost(3): | 28,294 | 0.6793 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 41,666 | 1.0003 |
| ROE Factor | 0.024170 | Amortization Rate: | 11.5000 % | Home Office(3): | 34,056 | 0.8176 |
| | | Interest Only: | False | Replacement(3&4): | 65,058 | 0.0000 |
| | | Yearly Payment: | 559,141 | Total FRVS PD: | | 17.3511 |

(1) 80% Capital (\$4,369,258) amortized at 11.5000% for 20 years Principal & Interest of \$559,141 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.1842

(2) 20% ROE (\$1,092,314) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6697

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,602,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.6338 | 38.6338 | 2.2533 | 36.3805 |
| Patient Care | | | | |
| Direct Care | 79.8210 | 79.8210 | 4.6555 | 75.1655 |
| Indirect Care | 47.6446 | 47.6446 | 2.7788 | 44.8658 |
| Property | 13.6500 | 17.3511 | 1.0120 | 16.3391 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5463 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 179.7494 | 183.4505 | 10.6996 | 200.1296 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 006408-00 - 2013/01 |
| 223.76 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 75.81867% Occupancy: 92.13578% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.16555% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 51.3172 | 85.3339 | 56.1292 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.3172 | 85.3339 | 56.1292 | 11.5300 | | 204.3103 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.1110 | | 59.9441 | | | |
| 7 | Provider Target Rate | 53.6031 | | 61.6605 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 49.7812 | | 56.2720 | | | |
| 10b | Base for line 10a | 48.3955 | | 54.7056 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.7812 | 85.3339 | 56.1292 | 11.5300 | | 202.7743 |
| 12/13 | Medicaid Adjustment Rate | | 2.4786 | 1.6303 | | | |
| 14 | Prospective Per Diem 11 | 49.7812 | 87.8125 | 57.7595 | 11.5300 | | 206.8832 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 006408-00 - 2013/01
223.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 2,533,382 | 4.1608 |
| Indexed Asset Value 3,166,727 | Type: Fixed [2] | 20% ROE(2): 633,345 | 0.3132 |
| 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: 6.9061 | |
| | Yearly Payment: 217,323 | | |

(1) 80% Capital (\$2,533,382) amortized at 5.9728% for 20 years Principal & Interest of \$217,323 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$4.1608

(2) 20% ROE (\$633,345) times the ROE factor (0.025830) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.3132

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.7812 | 49.7812 | 2.9034 | 46.8778 |
| Patient Care | | | | |
| Direct Care | 87.8125 | 87.8125 | 5.1216 | 82.6909 |
| Indirect Care | 57.7595 | 57.7595 | 3.3688 | 54.3907 |
| Property | 11.5300 | 6.9061 | 0.6725 | 10.8575 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1062 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 206.8832 | 202.2593 | 12.0663 | 223.7555 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 006483-00 - 2013/01 217.91 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.83699% Occupancy: 91.03881% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.78249% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 43.8242 | 85.3426 | 53.6211 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.8242 | 85.3426 | 53.6211 | 27.5900 | | 210.3779 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.1937 | | 60.0243 | | | |
| 7 | Provider Target Rate | 46.4877 | | 61.7430 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 50.7370 | | 62.6157 | | | |
| 10b | Base for line 10a | 49.3247 | | 60.8727 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.8242 | 85.3426 | 53.6211 | 13.6500 | | 196.4379 |
| 12/13 | Medicaid Adjustment Rate | | 1.7125 | 1.0760 | | | |
| 14 | Prospective Per Diem 11 | 43.8242 | 87.0551 | 54.6971 | 13.6500 | | 199.2264 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 006483-00 - 2013/01
217.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,274,146 | 10.6311 |
| Indexed Asset Value | 5,342,682 | < 60% of Base: | False | 20% ROE(2): | 1,068,536 | 0.6552 |
| 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: | 419,078 | Total FRVS PD: | | 15.1892 |

(1) 80% Capital (\$4,274,146) amortized at 7.6872% for 20 years Principal & Interest of \$419,078 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6311

(2) 20% ROE (\$1,068,536) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6552

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.8242 | 43.8242 | 2.5560 | 41.2682 |
| Patient Care | | | | |
| Direct Care | 87.0551 | 87.0551 | 5.0774 | 81.9777 |
| Indirect Care | 54.6971 | 54.6971 | 3.1902 | 51.5069 |
| Property | 13.6500 | 15.1892 | 0.8859 | 14.3033 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.0238 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.2264 | 200.7656 | 11.7095 | 217.9123 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 006489-00 - 2013/01 226.54 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 61.65211% Occupancy: 92.56164% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.70249% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 46.4594 | 90.6158 | 54.9281 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.4594 | 90.6158 | 54.9281 | 30.9800 | | 222.9833 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.6269 | | 59.7327 | | | |
| 7 | Provider Target Rate | 48.9906 | | 61.4430 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 51.0242 | | 59.7166 | | | |
| 10b | Base for line 10a | 49.6039 | | 58.0543 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.4594 | 90.6158 | 54.9281 | 13.6500 | | 205.6533 |
| 12/13 | Medicaid Adjustment Rate | | 1.1878 | 0.7200 | | | |
| 14 | Prospective Per Diem 11 | 46.4594 | 91.8036 | 55.6481 | 13.6500 | | 207.5611 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 006489-00 - 2013/01
226.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,712,856 | 11.7223 |
| Indexed Asset Value | 5,891,070 | < 60% of Base: | False | 20% ROE(2): | 1,178,214 | 0.7224 |
| 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: | 462,093 | Total FRVS PD: | | 16.9346 |

(1) 80% Capital (\$4,712,856) amortized at 7.6872% for 20 years Principal & Interest of \$462,093 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.7223

(2) 20% ROE (\$1,178,214) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7224

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.4594 | 46.4594 | 2.7097 | 43.7497 |
| Patient Care | | | | |
| Direct Care | 91.8036 | 91.8036 | 5.3544 | 86.4492 |
| Indirect Care | 55.6481 | 55.6481 | 3.2456 | 52.4025 |
| Property | 13.6500 | 16.9346 | 0.9877 | 15.9469 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1563 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.5611 | 210.8457 | 12.2974 | 226.5370 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 006767-00 - 2013/01 222.26 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 93 Maximum: 33,945 Max Annualized: 33,945 Total Patient: 31,077 Medicare: 4,996 Medicaid: 19,146 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 61.60826% Occupancy: 91.55104% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.42830% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 784,679 | 1,661,863 | 1,017,720 | 460,270 | 0 | 3,924,532 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.9840 | 86.7995 | 53.1558 | 24.0400 | | 204.9793 |
| 3 | Cost Per Diem Inflated | 42.7710 | 89.2076 | 55.4735 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.7710 | 89.2076 | 55.4735 | 24.0400 | | 211.4921 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.8097 | | 62.7314 | | | |
| 7 | Provider Target Rate | 49.1786 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 55.7798 | | 64.5276 | | | |
| 10b | Base for line 10a | 54.2271 | | 62.7314 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.7710 | 89.2076 | 55.4735 | 13.6500 | | 201.1021 |
| 12/13 | Medicaid Adjustment Rate | | 1.1650 | 0.7244 | | | |
| 14 | Prospective Per Diem 11 | 42.7710 | 90.3726 | 56.1979 | 13.6500 | | 202.9915 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 006767-00 - 2013/01
222.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Oakbrook of LaBelle

FRVS

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

| | | | | | |
|--|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: 12/1/2001 Year of Phase-In/ Full: RS to Start Calcs: 1986/07 Indexed Asset Value 3,912,001 FRVS Base Asset: 1,397,653 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,700,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 3,129,601 | 13.1094 |
| | < 60% of Base: | False | 20% ROE(2): | 782,400 | 0.6190 |
| | Interest Rate: | 11.5000 % | Insurance Cost(3): | 28,798 | 0.9267 |
| | Chase Rate: | 8.5000 % | Taxes Cost(3): | 42,002 | 1.3515 |
| | Amortization Rate: | 11.5000 % | Home Office(3): | 27,824 | 0.8953 |
| | Interest Only: | False | Replacement(3&4): | 58,434 | 0.0000 |
| Yearly Payment: | 400,500 | Total FRVS PD: | | 16.9019 | |

- (1) 80% Capital (\$3,129,601) amortized at 11.5000% for 20 years Principal & Interest of \$400,500 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$13.1094
- (2) 20% ROE (\$782,400) times the ROE factor (0.024170) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$0.6190
- (3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,724,220 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.7710 | 42.7710 | 2.4946 | 40.2764 |
| Patient Care | | | | |
| Direct Care | 90.3726 | 90.3726 | 5.2709 | 85.1017 |
| Indirect Care | 56.1979 | 56.1979 | 3.2777 | 52.9202 |
| Property | 13.6500 | 16.9019 | 0.9858 | 15.9161 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2102 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.9915 | 206.2434 | 12.0290 | 222.2570 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 008793-00 - 2013/01 226.29 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,212 Medicare: 8,302 Medicaid: 24,264 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.49838% Occupancy: 87.24201% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.99545% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,078,251 | 2,249,363 | 1,011,274 | 1,299,822 | 0 | 5,638,710 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.4383 | 92.7037 | 41.6780 | 53.5700 | | 232.3900 |
| 3 | Cost Per Diem Inflated | 46.3759 | 95.2756 | 43.4952 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.3759 | 95.2756 | 43.4952 | 53.5700 | | 238.7167 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.7117 | | 51.6797 | | | |
| 7 | Provider Target Rate | 49.0778 | | 53.1594 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 54.4266 | | 59.7108 | | | |
| 10b | Base for line 10a | 52.9116 | | 58.0487 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.3759 | 95.2756 | 43.4952 | 13.6500 | | 198.7967 |
| 12/13 | Medicaid Adjustment Rate | | 1.4468 | 0.6605 | | | |
| 14 | Prospective Per Diem 11 | 46.3759 | 96.7224 | 44.1557 | 13.6500 | | 200.9040 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 008793-00 - 2013/01
226.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 0.024170 | 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 | 0.8667 |
| | Interest Rate: | 13.2450 % | Insurance Cost(3): | 34,460 | 0.9018 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 84,268 | 2.2053 |
| | Amortization Rate: | 13.2450 % | Home Office(3): | 7,808 | 0.2043 |
| | Interest Only: | False | Replacement(3&4): | 21,910 | 0.0000 |
| Yearly Payment: | 806,743 | Total FRVS PD: | | 24.6434 | |

(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 (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8667

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.3759 | 46.3759 | 2.7048 | 43.6711 |
| Patient Care | | | | |
| Direct Care | 96.7224 | 96.7224 | 5.6412 | 91.0812 |
| Indirect Care | 44.1557 | 44.1557 | 2.5753 | 41.5804 |
| Property | 13.6500 | 24.6434 | 1.4373 | 23.2061 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.9169 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.9040 | 211.8974 | 12.3586 | 226.2881 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 010082-00 - 2013/01 229.25 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 52.40638% Occupancy: 63.28310% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 79.78786% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 27,718 Medicare: 4,819 Medicaid: 14,526 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 44.4643 | 96.8724 | 64.8415 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.4643 | 96.8724 | 64.8415 | 17.8100 | | 223.9882 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.0413 | | 62.0637 | | | |
| 7 | Provider Target Rate | 53.5314 | | 63.8408 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 50.2905 | | 58.2098 | | | |
| 10b | Base for line 10a | 48.8906 | | 56.5895 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.4643 | 96.8724 | 58.2098 | 13.6500 | | 213.1965 |
| 12/13 | Medicaid Adjustment Rate | | 0.2623 | 0.1576 | | | |
| 14 | Prospective Per Diem 11 | 44.4643 | 97.1347 | 58.3674 | 13.6500 | | 213.6164 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 010082-00 - 2013/01
229.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,438,536 | 8.9170 |
| Indexed Asset Value | 5,548,170 | < 60% of Base: | False | 20% ROE(2): | 1,109,634 | 0.7271 |
| 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: | 351,509 | Total FRVS PD: | | 14.0203 |

(1) 80% Capital (\$4,438,536) amortized at 5.0000% for 20 years Principal & Interest of \$351,509 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.9170

(2) 20% ROE (\$1,109,634) times the ROE factor (0.025830) divided by annual available days (43,800) 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: | 27,413 |
| Comparison Date: 1/1/1984 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,289,560 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.4643 | 44.4643 | 2.5933 | 41.8710 |
| Patient Care | | | | |
| Direct Care | 97.1347 | 97.1347 | 5.6653 | 91.4694 |
| Indirect Care | 58.3674 | 58.3674 | 3.4042 | 54.9632 |
| Property | 13.6500 | 14.0203 | 0.8177 | 13.2026 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9104 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 213.6164 | 213.9867 | 12.4805 | 229.2490 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 010453-00 - 2013/01 217.76 |
|---|

Heartland 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 | |
|--|--|--|--|--|
| 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: 10/1/1994 Acquired Date: 10/1/1994 Entered Medicaid 7/10/2009 Med # Active Date: 7/10/2009 Previous Med # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 140 Maximum: 51,100 Max Annualized: 51,100 Total Patient: 35,458 Medicare: 18,986 Medicaid: 2,735 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 | |
| | Medicaid Utilization 7.71335% Occupancy: 69.38943% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 87.48677% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 162,996 | 250,094 | 146,547 | 54,344 | 10,519 | 624,500 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 59.5963 | 91.4420 | 53.5821 | 19.8698 | 3.8461 | 228.3363 |
| 3 | Cost Per Diem Inflated | 62.1948 | 93.9789 | 55.9184 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 62.1948 | 93.9789 | 55.9184 | 19.8698 | 3.8461 | 235.8080 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 84.0681 | | 74.3612 | | | |
| 7 | Provider Target Rate | 86.4752 | | 76.4904 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 51.2072 | | 58.4620 | | | |
| 10b | Base for line 10a | 49.7818 | | 56.8347 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.2072 | 93.9789 | 55.9184 | 13.6500 | 3.8461 | 218.6006 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.2072 | 93.9789 | 55.9184 | 13.6500 | 3.8461 | 218.6006 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 010453-00 - 2013/01
217.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Heartland of Sarasota FL.LLC

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: | 1994/07 | Type: | Variable [3] | 80% Capital(1): | 3,911,608 | 5.7322 |
| Indexed Asset Value | 4,889,510 | < 60% of Base: | False | 20% ROE(2): | 977,902 | 0.5139 |
| FRVS Base Asset: | 0 | Interest Rate: | 3.1400 % | Insurance Cost(3): | 10,541 | 0.2973 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 78,849 | 2.2237 |
| ROE Factor | 0.024170 | Amortization Rate: | 3.1400 % | Home Office(3): | 24,953 | 0.7037 |
| | | Interest Only: | False | Replacement(3&4): | 372,207 | 0.0000 |
| | | Yearly Payment: | 263,626 | Total FRVS PD: | | 9.4708 |

(1) 80% Capital (\$3,911,608) amortized at 3.1400% for 20 years Principal & Interest of \$263,626 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$5.7322

(2) 20% ROE (\$977,902) times the ROE factor (0.024170) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$0.5139

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 140 | Effective PBS Limitation | 4,734,800 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.2072 | 51.2072 | 2.9866 | 48.2206 |
| Patient Care | | | | |
| Direct Care | 93.9789 | 93.9789 | 5.4812 | 88.4977 |
| Indirect Care | 55.9184 | 55.9184 | 3.2614 | 52.6570 |
| Property | 13.6500 | 9.4708 | 0.5524 | 8.9184 |
| ROE | 3.8461 | 1.5119 | 0.0882 | 1.4237 |
| ROE Adjustment | -1.5119 | -1.5119 | -0.0882 | -1.4237 |
| Quality Assess-Medicaid Share | | | | \$10.6335 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.0887 | 210.5753 | 12.2816 | 217.7596 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 011997-00 - 2013/01 213.24 |
|---|

Heartland of Boca Raton 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 |
|---|---|--|--|
| 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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 28,568 Medicare: 18,962 Medicaid: 4,539 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 15.88841% Occupancy: 65.22374% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 82.23463% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 311,424 | 387,782 | 315,673 | 128,363 | 3,163 | 1,146,405 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 68.6107 | 85.4334 | 69.5468 | 28.2800 | 0.6968 | 252.5677 |
| 3 | Cost Per Diem Inflated | 71.6023 | 87.8036 | 72.5792 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 71.6023 | 87.8036 | 72.5792 | 28.2800 | 0.6968 | 260.9619 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 78.8484 | | 77.3666 | | | |
| 7 | Provider Target Rate | 81.1061 | | 79.5818 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 51.9810 | | 58.0814 | | | |
| 10b | Base for line 10a | 50.5341 | | 56.4646 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.9810 | 87.8036 | 58.0814 | 13.6500 | 0.6968 | 212.2128 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.9810 | 87.8036 | 58.0814 | 13.6500 | 0.6968 | 212.2128 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 011997-00 - 2013/01
213.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Heartland of Boca Raton FL.LLC

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 | 0.5204 |
| FRVS Base Asset: | 0 | Interest Rate: | 3.1400 % | Insurance Cost(3): | 6,984 | 0.2445 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 102,949 | 3.6036 |
| ROE Factor | 0.024170 | Amortization Rate: | 3.1400 % | Home Office(3): | 24,601 | 0.8611 |
| | | Interest Only: | False | Replacement(3&4): | 1,604,135 | 0.0000 |
| | | Yearly Payment: | 228,789 | Total FRVS PD: | | 11.0335 |

(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 (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5204

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,058,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 51.9810 | 51.9810 | 3.0317 | 48.9493 |
| Patient Care | | | | |
| Direct Care | 87.8036 | 87.8036 | 5.1211 | 82.6825 |
| Indirect Care | 58.0814 | 58.0814 | 3.3875 | 54.6939 |
| Property | 13.6500 | 11.0335 | 0.6435 | 10.3900 |
| ROE | 0.6968 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$7.6968 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 212.2128 | 208.8995 | 12.1838 | 213.2449 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 011998-00 - 2013/01 227.49 |
|---|

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 # | 07/01/2011-12/31/2011 Days In CR 184 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 72 Maximum: 13,248 Max Annualized: 26,280 Total Patient: 8,802 Medicare: 4,623 Medicaid: 1,563 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 17.75733% Occupancy: 66.44022% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 83.76838% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 84,193 | 124,227 | 133,115 | 105,471 | 0 | 447,006 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 53.8663 | 79.4798 | 85.1663 | 67.4798 | | 285.9922 |
| 3 | Cost Per Diem Inflated | 56.0082 | 81.5819 | 88.5528 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.0082 | 81.5819 | 88.5528 | 67.4798 | | 293.6227 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.8930 | | 78.3946 | | | |
| 7 | Provider Target Rate | 53.3789 | | 80.6393 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 66.3244 | | 73.5674 | | | |
| 10b | Base for line 10a | 64.4782 | | 71.5196 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.3789 | 81.5819 | 73.5674 | 13.6500 | | 222.1782 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.3789 | 81.5819 | 73.5674 | 13.6500 | | 222.1782 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 011998-00 - 2013/01 |
| 227.49 |

Royal Palm Healthcare & Rehabilitation Center

FRVS

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

| | | | | | |
|---|----------------------|---------------------|------------------------------|------------------|---------------|
| Began FRVS: 3/7/2009 Year of Phase-In/ Full: RS to Start Calcs: 2004/01 Indexed Asset Value 3,232,786 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.019790 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,500,207.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 2,586,229 | 8.8418 |
| | < 60% of Base: | False | 20% ROE(2): | 646,557 | 0.5410 |
| | Interest Rate: | 7.0000 % | Insurance Cost(3): | 5,000 | 0.5681 |
| | Chase Rate: | 3.2500 % | Taxes Cost(3): | 17,284 | 1.9636 |
| | Amortization Rate: | 5.2500 % | Home Office(3): | 1,881 | 0.2137 |
| | Interest Only: | False | Replacement(3&4): | 9,425 | 0.0000 |
| Yearly Payment: | 209,126 | Total FRVS PD: | | 12.1282 | |

(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 (0.019790) divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = \$0.5410

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 72 | Effective PBS Limitation | 3,098,232 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.3789 | 53.3789 | 3.1133 | 50.2656 |
| Patient Care | | | | |
| Direct Care | 81.5819 | 81.5819 | 4.7582 | 76.8237 |
| Indirect Care | 73.5674 | 73.5674 | 4.2908 | 69.2766 |
| Property | 13.6500 | 12.1282 | 0.7074 | 11.4208 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$10.8677 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 222.1782 | 220.6564 | 12.8697 | 227.4868 |

***Medicaid Trend Adjustment :**



0 014169-00 - 2013/01
224.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 02/01/2011-01/31/2012 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,551 Medicare: 12,153 Medicaid: 25,228 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.21302% Occupancy: 92.58219% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.72839% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25516245 Semester Index: 1.30828184 Cost: 1.04232073 Target: 1.02004310 DC FY Index: 1.18999979 DC Sem Index: 1.22250000 DC Inflation: 1.02731111 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,029,650 | 2,359,673 | 1,531,585 | 724,800 | 0 | 5,645,708 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.8138 | 93.5339 | 60.7097 | 28.7300 | | 223.7874 |
| 3 | Cost Per Diem Inflated | 42.5411 | 96.0884 | 63.2790 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.5411 | 96.0884 | 63.2790 | 28.7300 | | 230.6385 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.4045 | | 67.4233 | | | |
| 7 | Provider Target Rate | 49.7905 | | 69.3538 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 53.6319 | | 62.4264 | | | |
| 10b | Base for line 10a | 52.1390 | | 60.6887 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.5411 | 96.0884 | 59.0236 | 13.6500 | | 211.3031 |
| 12/13 | Medicaid Adjustment Rate | | 1.3202 | 0.8110 | | | |
| 14 | Prospective Per Diem 11 | 42.5411 | 97.4086 | 59.8346 | 13.6500 | | 213.4343 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 014169-00 - 2013/01 |
| 224.88 |

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): | 2,320,818 | 6.4888 |
| Indexed Asset Value | 2,901,023 | < 60% of Base: | False | 20% ROE(2): | 580,205 | 0.3388 |
| FRVS Base Asset: | 2,246,700 | Interest Rate: | 9.2900 % | Insurance Cost(3): | 115,018 | 2.8364 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 107,059 | 2.6401 |
| ROE Factor | 0.023020 | Amortization Rate: | 9.2900 % | Home Office(3): | 12,723 | 0.3138 |
| | | Interest Only: | False | Replacement(3&4): | 13,538 | 0.0000 |
| | | Yearly Payment: | 255,790 | Total FRVS PD: | | 12.6179 |

(1) 80% Capital (\$2,320,818) amortized at 9.2900% for 20 years Principal & Interest of \$255,790 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.4888

(2) 20% ROE (\$580,205) times the ROE factor (0.023020) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3388

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 2,246,700 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.5411 | 42.5411 | 2.4812 | 40.0599 |
| Patient Care | | | | |
| Direct Care | 97.4086 | 97.4086 | 5.6813 | 91.7273 |
| Indirect Care | 59.8346 | 59.8346 | 3.4898 | 56.3448 |
| Property | 13.6500 | 12.6179 | 0.7359 | 11.8820 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.0299 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 213.4343 | 212.4022 | 12.3882 | 224.8763 |

***Medicaid Trend Adjustment :**



0 015613-00 - 2013/01
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 01/01/2013 through 06/30/2013

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 23,418 Medicare: 2,876 Medicaid: 17,993 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 76.83406% Occupancy: 71.28767% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 89.88009% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|-----------------|----------------|-----------------|----------------|-----|-----------------|
| 1 | Total Cost | 743,729 | 1,307,440 | 862,832 | 896,771 | 0 | 3,810,772 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.3344 | 72.6638 | 47.9538 | 49.8400 | | 211.7920 |
| 3 | Cost Per Diem Inflated | 43.1367 | 74.6797 | 50.0447 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.1367 | 74.6797 | 50.0447 | 49.8400 | | 217.7011 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 103.0294 | | 103.7787 | | | |
| 7 | Provider Target Rate | 105.9794 | | 106.7502 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 49.4205 | | 57.9759 | | | |
| 10b | Base for line 10a | 48.0448 | | 56.3621 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.1367 | 74.6797 | 50.0447 | 13.6500 | | 181.5111 |
| 12/13 | Medicaid Adjustment Rate | | 2.2545 | 1.5108 | | | |
| 14 | Prospective Per Diem 11 | 43.1367 | 76.9342 | 51.5555 | 13.6500 | | 185.2764 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 015613-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 3,454,320 | 7.5905 |
| Indexed Asset Value | 4,317,900 | < 60% of Base: | False | 20% ROE(2): | 863,580 | 0.7060 |
| FRVS Base Asset: | 4,229,370 | Interest Rate: | 2.7341 % | Insurance Cost(3): | 70,406 | 3.0065 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 23,463 | 1.0019 |
| ROE Factor | 0.024170 | Amortization Rate: | 2.7341 % | Home Office(3): | 12,748 | 0.5444 |
| | | Interest Only: | False | Replacement(3&4): | 12,652 | 0.0000 |
| | | Yearly Payment: | 224,413 | Total FRVS PD: | | 12.8493 |

(1) 80% Capital (\$3,454,320) amortized at 2.7341% for 20 years Principal & Interest of \$224,413 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$7.5905

(2) 20% ROE (\$863,580) times the ROE factor (0.024170) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.7060

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 90 | Effective PBS Limitation | 4,229,370 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.1367 | 43.1367 | 2.5159 | 40.6208 |
| Patient Care | | | | |
| Direct Care | 76.9342 | 76.9342 | 4.4871 | 72.4471 |
| Indirect Care | 51.5555 | 51.5555 | 3.0069 | 48.5486 |
| Property | 13.6500 | 12.8493 | 0.7494 | 12.0999 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.0788 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 185.2764 | 184.4757 | 10.7593 | 202.6276 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 016016-00 - 2013/01 |
| 223.01 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 6.55627% Occupancy: 92.39459% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.49187% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 60.4523 | 136.5558 | 96.4178 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 60.4523 | 136.5558 | 96.4178 | 25.5800 | | 319.0059 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 61.0871 | | 107.4390 | | | |
| 7 | Provider Target Rate | 62.8362 | | 110.5153 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 51.9810 | | 58.0240 | | | |
| 10b | Base for line 10a | 50.5341 | | 56.4088 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.9810 | 100.1552 | 58.0240 | 13.6500 | | 223.8102 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.9810 | 100.1552 | 58.0240 | 13.6500 | | 223.8102 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 016016-00 - 2013/01
223.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 154 | Effective PBS Limitation | 3,818,584 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 51.9810 | 51.9810 | 3.0317 | 48.9493 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 58.0240 | 58.0240 | 3.3842 | 54.6398 |
| Property | 13.6500 | 10.7375 | 0.6263 | 10.1112 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$6.1607 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 223.8102 | 220.8977 | 12.8837 | 223.0071 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 017221-00 - 2013/01 |
| 202.62 |

Bayside 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 |
|--|--|---|--|
| 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 | 07/01/2010-12/31/2011 Days In CR 549 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 63,529 Medicare: 13,217 Medicaid: 38,790 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 61.05873% Occupancy: 96.43139% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.58149% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,617,142 | 3,003,044 | 1,850,457 | 936,779 | 0 | 7,407,422 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.6897 | 77.4180 | 47.7045 | 24.1500 | | 190.9622 |
| 3 | Cost Per Diem Inflated | 43.7991 | 79.8679 | 50.1183 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.7991 | 79.8679 | 50.1183 | 24.1500 | | 197.9353 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.6742 | | 58.1180 | | | |
| 7 | Provider Target Rate | 44.9247 | | 59.7821 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.4476 | | 54.0888 | | | |
| 10b | Base for line 10a | 43.2104 | | 52.5832 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.7991 | 79.8679 | 50.1183 | 13.6500 | | 187.4353 |
| 12/13 | Medicaid Adjustment Rate | | 0.9936 | 0.6235 | | | |
| 14 | Prospective Per Diem 11 | 43.7991 | 80.8615 | 50.7418 | 13.6500 | | 189.0524 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 017221-00 - 2013/01
202.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 2,378,960 | 7.7230 |
| Indexed Asset Value: 2,973,700 | < 60% of Base: False | 20% ROE(2): 594,740 | 0.3594 |
| FRVS Base Asset: 1,740,980 | Interest Rate: 11.5000 % | Insurance Cost(3): 59,520 | 0.9369 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.5000 % | Taxes Cost(3): 76,981 | 1.2117 |
| ROE Factor: 0.023820 | Amortization Rate: 11.5000 % | Home Office(3): 57,356 | 0.9028 |
| | Interest Only: False | Replacement(3&4): 145,126 | 0.0000 |
| | Yearly Payment: 304,439 | Total FRVS PD: | 11.1338 |

(1) 80% Capital (\$2,378,960) amortized at 11.5000% for 20 years Principal & Interest of \$304,439 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.7230

(2) 20% ROE (\$594,740) times the ROE factor (0.023820) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3594

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.7991 | 43.7991 | 2.5545 | 41.2446 |
| Patient Care | | | | |
| Direct Care | 80.8615 | 80.8615 | 4.7162 | 76.1453 |
| Indirect Care | 50.7418 | 50.7418 | 2.9595 | 47.7823 |
| Property | 13.6500 | 11.1338 | 0.6494 | 10.4844 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.1278 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.0524 | 186.5362 | 10.8796 | 202.6168 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 017222-00 - 2013/01 225.01 |
|---|

Margate 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 |
|--|--|--|--|
| 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 | 07/01/2010-12/31/2011 Days In CR 549 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 170 Maximum: 93,330 Max Annualized: 62,050 Total Patient: 82,140 Medicare: 13,699 Medicaid: 47,174 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.43121% Occupancy: 88.01029% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.96410% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,952,672 | 4,003,171 | 2,453,603 | 1,846,390 | 0 | 10,255,836 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.3930 | 84.8597 | 52.0118 | 39.1400 | | 217.4045 |
| 3 | Cost Per Diem Inflated | 43.4874 | 87.5451 | 54.6435 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.4874 | 87.5451 | 54.6435 | 39.1400 | | 224.8160 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.7480 | | 56.9242 | | | |
| 7 | Provider Target Rate | 47.0579 | | 58.5541 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 47.1797 | | 56.5232 | | | |
| 10b | Base for line 10a | 45.8664 | | 54.9498 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.4874 | 87.5451 | 54.6435 | 13.6500 | | 199.3260 |
| 12/13 | Medicaid Adjustment Rate | | 0.7319 | 0.4568 | | | |
| 14 | Prospective Per Diem 11 | 43.4874 | 88.2770 | 55.1003 | 13.6500 | | 200.5147 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 017222-00 - 2013/01
225.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 6,440,427 | 14.0500 |
| Indexed Asset Value 8,050,534 | < 60% of Base: False | 20% ROE(2): 1,610,107 | 0.6868 |
| FRVS Base Asset: 3,420,000 | Interest Rate: 10.7500 % | Insurance Cost(3): 80,567 | 0.9808 |
| Occup Adj Factor: 0.9000 | Chase Rate: 7.7500 % | Taxes Cost(3): 470,672 | 5.7301 |
| ROE Factor 0.023820 | Amortization Rate: 10.7500 % | Home Office(3): 81,969 | 0.9979 |
| | Interest Only: False | Replacement(3&4): 143,536 | 0.0000 |
| | Yearly Payment: 784,621 | Total FRVS PD: 22.4456 | |

(1) 80% Capital (\$6,440,427) amortized at 10.7500% for 20 years Principal & Interest of \$784,621 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$14.0500

(2) 20% ROE (\$1,610,107) times the ROE factor (0.023820) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$0.6868

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.4874 | 43.4874 | 2.5364 | 40.9510 |
| Patient Care | | | | |
| Direct Care | 88.2770 | 88.2770 | 5.1487 | 83.1283 |
| Indirect Care | 55.1003 | 55.1003 | 3.2137 | 51.8866 |
| Property | 13.6500 | 22.4456 | 1.3091 | 21.1365 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.0725 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.5147 | 209.3103 | 12.2079 | 225.0073 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 017223-00 - 2013/01 205.84 |
|---|

Rosewood 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 |
|--|--|--|--|
| 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 | 07/01/2010-12/31/2011 Days In CR 549 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 155 Maximum: 85,095 Max Annualized: 56,575 Total Patient: 82,630 Medicare: 9,789 Medicaid: 61,235 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.10747% Occupancy: 97.10324% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.42856% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 2,408,417 | 5,179,409 | 2,771,605 | 1,297,570 | 0 | 11,657,001 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.3307 | 84.5825 | 45.2618 | 21.1900 | | 190.3650 |
| 3 | Cost Per Diem Inflated | 41.3208 | 87.2592 | 47.5520 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.3208 | 87.2592 | 47.5520 | 21.1900 | | 197.3220 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.6349 | | 51.9954 | | | |
| 7 | Provider Target Rate | 43.8557 | | 53.4842 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 43.6478 | | 53.8177 | | | |
| 10b | Base for line 10a | 42.4328 | | 52.3196 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.3208 | 87.2592 | 47.5520 | 13.6500 | | 189.7820 |
| 12/13 | Medicaid Adjustment Rate | | 2.3665 | 1.2897 | | | |
| 14 | Prospective Per Diem 11 | 41.3208 | 89.6257 | 48.8417 | 13.6500 | | 193.4382 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 017223-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

205.84

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 0.023820 | 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 | 0.3050 |
| | Interest Rate: | 9.0000 % | Insurance Cost(3): | 68,940 | 0.8343 |
| | Chase Rate: | 6.0000 % | Taxes Cost(3): | 40,369 | 0.4886 |
| | Amortization Rate: | 9.0000 % | Home Office(3): | 68,584 | 0.8300 |
| | Interest Only: | False | Replacement(3&4): | 154,386 | 0.0000 |
| Yearly Payment: | 281,575 | Total FRVS PD: | | 7.9879 | |

(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 (0.023820) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.3050

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.3208 | 41.3208 | 2.4100 | 38.9108 |
| Patient Care | | | | |
| Direct Care | 89.6257 | 89.6257 | 5.2273 | 84.3984 |
| Indirect Care | 48.8417 | 48.8417 | 2.8486 | 45.9931 |
| Property | 13.6500 | 7.9879 | 0.4659 | 7.5220 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1783 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.4382 | 187.7761 | 10.9518 | 205.8350 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 017225-00 - 2013/01 |
| 218.16 |

Bay Breeze Nursing & 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 |
|---|--|--|--|
| 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 | 07/01/2010-12/31/2011 Days In CR 549 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 60,709 Medicare: 13,746 Medicaid: 35,274 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.10341% Occupancy: 92.15088% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.18459% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,368,437 | 3,099,121 | 1,812,932 | 1,132,295 | 0 | 7,412,785 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.7945 | 87.8585 | 51.3957 | 32.1000 | | 210.1487 |
| 3 | Cost Per Diem Inflated | 40.7574 | 90.6388 | 53.9962 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.7574 | 90.6388 | 53.9962 | 32.1000 | | 217.4924 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.7817 | | 56.1672 | | | |
| 7 | Provider Target Rate | 42.9780 | | 57.7754 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 42.6629 | | 54.0888 | | | |
| 10b | Base for line 10a | 41.4753 | | 52.5832 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.7574 | 90.6388 | 53.9962 | 13.6500 | | 199.0424 |
| 12/13 | Medicaid Adjustment Rate | | 0.8263 | 0.4922 | | | |
| 14 | Prospective Per Diem 11 | 40.7574 | 91.4651 | 54.4884 | 13.6500 | | 200.3609 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 017225-00 - 2013/01
218.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,906,578 | | 12.6822 |
| Indexed Asset Value 4,883,222 | < 60% of Base: False | | 20% ROE(2): 976,644 | | 0.5901 |
| FRVS Base Asset: 1,698,423 | Interest Rate: 11.5000 % | | Insurance Cost(3): 73,199 | | 1.2057 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.5000 % | | Taxes Cost(3): 81,308 | | 1.3393 |
| ROE Factor 0.023820 | Amortization Rate: 11.5000 % | | Home Office(3): 58,555 | | 0.9645 |
| | Interest Only: False | | Replacement(3&4): 240,213 | | 0.0000 |
| | Yearly Payment: 499,931 | | Total FRVS PD: | | 16.7818 |

(1) 80% Capital (\$3,906,578) amortized at 11.5000% for 20 years Principal & Interest of \$499,931 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.6822

(2) 20% ROE (\$976,644) times the ROE factor (0.023820) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5901

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.7574 | 40.7574 | 2.3771 | 38.3803 |
| Patient Care | | | | |
| Direct Care | 91.4651 | 91.4651 | 5.3346 | 86.1305 |
| Indirect Care | 54.4884 | 54.4884 | 3.1780 | 51.3104 |
| Property | 13.6500 | 16.7818 | 0.9788 | 15.8030 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.7071 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.3609 | 203.4927 | 11.8685 | 218.1637 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 017230-00 - 2013/01 |
| 211.69 |

Silvercrest 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 |
|--|--|--|--|
| 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 | 07/01/2010-12/31/2011 Days In CR 549 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 32,940 Max Annualized: 21,900 Total Patient: 31,764 Medicare: 6,019 Medicaid: 19,908 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.67473% Occupancy: 96.42987% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.57958% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 900,579 | 1,437,328 | 1,013,089 | 623,917 | 0 | 3,974,913 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 45.2370 | 72.1985 | 50.8885 | 31.3400 | | 199.6640 |
| 3 | Cost Per Diem Inflated | 47.5259 | 74.4833 | 53.4634 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.5259 | 74.4833 | 53.4634 | 31.3400 | | 206.8126 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.0167 | | 57.1204 | | | |
| 7 | Provider Target Rate | 50.4202 | | 58.7559 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 49.4988 | | 59.0741 | | | |
| 10b | Base for line 10a | 48.1210 | | 57.4297 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.5259 | 74.4833 | 53.4634 | 13.6500 | | 189.1226 |
| 12/13 | Medicaid Adjustment Rate | | 1.0621 | 0.7623 | | | |
| 14 | Prospective Per Diem 11 | 47.5259 | 75.5454 | 54.2257 | 13.6500 | | 190.9470 |
| 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 01/01/2013 through 06/30/2013

| |
|---|
| 0 017230-00 - 2013/01 211.69 |
|---|

| |
|--------------------------|
| Silvercrest Manor |
|--------------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| Began FRVS: 8/1/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 2,849,752 FRVS Base Asset: 1,779,720 Occup Adj Factor: 0.9000 ROE Factor 0.023820 | Mortgage Information Amount: 1,309,333.00 Type: Fixed [2] < 60% of Base: False Interest Rate: 11.5000 % Chase Rate: 8.5000 % Amortization Rate: 11.5000 % Interest Only: False Yearly Payment: 291,750 | Calculation of FRVS Per Diem <table border="1"> <thead> <tr> <th></th> <th>Total Amount</th> <th>Per Diem</th> </tr> </thead> <tbody> <tr> <td>80% Capital(1):</td> <td>2,279,802</td> <td>14.8021</td> </tr> <tr> <td>20% ROE(2):</td> <td>569,950</td> <td>0.6888</td> </tr> <tr> <td>Insurance Cost(3):</td> <td>33,663</td> <td>1.0598</td> </tr> <tr> <td>Taxes Cost(3):</td> <td>32,577</td> <td>1.0256</td> </tr> <tr> <td>Home Office(3):</td> <td>26,901</td> <td>0.8469</td> </tr> <tr> <td>Replacement(3&4):</td> <td>96,294</td> <td>0.0000</td> </tr> <tr> <td>Total FRVS PD:</td> <td></td> <td>18.4232</td> </tr> </tbody> </table> | | Total Amount | Per Diem | 80% Capital(1): | 2,279,802 | 14.8021 | 20% ROE(2): | 569,950 | 0.6888 | Insurance Cost(3): | 33,663 | 1.0598 | Taxes Cost(3): | 32,577 | 1.0256 | Home Office(3): | 26,901 | 0.8469 | Replacement(3&4): | 96,294 | 0.0000 | Total FRVS PD: | | 18.4232 |
|---|---|---|--|--------------|----------|-----------------|------------------|----------------|-------------|----------------|---------------|--------------------|---------------|---------------|----------------|---------------|---------------|-----------------|---------------|---------------|-------------------|---------------|---------------|-----------------------|--|----------------|
| | Total Amount | Per Diem | | | | | | | | | | | | | | | | | | | | | | | | |
| 80% Capital(1): | 2,279,802 | 14.8021 | | | | | | | | | | | | | | | | | | | | | | | | |
| 20% ROE(2): | 569,950 | 0.6888 | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Cost(3): | 33,663 | 1.0598 | | | | | | | | | | | | | | | | | | | | | | | | |
| Taxes Cost(3): | 32,577 | 1.0256 | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Office(3): | 26,901 | 0.8469 | | | | | | | | | | | | | | | | | | | | | | | | |
| Replacement(3&4): | 96,294 | 0.0000 | | | | | | | | | | | | | | | | | | | | | | | | |
| Total FRVS PD: | | 18.4232 | | | | | | | | | | | | | | | | | | | | | | | | |

(1) 80% Capital (\$2,279,802) amortized at 11.5000% for 20 years Principal & Interest of \$291,750 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$14.8021

(2) 20% ROE (\$569,950) times the ROE factor (0.023820) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6888

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

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

| | |
|---|--|
| Per Bed Standard Determination Comparison Date: 1/1/1988 Comparison Bed 60 | Used Per Bed Standard: 29,662 Current RS PBS: 50,500 Effective PBS Limitation 1,779,720 |
|---|--|

| |
|--|
| Comparison of Reimbursement under Cost vs. FRVS |
|--|

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.5259 | 47.5259 | 2.7719 | 44.7540 |
| Patient Care | | | | |
| Direct Care | 75.5454 | 75.5454 | 4.4061 | 71.1393 |
| Indirect Care | 54.2257 | 54.2257 | 3.1627 | 51.0630 |
| Property | 13.6500 | 18.4232 | 1.0745 | 17.3487 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5525 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.9470 | 195.7202 | 11.4152 | 211.6899 |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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|---|
| 0 017236-00 - 2013/01 216.81 |
|---|

Specialty 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 |
|--|--|--|--|
| 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 | 07/01/2010-12/31/2011 Days In CR 549 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 62,971 Medicare: 17,525 Medicaid: 36,456 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.89332% Occupancy: 95.58440% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.51359% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,494,021 | 3,230,009 | 1,746,132 | 1,328,092 | 0 | 7,798,254 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.9815 | 88.6002 | 47.8970 | 36.4300 | | 213.9087 |
| 3 | Cost Per Diem Inflated | 43.0551 | 91.4040 | 50.3205 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.0551 | 91.4040 | 50.3205 | 36.4300 | | 221.2096 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9607 | | 56.8501 | | | |
| 7 | Provider Target Rate | 44.1908 | | 58.4779 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.4476 | | 54.0939 | | | |
| 10b | Base for line 10a | 43.2104 | | 52.5881 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.0551 | 91.4040 | 50.3205 | 13.6500 | | 198.4296 |
| 12/13 | Medicaid Adjustment Rate | | 0.8117 | 0.4468 | | | |
| 14 | Prospective Per Diem 11 | 43.0551 | 92.2157 | 50.7673 | 13.6500 | | 199.6881 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 017236-00 - 2013/01
216.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,248,206 | 13.7912 |
| Indexed Asset Value 5,310,258 | < 60% of Base: False | 20% ROE(2): 1,062,052 | 0.6418 |
| FRVS Base Asset: 3,576,837 | Interest Rate: 11.5000 % | Insurance Cost(3): 61,801 | 0.9814 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.5000 % | Taxes Cost(3): 55,584 | 0.8827 |
| ROE Factor 0.023820 | Amortization Rate: 11.5000 % | Home Office(3): 61,703 | 0.9799 |
| | Interest Only: False | Replacement(3&4): 165,477 | 0.0000 |
| | Yearly Payment: 543,650 | Total FRVS PD: | 17.2770 |

(1) 80% Capital (\$4,248,206) amortized at 11.5000% for 20 years Principal & Interest of \$543,650 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.7912

(2) 20% ROE (\$1,062,052) times the ROE factor (0.023820) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6418

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,663,600 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.0551 | 43.0551 | 2.5111 | 40.5440 |
| Patient Care | | | | |
| Direct Care | 92.2157 | 92.2157 | 5.3784 | 86.8373 |
| Indirect Care | 50.7673 | 50.7673 | 2.9610 | 47.8063 |
| Property | 13.6500 | 17.2770 | 1.0077 | 16.2693 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.5197 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.6881 | 203.3151 | 11.8582 | 216.8090 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 017242-00 - 2013/01 232.91 |
|---|

Grand Boulevard 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 |
|--|---|---|--|
| 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 | 07/01/2010-12/31/2011 Days In CR 549 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 97 Maximum: 53,253 Max Annualized: 35,405 Total Patient: 40,535 Medicare: 8,015 Medicaid: 24,606 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.70310% Occupancy: 76.11778% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 95.96992% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,144,388 | 2,190,982 | 1,375,588 | 979,565 | 0 | 5,690,523 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.5085 | 89.0426 | 55.9046 | 39.8100 | | 231.2657 |
| 3 | Cost Per Diem Inflated | 48.8617 | 91.8604 | 58.7333 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.8617 | 91.8604 | 58.7333 | 39.8100 | | 239.2654 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7159 | | 58.3963 | | | |
| 7 | Provider Target Rate | 50.1108 | | 60.0684 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 47.9044 | | 59.3872 | | | |
| 10b | Base for line 10a | 46.5709 | | 57.7341 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.9044 | 91.8604 | 58.7333 | 13.6500 | | 212.1481 |
| 12/13 | Medicaid Adjustment Rate | | 1.1061 | 0.7072 | | | |
| 14 | Prospective Per Diem 11 | 47.9044 | 92.9665 | 59.4405 | 13.6500 | | 213.9614 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 017242-00 - 2013/01
232.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,759,583 | 14.1354 |
| Indexed Asset Value | 4,699,479 | < 60% of Base: | False | 20% ROE(2): | 939,896 | 0.7026 |
| FRVS Base Asset: | 1,765,380 | Interest Rate: | 11.5000 % | Insurance Cost(3): | 58,401 | 1.4408 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 36,248 | 0.8942 |
| ROE Factor | 0.023820 | Amortization Rate: | 10.5000 % | Home Office(3): | 39,430 | 0.9727 |
| | | Interest Only: | False | Replacement(3&4): | 114,177 | 0.0000 |
| | | Yearly Payment: | 450,419 | Total FRVS PD: | | 18.1457 |

(1) 80% Capital (\$3,759,583) amortized at 10.5000% for 20 years Principal & Interest of \$450,419 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$14.1354

(2) 20% ROE (\$939,896) times the ROE factor (0.023820) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$0.7026

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,765,380 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.9044 | 47.9044 | 2.7940 | 45.1104 |
| Patient Care | | | | |
| Direct Care | 92.9665 | 92.9665 | 5.4222 | 87.5443 |
| Indirect Care | 59.4405 | 59.4405 | 3.4668 | 55.9737 |
| Property | 13.6500 | 18.1457 | 1.0583 | 17.0874 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.3640 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 213.9614 | 218.4571 | 12.7413 | 232.9122 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 017301-00 - 2013/01 212.99 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.72133% Occupancy: 95.11872% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.92646% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 49.1771 | 81.5168 | 57.3553 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.1771 | 81.5168 | 57.3553 | 30.8400 | | 218.8892 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.5493 | | 61.0179 | | | |
| 7 | Provider Target Rate | 53.0253 | | 62.7650 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 45.4515 | | 58.7096 | | | |
| 10b | Base for line 10a | 44.1863 | | 57.0754 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.4515 | 81.5168 | 57.3553 | 13.6500 | | 197.9736 |
| 12/13 | Medicaid Adjustment Rate | | 0.4330 | 0.3046 | | | |
| 14 | Prospective Per Diem 11 | 45.4515 | 81.9498 | 57.6599 | 13.6500 | | 198.7112 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 017301-00 - 2013/01
212.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,291,002 | 10.1273 |
| Indexed Asset Value | 5,363,753 | < 60% of Base: | False | 20% ROE(2): | 1,072,751 | 0.7029 |
| 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: | 399,217 | Total FRVS PD: | | 13.3467 |

(1) 80% Capital (\$4,291,002) amortized at 7.0000% for 20 years Principal & Interest of \$399,217 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1273

(2) 20% ROE (\$1,072,751) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7029

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 119 | Effective PBS Limitation | 4,407,879 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.4515 | 45.4515 | 2.6509 | 42.8006 |
| Patient Care | | | | |
| Direct Care | 81.9498 | 81.9498 | 4.7796 | 77.1702 |
| Indirect Care | 57.6599 | 57.6599 | 3.3630 | 54.2969 |
| Property | 13.6500 | 13.3467 | 0.7784 | 12.5683 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.3167 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.7112 | 198.4079 | 11.5719 | 212.9851 |

*Medicaid Trend Adjustment :



0 018066-00 - 2013/01
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 01/01/2013 through 06/30/2013

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 | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 35 Maximum: 12,810 Max Annualized: 12,775 Total Patient: 11,908 Medicare: 5,341 Medicaid: 5,050 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 42.40846% Occupancy: 92.95862% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.20300% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|-----------------|----------------|-----|-----------------|
| 1 | Total Cost | 226,184 | 416,661 | 460,298 | 104,990 | 0 | 1,208,133 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.7889 | 82.5071 | 91.1481 | 20.7901 | | 239.2342 |
| 3 | Cost Per Diem Inflated | 46.2609 | 84.4058 | 94.1437 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.2609 | 84.4058 | 94.1437 | 20.7901 | | 245.6005 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 120.2807 | | 105.2069 | | | |
| 7 | Provider Target Rate | 123.7247 | | 108.2193 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.2609 | 84.4058 | 76.5172 | 13.6500 | | 220.8339 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.2609 | 84.4058 | 76.5172 | 13.6500 | | 220.8339 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 018066-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 1,052,472 | 8.6273 |
| Indexed Asset Value | 1,315,590 | < 60% of Base: | True | 20% ROE(2): | 263,118 | 0.4076 |
| FRVS Base Asset: | 997,500 | Interest Rate: | 9.5000 % | Insurance Cost(3): | 6,863 | 0.5763 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 9.5000 % | Taxes Cost(3): | 22,598 | 1.8977 |
| ROE Factor | 0.017810 | Amortization Rate: | 9.5000 % | Home Office(3): | 1,439 | 0.1208 |
| | | Interest Only: | True | Replacement(3&4): | 396,744 | 0.0000 |
| | | Yearly Payment: | 99,192 | Total FRVS PD: | | 11.6297 |

- (1) 80% Capital (\$1,052,472) amortized at 9.5000% for 20 years Interest of \$99,192 divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = \$8.6273
- (2) 20% ROE (\$263,118) times the ROE factor (0.017810) divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = \$0.4076
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 46.2609 | 46.2609 | 2.6981 | 43.5628 |
| Patient Care | | | | |
| Direct Care | 84.4058 | 84.4058 | 4.9229 | 79.4829 |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 |
| Property | 13.6500 | 11.6297 | 0.6783 | 10.9514 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 220.8339 | 218.8136 | 12.7621 | 214.8839 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 018777-00 - 2013/01 235.21 |
|---|

Bay Village of 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 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 # | 05/01/2010-10/31/2011 Days In CR 549 First Used: 2010/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 95 Maximum: 52,155 Max Annualized: 34,675 Total Patient: 29,735 Medicare: 1,444 Medicaid: 2,691 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 9.04994% Occupancy: 57.01275% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 71.88215% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 188,327 | 373,171 | 217,352 | 69,239 | 0 | 848,089 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 69.9840 | 138.6737 | 80.7700 | 25.7298 | | 315.1575 |
| 3 | Cost Per Diem Inflated | 73.9661 | 143.5065 | 85.3658 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 73.9661 | 143.5065 | 85.3658 | 25.7298 | | 328.5682 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 74.5409 | | 86.0293 | | | |
| 7 | Provider Target Rate | 76.6752 | | 88.4926 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 59.1915 | | 70.9779 | | | |
| 10b | Base for line 10a | 57.5438 | | 69.0022 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 59.1915 | 106.7147 | 70.9779 | 13.6500 | | 250.5341 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 59.1915 | 106.7147 | 70.9779 | 13.6500 | | 250.5341 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 018777-00 - 2013/01
235.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 1,074,193 | 2.5501 |
| Indexed Asset Value 1,342,741 | < 60% of Base: False | 20% ROE(2): 268,548 | 0.2175 |
| FRVS Base Asset: 0 | Interest Rate: 4.2150 % | Insurance Cost(3): 0 | 0.0000 |
| Occup Adj Factor: 0.9000 | Chase Rate: 3.2500 % | Taxes Cost(3): 22,326 | 0.7508 |
| ROE Factor 0.025280 | Amortization Rate: 4.2150 % | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | Replacement(3&4): 53,092 | 0.0000 |
| | Yearly Payment: 79,581 | Total FRVS PD: 3.5184 | |

(1) 80% Capital (\$1,074,193) amortized at 4.2150% for 20 years Principal & Interest of \$79,581 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$2.5501

(2) 20% ROE (\$268,548) times the ROE factor (0.025280) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$0.2175

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

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

| | |
|----------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 13,911 |
| Comparison Date: 1/1/1975 | Current RS PBS: 50,500 |
| Comparison Bed 95 | Effective PBS Limitation 1,321,545 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 59.1915 | 59.1915 | 3.4523 | 55.7392 |
| Patient Care | | | | |
| Direct Care | 106.7147 | 106.7147 | 6.2240 | 100.4907 |
| Indirect Care | 70.9779 | 70.9779 | 4.1397 | 66.8382 |
| Property | 13.6500 | 3.5184 | 0.2052 | 3.3132 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 250.5341 | 240.4025 | 14.0212 | 235.2137 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 019085-00 - 2013/01 |
| 201.60 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.66062% Occupancy: 83.84051% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.70680% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 48.4577 | 73.1098 | 46.7920 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.4577 | 73.1098 | 46.7920 | 15.2500 | | 183.6095 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 65.4503 | | 70.0753 | | | |
| 7 | Provider Target Rate | 67.3243 | | 72.0818 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | 55.1075 | | 59.5946 | | | |
| 10b | Base for line 10a | 53.5735 | | 57.9357 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.4577 | 73.1098 | 46.7920 | 13.6500 | | 182.0095 |
| 12/13 | Medicaid Adjustment Rate | | 1.4526 | 0.9297 | | | |
| 14 | Prospective Per Diem 11 | 48.4577 | 74.5624 | 47.7217 | 13.6500 | | 184.3918 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 019085-00 - 2013/01
201.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 1,749,201 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): | 1,399,361 | 9.8392 |
| | < 60% of Base: | True | 20% ROE(2): | 349,840 | 0.4834 |
| | 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: | 181,001 | Total FRVS PD: | | 13.0727 | |

(1) 80% Capital (\$1,399,361) amortized at 13.0000% for 20 years Interest of \$181,001 divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = \$9.8392

(2) 20% ROE (\$349,840) times the ROE factor (0.025420) divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = \$0.4834

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 56 | Effective PBS Limitation | 1,152,032 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.4577 | 48.4577 | 2.8263 | 45.6314 |
| Patient Care | | | | |
| Direct Care | 74.5624 | 74.5624 | 4.3488 | 70.2136 |
| Indirect Care | 47.7217 | 47.7217 | 2.7833 | 44.9384 |
| Property | 13.6500 | 13.0727 | 0.7625 | 12.3102 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.6723 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.3918 | 183.8145 | 10.7209 | 201.5983 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 019282-00 - 2013/01 |
| 183.94 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.23968% Occupancy: 70.37443% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 88.72866% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 38.9252 | 73.6807 | 38.3272 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.9252 | 73.6807 | 38.3272 | 19.7300 | | 170.6631 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.6444 | | 50.3493 | | | |
| 7 | Provider Target Rate | 50.0372 | | 51.7910 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 46.5471 | | 50.2268 | | | |
| 10b | Base for line 10a | 45.2514 | | 48.8287 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.9252 | 73.6807 | 38.3272 | 13.6500 | | 164.5831 |
| 12/13 | Medicaid Adjustment Rate | | 1.0974 | 0.5709 | | | |
| 14 | Prospective Per Diem 11 | 38.9252 | 74.7781 | 38.8981 | 13.6500 | | 166.2514 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 019282-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

183.94

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 3,152,162 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): | 2,521,730 | 8.2744 |
| | < 60% of Base: | True | 20% ROE(2): | 630,432 | 0.4065 |
| | 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: | 326,175 | Total FRVS PD: | 11.0778 | | |

(1) 80% Capital (\$2,521,730) amortized at 13.0000% for 20 years Interest of \$326,175 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.2744

(2) 20% ROE (\$630,432) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4065

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 38.9252 | 38.9252 | 2.2703 | 36.6549 |
| Patient Care | | | | |
| Direct Care | 74.7781 | 74.7781 | 4.3614 | 70.4167 |
| Indirect Care | 38.8981 | 38.8981 | 2.2687 | 36.6294 |
| Property | 13.6500 | 11.0778 | 0.6461 | 10.4317 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.9778 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 166.2514 | 163.6792 | 9.5465 | 183.9429 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 019284-00 - 2013/01 193.97 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 83.31760% Occupancy: 83.85693% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.72751% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 36.9964 | 82.2681 | 37.8749 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.9964 | 82.2681 | 37.8749 | 15.0000 | | 172.1394 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.0461 | | 46.3449 | | | |
| 7 | Provider Target Rate | 44.2786 | | 47.6719 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 42.0462 | | 48.1368 | | | |
| 10b | Base for line 10a | 40.8758 | | 46.7969 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.9964 | 82.2681 | 37.8749 | 13.6500 | | 170.7894 |
| 12/13 | Medicaid Adjustment Rate | | 3.0836 | 1.4196 | | | |
| 14 | Prospective Per Diem 11 | 36.9964 | 85.3517 | 39.2945 | 13.6500 | | 175.2926 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 019284-00 - 2013/01
193.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,130,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.9964 | 36.9964 | 2.1578 | 34.8386 |
| Patient Care | | | | |
| Direct Care | 85.3517 | 85.3517 | 4.9781 | 80.3736 |
| Indirect Care | 39.2945 | 39.2945 | 2.2918 | 37.0027 |
| Property | 13.6500 | 12.3593 | 0.7208 | 11.6385 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.2825 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 175.2926 | 174.0019 | 10.1485 | 193.9683 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 019287-00 - 2013/01 194.88 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 59.51998% Occupancy: 88.93478% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.12970% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 45.6674 | 71.2531 | 42.7187 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.6674 | 71.2531 | 42.7187 | 18.3400 | | 177.9792 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.1861 | | 62.7314 | | | |
| 7 | Provider Target Rate | 54.7090 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 55.2330 | | 64.5276 | | | |
| 10b | Base for line 10a | 53.6955 | | 62.7314 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.6674 | 71.2531 | 42.7187 | 13.6500 | | 173.2892 |
| 12/13 | Medicaid Adjustment Rate | | 0.7631 | 0.4575 | | | |
| 14 | Prospective Per Diem 11 | 45.6674 | 72.0162 | 43.1762 | 13.6500 | | 174.5098 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 019287-00 - 2013/01
194.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 1,603,049 | 9.4208 |
| Indexed Asset Value: 2,003,811 | < 60% of Base: True | | 20% ROE(2): 400,762 | 0.4629 |
| 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: 207,348 | | Total FRVS PD: | 15.0545 |

(1) 80% Capital (\$1,603,049) amortized at 13.0000% for 20 years Interest of \$207,348 divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = \$9.4208

(2) 20% ROE (\$400,762) times the ROE factor (0.025420) divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = \$0.4629

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.6674 | 45.6674 | 2.6635 | 43.0039 |
| Patient Care | | | | |
| Direct Care | 72.0162 | 72.0162 | 4.2003 | 67.8159 |
| Indirect Care | 43.1762 | 43.1762 | 2.5182 | 40.6580 |
| Property | 13.6500 | 15.0545 | 0.8780 | 14.1765 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.3936 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.5098 | 175.9143 | 10.2600 | 194.8803 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 021261-00 - 2013/01 202.80 |
|---|

Coastal 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 |
|--|--|--|--|
| 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 | 07/01/2010-12/31/2011 Days In CR 549 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 61,589 Medicare: 6,015 Medicaid: 50,934 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 82.69983% Occupancy: 93.48664% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.86873% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,971,865 | 3,748,126 | 2,585,991 | 1,060,955 | 0 | 9,366,937 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.7141 | 73.5879 | 50.7714 | 20.8300 | | 183.9034 |
| 3 | Cost Per Diem Inflated | 40.6730 | 75.9166 | 53.3403 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.6730 | 75.9166 | 53.3403 | 20.8300 | | 190.7599 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.9964 | | 63.4944 | | | |
| 7 | Provider Target Rate | 46.2848 | | 65.3124 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 43.0251 | | 54.3099 | | | |
| 10b | Base for line 10a | 41.8275 | | 52.7981 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.6730 | 75.9166 | 53.3403 | 13.6500 | | 183.5799 |
| 12/13 | Medicaid Adjustment Rate | | 2.7928 | 1.9622 | | | |
| 14 | Prospective Per Diem 11 | 40.6730 | 78.7094 | 55.3025 | 13.6500 | | 188.3349 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 021261-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): 4,392,036 | | 5.7722 |
| Indexed Asset Value 5,490,045 | < 60% of Base: True | | 20% ROE(2): 1,098,009 | | 0.6635 |
| FRVS Base Asset: 2,020,491 | Interest Rate: 5.2500 % | | Insurance Cost(3): 60,789 | | 0.9870 |
| Occup Adj Factor: 0.9000 | Chase Rate: 5.2500 % | | Taxes Cost(3): 69,964 | | 1.1360 |
| ROE Factor 0.023820 | Amortization Rate: 5.2500 % | | Home Office(3): 49,424 | | 0.8025 |
| | Interest Only: True | | Replacement(3&4): 139,326 | | 0.0000 |
| | Yearly Payment: 227,540 | | Total FRVS PD: | | 9.3612 |

- (1) 80% Capital (\$4,392,036) amortized at 5.2500% for 20 years Interest of \$227,540 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.7722
- (2) 20% ROE (\$1,098,009) times the ROE factor (0.023820) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6635
- (3) Pass-throughs: Cost 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: 50,500 |
| Comparison Bed 84 | Effective PBS Limitation 2,409,288 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.6730 | 40.6730 | 2.3722 | 38.3008 |
| Patient Care | | | | |
| Direct Care | 78.7094 | 78.7094 | 4.5907 | 74.1187 |
| Indirect Care | 55.3025 | 55.3025 | 3.2255 | 52.0770 |
| Property | 13.6500 | 9.3612 | 0.5460 | 8.8152 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6545 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.3349 | 184.0461 | 10.7344 | 202.7986 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 022138-00 - 2013/01 238.73 |
|---|

Carlton Shores 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 |
|--|--|---|--|
| 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 84 Maximum: 30,660 Max Annualized: 30,660 Total Patient: 26,771 Medicare: 6,509 Medicaid: 12,910 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 48.22382% Occupancy: 87.31572% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.08838% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 950,961 | 1,224,063 | 991,831 | 249,938 | 32,629 | 3,449,422 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 73.6608 | 94.8151 | 76.8266 | 19.3600 | 2.5274 | 267.1899 |
| 3 | Cost Per Diem Inflated | 76.8726 | 97.4455 | 80.1764 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 76.8726 | 97.4455 | 80.1764 | 19.3600 | 2.5274 | 276.3819 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 77.3389 | | 77.7059 | | | |
| 7 | Provider Target Rate | 79.5533 | | 79.9309 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 53.7756 | | 63.7111 | | | |
| 10b | Base for line 10a | 52.2787 | | 61.9376 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.8317 | 94.1344 | 62.9999 | 13.6500 | 2.5274 | 225.1434 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.8317 | 94.1344 | 62.9999 | 13.6500 | 2.5274 | 225.1434 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 022138-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

238.73

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): | 2,856,030 | 9.0783 |
| Indexed Asset Value | 3,570,037 | < 60% of Base: | False | 20% ROE(2): | 714,007 | 0.6254 |
| FRVS Base Asset: | 813,756 | Interest Rate: | 6.2500 % | Insurance Cost(3): | 106,558 | 3.9804 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 56,665 | 2.1167 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 26,051 | 0.9731 |
| | | Interest Only: | False | Replacement(3&4): | 38,770 | 0.0000 |
| | | Yearly Payment: | 250,506 | Total FRVS PD: | | 16.7739 |

(1) 80% Capital (\$2,856,030) amortized at 6.2500% for 20 years Principal & Interest of \$250,506 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$9.0783

(2) 20% ROE (\$714,007) times the ROE factor (0.024170) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$0.6254

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 55 | Effective PBS Limitation | 1,395,075 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.8317 | 51.8317 | 3.0230 | 48.8087 |
| Patient Care | | | | |
| Direct Care | 94.1344 | 94.1344 | 5.4903 | 88.6441 |
| Indirect Care | 62.9999 | 62.9999 | 3.6744 | 59.3255 |
| Property | 13.6500 | 16.7739 | 0.9783 | 15.7956 |
| ROE | 2.5274 | 2.5273 | 0.1474 | 2.3799 |
| ROE Adjustment | -2.5273 | -2.5273 | -0.1474 | -2.3799 |
| Quality Assess-Medicaid Share | | | | \$17.3246 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 222.6161 | 225.7399 | 13.1660 | 238.7309 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 022293-00 - 2013/01 202.24 |
|---|

San Marco Terrace Rehab and 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 |
|---|--|---|--|
| 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 68 Maximum: 24,820 Max Annualized: 24,820 Total Patient: 20,820 Medicare: 4,257 Medicaid: 11,256 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.06340% Occupancy: 83.88397% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.76160% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 733,015 | 847,747 | 592,242 | 287,366 | 0 | 2,460,370 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 65.1222 | 75.3151 | 52.6157 | 25.5300 | | 218.5830 |
| 3 | Cost Per Diem Inflated | 67.9617 | 77.4045 | 54.9098 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 67.9617 | 77.4045 | 54.9098 | 25.5300 | | 225.8060 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.6301 | | 46.2644 | | | |
| 7 | Provider Target Rate | 47.9653 | | 51.3036 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 48.0268 | | 53.6785 | | | |
| 10b | Base for line 10a | 46.6899 | | 52.1843 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.9653 | 77.4045 | 51.3036 | 13.6500 | | 190.3234 |
| 12/13 | Medicaid Adjustment Rate | | 0.3538 | 0.2345 | | | |
| 14 | Prospective Per Diem 11 | 47.9653 | 77.7583 | 51.5381 | 13.6500 | | 190.9117 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 022293-00 - 2013/01
202.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

San Marco Terrace Rehab and care

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: 800,000.00 | | | Total Amount | Per Diem |
| RS to Start Calcs: 1983/01 | Type: Variable [3] | | 80% Capital(1): 1,021,542 | | 3.6979 |
| Indexed Asset Value 1,276,927 | < 60% of Base: False | | 20% ROE(2): 255,385 | | 0.2763 |
| FRVS Base Asset: 722,452 | Interest Rate: 6.5000 % | | Insurance Cost(3): 3,358 | | 0.1613 |
| Occup Adj Factor: 0.9000 | Chase Rate: 3.2500 % | | Taxes Cost(3): 0 | | 0.0000 |
| ROE Factor 0.024170 | Amortization Rate: 5.2500 % | | Home Office(3): 96,761 | | 4.6475 |
| | Interest Only: False | | Replacement(3&4): 10,053 | | 0.0000 |
| | Yearly Payment: 82,603 | | Total FRVS PD: | | 8.7830 |

(1) 80% Capital (\$1,021,542) amortized at 5.2500% for 20 years Principal & Interest of \$82,603 divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$3.6979

(2) 20% ROE (\$255,385) times the ROE factor (0.024170) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$0.2763

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.9653 | 47.9653 | 2.7975 | 45.1678 |
| Patient Care | | | | |
| Direct Care | 77.7583 | 77.7583 | 4.5352 | 73.2231 |
| Indirect Care | 51.5381 | 51.5381 | 3.0059 | 48.5322 |
| Property | 13.6500 | 8.7830 | 0.5123 | 8.2707 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.2098 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.9117 | 186.0447 | 10.8509 | 202.2360 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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| 0 022987-00 - 2013/01 213.49 |
|---|

Blountstown 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 |
|--|--|--|--|
| 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: 2011/01 Last Used: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.49919% Occupancy: 94.62090% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.29882% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 45.4555 | 83.7576 | 50.3554 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.4555 | 83.7576 | 50.3554 | 22.2200 | | 201.7885 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.8614 | | 51.2313 | | | |
| 7 | Provider Target Rate | 47.1745 | | 52.6982 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 46.8850 | | 55.3446 | | | |
| 10b | Base for line 10a | 45.5799 | | 53.8040 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.4555 | 83.7576 | 50.3554 | 13.6500 | | 193.2185 |
| 12/13 | Medicaid Adjustment Rate | | 2.3085 | 1.3879 | | | |
| 14 | Prospective Per Diem 11 | 45.4555 | 86.0661 | 51.7433 | 13.6500 | | 196.9149 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 022987-00 - 2013/01
213.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,922,447 | 7.4934 |
| Indexed Asset Value | 3,653,059 | < 60% of Base: | False | 20% ROE(2): | 730,612 | 0.5841 |
| 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: | 236,313 | Total FRVS PD: | | 11.7209 |

(1) 80% Capital (\$2,922,447) amortized at 5.2500% for 20 years Principal & Interest of \$236,313 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$7.4934

(2) 20% ROE (\$730,612) times the ROE factor (0.025210) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$0.5841

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 81 | Effective PBS Limitation | 2,919,807 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.4555 | 45.4555 | 2.6512 | 42.8043 |
| Patient Care | | | | |
| Direct Care | 86.0661 | 86.0661 | 5.0197 | 81.0464 |
| Indirect Care | 51.7433 | 51.7433 | 3.0179 | 48.7254 |
| Property | 13.6500 | 11.7209 | 0.6836 | 11.0373 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.0421 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 196.9149 | 194.9858 | 11.3724 | 213.4879 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 022994-00 - 2013/01 |
| 210.29 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.68886% Occupancy: 93.59589% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.00648% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 52.7650 | 86.7813 | 40.4962 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.7650 | 86.7813 | 40.4962 | 14.2600 | | 194.3025 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.8910 | | 57.4579 | | | |
| 7 | Provider Target Rate | 61.6059 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | 59.8715 | | 63.8643 | | | |
| 10b | Base for line 10a | 58.2049 | | 62.0866 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.7650 | 86.7813 | 40.4962 | 13.6500 | | 193.6925 |
| 12/13 | Medicaid Adjustment Rate | | 2.3127 | 1.0792 | | | |
| 14 | Prospective Per Diem 11 | 52.7650 | 89.0940 | 41.5754 | 13.6500 | | 197.0844 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 022994-00 - 2013/01
210.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

The Home Association, 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 2,255,478 FRVS Base Asset: 1,040,889 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): | 1,804,382 | 7.1136 |
| | < 60% of Base: | True | 20% ROE(2): | 451,096 | 0.3695 |
| | Interest Rate: | 12.5000 % | Insurance Cost(3): | 2,609 | 0.0796 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 2,730 | 0.0832 |
| | 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: | 50,500 |
| Comparison Bed 96 | Effective PBS Limitation | 2,736,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.7650 | 52.7650 | 3.0775 | 49.6875 |
| Patient Care | | | | |
| Direct Care | 89.0940 | 89.0940 | 5.1963 | 83.8977 |
| Indirect Care | 41.5754 | 41.5754 | 2.4248 | 39.1506 |
| Property | 13.6500 | 8.6657 | 0.5054 | 8.1603 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.5574 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 197.0844 | 192.1001 | 11.2040 | 210.2859 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 023067-00 - 2013/01 235.19 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.72114% Occupancy: 93.14308% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.43556% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 55.2190 | 95.0388 | 63.4592 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.2190 | 95.0388 | 63.4592 | 15.8100 | | 229.5270 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.9177 | | 51.3593 | | | |
| 7 | Provider Target Rate | 61.6333 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 95.0388 | 52.8299 | 13.6500 | | 214.5662 |
| 12/13 | Medicaid Adjustment Rate | | 1.7878 | 0.9938 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 96.8266 | 53.8237 | 13.6500 | | 217.3478 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 023067-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

235.19

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): | 6,002,556 | 12.9910 |
| Indexed Asset Value | 7,503,195 | < 60% of Base: | False | 20% ROE(2): | 1,500,639 | 0.6451 |
| 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: | 768,156 | Total FRVS PD: | | 19.0370 |

(1) 80% Capital (\$6,002,556) amortized at 11.5000% for 20 years Principal & Interest of \$768,156 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.9910

(2) 20% ROE (\$1,500,639) times the ROE factor (0.025420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6451

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 90 | Effective PBS Limitation | 2,565,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 96.8266 | 96.8266 | 5.6473 | 91.1793 |
| Indirect Care | 53.8237 | 53.8237 | 3.1392 | 50.6845 |
| Property | 13.6500 | 19.0370 | 1.1103 | 17.9267 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.6149 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.3478 | 222.7348 | 12.9907 | 235.1914 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 023255-00 - 2013/01 232.77 |
|---|

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: 2013/01 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: 175 Conditional: 7 Total: 182 |
| | Medicaid Utilization 27.21874% Occupancy: 18.92282% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 23.85804% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 104.9840 | 125.5234 | 110.3629 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 104.9840 | 125.5234 | 110.3629 | 129.4702 | | 470.3405 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 105.7963 | | 111.2167 | | | |
| 7 | Provider Target Rate | 108.8256 | | 114.4012 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 47.6908 | | 55.4339 | | | |
| 10b | Base for line 10a | 46.3633 | | 53.8908 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.6908 | 98.1975 | 55.4339 | 13.6500 | | 214.9722 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 47.6908 | 98.1975 | 55.4339 | 13.6500 | | 214.9722 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 023255-00 - 2013/01
232.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Vienna Square

FRVS

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

| | | | | | | |
|-------------------------|------------------|-----------------------------|----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: | 11/4/2010 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 14,250,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 2010/07 | Type: | Variable [3] | 80% Capital(1): | 4,678,619 | 9.2271 |
| Indexed Asset Value | 5,848,274 | < 60% of Base: | False | 20% ROE(2): | 1,169,655 | 0.7732 |
| FRVS Base Asset: | 5,802,840 | Interest Rate: | 4.7800 % | Insurance Cost(3): | 54,975 | 6.1604 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 104,620 | 11.7234 |
| ROE Factor | 0.026060 | Amortization Rate: | 4.7800 % | Home Office(3): | 3,674 | 0.4117 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 363,733 | Total FRVS PD: | | 28.2958 |

(1) 80% Capital (\$4,678,619) amortized at 4.7800% for 20 years Principal & Interest of \$363,733 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2271

(2) 20% ROE (\$1,169,655) times the ROE factor (0.026060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7732

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 5,802,840 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 47.6908 | 47.6908 | 2.7815 | 44.9093 |
| Patient Care | | | | |
| Direct Care | 98.1975 | 98.1975 | 5.7273 | 92.4702 |
| Indirect Care | 55.4339 | 55.4339 | 3.2331 | 52.2008 |
| Property | 13.6500 | 28.2958 | 1.6503 | 26.6455 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$7.7155 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 214.9722 | 229.6180 | 13.3922 | 232.7737 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 024167-00 - 2013/01

272.09

Key West Health & Rehabilitation

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
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 |
|---|--|--|--|
| 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: 2010/07 Last Used: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 46.13325% Occupancy: 8.67389% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 10.93611% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 150.5221 | 121.9829 | 124.4948 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 150.5221 | 121.9829 | 124.4948 | 270.4797 | | 667.4795 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 151.6918 | | 125.4623 | | | |
| 7 | Provider Target Rate | 156.0352 | | 129.0547 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 51.9473 | | 59.6801 | | | |
| 10b | Base for line 10a | 50.5013 | | 58.0188 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.9473 | 100.1552 | 59.6801 | 13.6500 | | 225.4326 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.9473 | 100.1552 | 59.6801 | 13.6500 | | 225.4326 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 024167-00 - 2013/01
272.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,686,891 | 9.4160 |
| Indexed Asset Value | 5,858,614 | < 60% of Base: | False | 20% ROE(2): | 1,171,723 | 0.7669 |
| 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: | 371,177 | Total FRVS PD: | 46.5179 | |

(1) 80% Capital (\$4,686,891) amortized at 5.0000% for 20 years Principal & Interest of \$371,177 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4160

(2) 20% ROE (\$1,171,723) times the ROE factor (0.025800) divided by annual available days (43,800) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.9473 | 51.9473 | 3.0298 | 48.9175 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 59.6801 | 59.6801 | 3.4808 | 56.1993 |
| Property | 13.6500 | 46.5179 | 2.7131 | 43.8048 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.0236 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 225.4326 | 258.3005 | 15.0652 | 272.0913 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 026536-00 - 2013/01 |
| 233.00 |

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 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: 11/1/1971 Acquired Date: 11/1/1971 Entered Medicaid 11/1/1971 Med # Active Date: 6/1/2010 Previous Med # 002419 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,624 Medicare: 8,563 Medicaid: 26,358 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.05635% Occupancy: 85.89954% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.30286% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,517,929 | 2,348,210 | 1,391,068 | 806,818 | 0 | 6,064,025 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 57.5889 | 89.0891 | 52.7759 | 30.6100 | | 230.0639 |
| 3 | Cost Per Diem Inflated | 60.0999 | 91.5607 | 55.0770 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 60.0999 | 91.5607 | 55.0770 | 30.6100 | | 237.3476 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.7126 | | 63.3924 | | | |
| 7 | Provider Target Rate | 64.5082 | | 65.2075 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 53.8092 | | 60.2066 | | | |
| 10b | Base for line 10a | 52.3114 | | 58.5307 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 91.5607 | 55.0770 | 13.6500 | | 213.3352 |
| 12/13 | Medicaid Adjustment Rate | | 2.0659 | 1.2427 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 93.6266 | 56.3197 | 13.6500 | | 216.6438 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 026536-00 - 2013/01
233.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

West Broward Rehabilitation 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: | 3,000,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1971/07 | Type: | Fixed [2] | 80% Capital(1): | 3,745,770 | 12.1601 |
| Indexed Asset Value | 4,682,212 | < 60% of Base: | False | 20% ROE(2): | 936,442 | 0.5742 |
| FRVS Base Asset: | 2,206,339 | Interest Rate: | 13.0000 % | Insurance Cost(3): | 59,053 | 1.5696 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 74,372 | 1.9767 |
| ROE Factor | 0.024170 | Amortization Rate: | 11.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 279,722 | 0.0000 |
| | | Yearly Payment: | 479,352 | Total FRVS PD: | | 16.2806 |

(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 (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5742

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 93.6266 | 93.6266 | 5.4607 | 88.1659 |
| Indirect Care | 56.3197 | 56.3197 | 3.2848 | 53.0349 |
| Property | 13.6500 | 16.2806 | 0.9496 | 15.3310 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.6804 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 216.6438 | 219.2744 | 12.7890 | 232.9982 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 028100-00 - 2013/01 |
| 240.26 |

The Crossings

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 |
|--|--|--|--|
| 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: 6/30/2010 Previous Med # 001291 | 07/01/2010-06/30/2011 Days In CR 365 First Used: 2010/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,163 Medicare: 5,062 Medicaid: 12,121 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.25210% Occupancy: 87.50228% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.32360% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 583,388 | 1,277,123 | 718,078 | 462,780 | 0 | 3,041,369 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 48.1304 | 105.3645 | 59.2425 | 38.1800 | | 250.9174 |
| 3 | Cost Per Diem Inflated | 48.1304 | 105.3645 | 59.2425 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.1304 | 105.3645 | 59.2425 | 38.1800 | | 250.9174 |
| 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 | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 63.5815 | | 73.0057 | | | |
| 10b | Base for line 10a | 61.8116 | | 70.9735 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1304 | 105.3645 | 59.2425 | 13.6500 | | 226.3874 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1304 | 105.3645 | 59.2425 | 13.6500 | | 226.3874 |
| 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 028100-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

240.26

The Crossings

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: | 2,376,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1988/07 | Type: | Fixed [2] | 80% Capital(1): | 1,703,785 | 7.7339 |
| Indexed Asset Value | 2,129,731 | < 60% of Base: | False | 20% ROE(2): | 425,946 | 0.5336 |
| FRVS Base Asset: | 1,264,851 | Interest Rate: | 6.5000 % | Insurance Cost(3): | 85,300 | 4.4513 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.0000 % | Taxes Cost(3): | 46,400 | 2.4213 |
| ROE Factor | 0.024690 | Amortization Rate: | 6.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 152,436 | Total FRVS PD: | | 15.1401 |

(1) 80% Capital (\$1,703,785) amortized at 6.5000% for 20 years Principal & Interest of \$152,436 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$7.7339

(2) 20% ROE (\$425,946) times the ROE factor (0.024690) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5336

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 1,779,720 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1304 | 48.1304 | 2.8072 | 45.3232 |
| Patient Care | | | | |
| Direct Care | 105.3645 | 105.3645 | 6.1453 | 99.2192 |
| Indirect Care | 59.2425 | 59.2425 | 3.4553 | 55.7872 |
| Property | 13.6500 | 15.1401 | 0.8830 | 14.2571 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.8435 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 226.3874 | 227.8775 | 13.2908 | 240.2626 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 028133-00 - 2013/01 254.22 |
|---|

Cross Pointe 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 |
|---|--|--|--|
| 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: 2010/01 Last Used: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 79.58979% Occupancy: 89.00463% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.21777% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.22862856 Semester Index: 1.30828184 Cost: 1.06483105 Target: 1.02004310 DC FY Index: 1.17749915 DC Sem Index: 1.22250000 DC Inflation: 1.03821731 PS Target: 1.02863299 | |

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 | 58.2143 | 106.2734 | 63.9799 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.2143 | 106.2734 | 63.9799 | 3.5400 | | 232.0076 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.1656 | | 65.0256 | | | |
| 7 | Provider Target Rate | 60.8597 | | 66.8875 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 59.3439 | | 67.5953 | | | |
| 10b | Base for line 10a | 57.6920 | | 65.7137 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 58.2143 | 106.2734 | 63.9799 | 3.5400 | | 232.0076 |
| 12/13 | Medicaid Adjustment Rate | | 3.5377 | 2.1298 | | | |
| 14 | Prospective Per Diem 11 | 58.2143 | 109.8111 | 66.1097 | 3.5400 | | 237.6751 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 028133-00 - 2013/01 |
| 254.22 |

| |
|---------------------------------|
| Cross Pointe Care Center |
|---------------------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 5/1/2000 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 2,384,158 FRVS Base Asset: 1,418,704 Occup Adj Factor: 0.9000 ROE Factor 0.023930 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 0.00 | | Total Amount | Per Diem |
| | Type: | None [1] | 80% Capital(1): | 1,907,326 | 3.0903 |
| | < 60% of Base: | True | 20% ROE(2): | 476,832 | 0.3947 |
| | Interest Rate: | 4.7500 % | Insurance Cost(3): | 31,719 | 1.8749 |
| | Chase Rate: | 4.7500 % | Taxes Cost(3): | 22,571 | 1.3341 |
| | Amortization Rate: | 4.7500 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | True | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 89,334 | Total FRVS PD: | 6.6940 | | |

- (1) 80% Capital (\$1,907,326) amortized at 4.7500% for 20 years Interest of \$89,334 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$3.0903
- (2) 20% ROE (\$476,832) times the ROE factor (0.023930) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$0.3947
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 88 | Effective PBS Limitation | 2,508,000 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 58.2143 | 58.2143 | 3.3953 | 54.8190 | |
| Patient Care | | | | | |
| Direct Care | 109.8111 | 109.8111 | 6.4046 | 103.4065 | |
| Indirect Care | 66.1097 | 66.1097 | 3.8558 | 62.2539 | |
| Property | 3.5400 | 6.6940 | 0.3904 | 6.3036 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$18.6078 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 237.6751 | 240.8291 | 14.0461 | 254.2232 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 028148-00 - 2013/01 |
| 220.37 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.77894% Occupancy: 78.49578% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 98.96813% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

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 | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 50.0344 | | 53.1386 | | | |
| 10b | Base for line 10a | 48.6416 | | 51.6594 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.7435 | 98.1975 | 52.2964 | 13.6500 | | 210.8874 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.7435 | 98.1975 | 52.2964 | 13.6500 | | 210.8874 |
| 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 - 2013/01

220.37

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

Cross Terrace 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: 2,469,167.00 | | | Total Amount | Per Diem |
| RS to Start Calcs: 1979/01 | Type: Variable [3] | | 80% Capital(1): 1,791,154 | | 4.2641 |
| Indexed Asset Value 2,238,943 | < 60% of Base: False | | 20% ROE(2): 447,789 | | 0.3236 |
| FRVS Base Asset: 1,371,112 | Interest Rate: 5.3200 % | | Insurance Cost(3): 79,300 | | 2.6613 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.2500 % | | Taxes Cost(3): 38,000 | | 1.2753 |
| ROE Factor 0.024690 | Amortization Rate: 5.3200 % | | Home Office(3): 0 | | 0.0000 |
| | Interest Only: False | | Replacement(3&4): 0 | | 0.0000 |
| | Yearly Payment: 145,677 | | Total FRVS PD: | | 8.5243 |

(1) 80% Capital (\$1,791,154) amortized at 5.3200% for 20 years Principal & Interest of \$145,677 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$4.2641

(2) 20% ROE (\$447,789) times the ROE factor (0.024690) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.3236

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

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

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| 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 | 2.7263 | 44.0172 |
| Patient Care | | | | |
| Direct Care | 98.1975 | 98.1975 | 5.7273 | 92.4702 |
| Indirect Care | 52.2964 | 52.2964 | 3.0501 | 49.2463 |
| Property | 13.6500 | 8.5243 | 0.4972 | 8.0271 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.7753 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 210.8874 | 205.7617 | 12.0009 | 220.3685 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 028602-00 - 2013/01

211.89

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: 2013/01 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: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.35433% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

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 | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 53.0386 | | 58.8412 | | | |
| 10b | Base for line 10a | 51.5622 | | 57.2033 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 98.1975 | 47.4287 | 10.5300 | | 206.7622 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 98.1975 | 47.4287 | 10.5300 | | 206.7622 |
| 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 - 2013/01
211.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Wuesthoff Progressive Care Center

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|------------------|------------------------------|------------------|---------------|
| Began FRVS: | 5/30/1995 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 0.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1995/01 | Type: | Fixed [2] | 80% Capital(1): | 3,709,800 | 3.1666 |
| Indexed Asset Value | 4,637,250 | < 60% of Base: | True | 20% ROE(2): | 927,450 | 0.6835 |
| FRVS Base Asset: | 3,917,154 | Interest Rate: | 0.0000 % | Insurance Cost(3): | 0 | 0.0000 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 40,281 | 1.0490 |
| ROE Factor | 0.027600 | 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: | 50,500 |
| Comparison Bed 114 | Effective PBS Limitation | 3,917,154 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 98.1975 | 98.1975 | 5.7273 | 92.4702 |
| Indirect Care | 47.4287 | 47.4287 | 2.7662 | 44.6625 |
| Property | 10.5300 | 7.2437 | 0.4225 | 6.8212 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$11.4444 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 206.7622 | 203.4759 | 11.8675 | 211.8852 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 030479-00 - 2013/01 225.20 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 40.20280% Occupancy: 96.71271% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.93618% 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: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 57.5875 | 102.4035 | 57.3435 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 57.5875 | 102.4035 | 57.3435 | 30.3500 | | 247.6845 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.0390 | | 57.7931 | | | |
| 7 | Provider Target Rate | 59.7008 | | 59.4479 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 49.4381 | | 55.7739 | | | |
| 10b | Base for line 10a | 48.0619 | | 54.2214 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.4381 | 98.1975 | 55.7739 | 13.6500 | | 217.0595 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 49.4381 | 98.1975 | 55.7739 | 13.6500 | | 217.0595 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 030479-00 - 2013/01
225.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,241,276 | 9.0632 | |
| Indexed Asset Value 5,301,595 | < 60% of Base: True | | 20% ROE(2): 1,060,319 | 0.7677 | |
| 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: 357,270 | | Total FRVS PD: | 13.3142 | |

- (1) 80% Capital (\$4,241,276) amortized at 8.5000% for 20 years Interest of \$357,270 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.0632
- (2) 20% ROE (\$1,060,319) times the ROE factor (0.028540) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7677
- (3) Pass-throughs: 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 4,383,120 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.4381 | 49.4381 | 2.8834 | 46.5547 |
| Patient Care | | | | |
| Direct Care | 98.1975 | 98.1975 | 5.7273 | 92.4702 |
| Indirect Care | 55.7739 | 55.7739 | 3.2530 | 52.5209 |
| Property | 13.6500 | 13.3142 | 0.7765 | 12.5377 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.2808 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.0595 | 216.7237 | 12.6402 | 225.1967 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 030484-00 - 2013/01 235.64 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 65.37542% Occupancy: 97.61817% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 123.07780% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 180 Maximum: 32,580 Max Annualized: 65,700 Total Patient: 31,804 Medicare: 4,838 Medicaid: 20,792 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 52.7235 | 100.1509 | 58.8238 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.7235 | 100.1509 | 58.8238 | 25.0600 | | 236.7582 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.1369 | | 59.2849 | | | |
| 7 | Provider Target Rate | 54.6584 | | 60.9824 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 51.3290 | | 55.7739 | | | |
| 10b | Base for line 10a | 49.9002 | | 54.2214 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 98.1975 | 55.7739 | 13.6500 | | 218.2274 |
| 12/13 | Medicaid Adjustment Rate | | 1.6986 | 0.9647 | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 99.8961 | 56.7386 | 13.6500 | | 220.8907 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 030484-00 - 2013/01
235.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 8,422,234 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): | 6,737,787 | 9.0998 |
| | < 60% of Base: | False | 20% ROE(2): | 1,684,447 | 0.8130 |
| | 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: | 538,074 | Total FRVS PD: | 13.0083 | | |

(1) 80% Capital (\$6,737,787) amortized at 5.1000% for 20 years Principal & Interest of \$538,074 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.0998

(2) 20% ROE (\$1,684,447) times the ROE factor (0.028540) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8130

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 99.8961 | 99.8961 | 5.8264 | 94.0697 |
| Indirect Care | 56.7386 | 56.7386 | 3.3092 | 53.4294 |
| Property | 13.6500 | 13.0083 | 0.7587 | 12.2496 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4080 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 220.8907 | 220.2490 | 12.8458 | 235.6436 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 030487-00 - 2013/01 226.54 |
|---|

The Health 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 |
|---|--|--|---|
| 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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 55.83975% Occupancy: 96.84162% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.09872% 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: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 45.5437 | 100.4759 | 50.7774 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.5437 | 100.4759 | 50.7774 | 25.5200 | | 222.3170 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.9008 | | 51.1755 | | | |
| 7 | Provider Target Rate | 47.2151 | | 52.6408 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.8407 | | 53.3323 | | | |
| 10b | Base for line 10a | 43.5925 | | 51.8477 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.8407 | 96.2398 | 50.7774 | 13.6500 | | 205.5079 |
| 12/13 | Medicaid Adjustment Rate | | 0.6323 | 0.3336 | | | |
| 14 | Prospective Per Diem 11 | 44.8407 | 96.8721 | 51.1110 | 13.6500 | | 206.4738 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 030487-00 - 2013/01
226.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

The Health Center of Pensacola

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): 7,154,380 | 14.7404 |
| Indexed Asset Value 8,942,975 | < 60% of Base: False | 20% ROE(2): 1,788,595 | 0.8633 |
| 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: 871,600 | Total FRVS PD: 17.8750 | |

(1) 80% Capital (\$7,154,380) amortized at 10.7500% for 20 years Principal & Interest of \$871,600 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$14.7404

(2) 20% ROE (\$1,788,595) times the ROE factor (0.028540) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8633

(3) Pass-throughs: Cost 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,441,840 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.8407 | 44.8407 | 2.6153 | 42.2254 |
| Patient Care | | | | |
| Direct Care | 96.8721 | 96.8721 | 5.6500 | 91.2221 |
| Indirect Care | 51.1110 | 51.1110 | 2.9810 | 48.1300 |
| Property | 13.6500 | 17.8750 | 1.0425 | 16.8325 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2952 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 206.4738 | 210.6988 | 12.2888 | 226.5376 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 030490-00 - 2013/01 |
| 233.26 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 44.45017% Occupancy: 90.80438% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.48691% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 54.2931 | 103.4155 | 62.8796 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.2931 | 103.4155 | 62.8796 | 33.9600 | | 254.5482 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.7187 | | 63.3725 | | | |
| 7 | Provider Target Rate | 56.2855 | | 65.1870 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 48.3498 | | 61.2739 | | | |
| 10b | Base for line 10a | 47.0039 | | 59.5683 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.3498 | 100.1552 | 60.9022 | 13.6500 | | 223.0572 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.3498 | 100.1552 | 60.9022 | 13.6500 | | 223.0572 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 030490-00 - 2013/01
233.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 5,083,490 | 8.3113 |
| Indexed Asset Value 6,354,362 | < 60% of Base: False | 20% ROE(2): 1,270,872 | 0.6238 |
| 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: 483,254 | Total FRVS PD: 12.3895 | |

(1) 80% Capital (\$5,083,490) amortized at 7.2800% for 20 years Principal & Interest of \$483,254 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$8.3113

(2) 20% ROE (\$1,270,872) times the ROE factor (0.028540) divided by annual available days (64,605) 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: 29,821 |
| Comparison Date: 1/1/1989 | Current RS PBS: 50,500 |
| Comparison Bed 104 | Effective PBS Limitation 3,101,384 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.3498 | 48.3498 | 2.8200 | 45.5298 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 12.3895 | 0.7226 | 11.6669 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.5629 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 223.0572 | 221.7967 | 12.9362 | 233.2558 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 030491-00 - 2013/01 |
| 230.22 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 42.91631% Occupancy: 96.34438% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.47180% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 49.1577 | 106.3567 | 61.1150 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.1577 | 106.3567 | 61.1150 | 34.0100 | | 250.6394 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.5431 | | 61.5941 | | | |
| 7 | Provider Target Rate | 50.9617 | | 63.3577 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 47.6125 | | 60.5572 | | | |
| 10b | Base for line 10a | 46.2872 | | 58.8715 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.6125 | 98.1975 | 59.0236 | 13.6500 | | 218.4836 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 47.6125 | 98.1975 | 59.0236 | 13.6500 | | 218.4836 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 030491-00 - 2013/01
230.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,374,473 | 10.3979 |
| Indexed Asset Value | 7,968,091 | < 60% of Base: | False | 20% ROE(2): | 1,593,618 | 0.7692 |
| 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: | 614,825 | Total FRVS PD: | | 13.7195 |

(1) 80% Capital (\$6,374,473) amortized at 7.4700% for 20 years Principal & Interest of \$614,825 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.3979

(2) 20% ROE (\$1,593,618) times the ROE factor (0.028540) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7692

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,602,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.6125 | 47.6125 | 2.7770 | 44.8355 |
| Patient Care | | | | |
| Direct Care | 98.1975 | 98.1975 | 5.7273 | 92.4702 |
| Indirect Care | 59.0236 | 59.0236 | 3.4425 | 55.5811 |
| Property | 13.6500 | 13.7195 | 0.8002 | 12.9193 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.5794 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 218.4836 | 218.5531 | 12.7470 | 230.2179 |

***Medicaid Trend Adjustment :**



0 030527-00 - 2013/01
223.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 20,610 Medicare: 7,963 Medicaid: 10,871 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 52.74624% Occupancy: 94.88950% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.63747% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 52.1509 | 101.9398 | 57.1934 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.1509 | 101.9398 | 57.1934 | 37.1700 | | 248.4541 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.5597 | | 57.6417 | | | |
| 7 | Provider Target Rate | 54.0646 | | 59.2922 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 45.9364 | | 52.9004 | | | |
| 10b | Base for line 10a | 44.6577 | | 51.4279 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.9364 | 96.2398 | 52.9004 | 13.6500 | | 208.7266 |
| 12/13 | Medicaid Adjustment Rate | | 0.2973 | 0.1634 | | | |
| 14 | Prospective Per Diem 11 | 45.9364 | 96.5371 | 53.0638 | 13.6500 | | 209.1873 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 030527-00 - 2013/01
223.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,335,382 | 13.3985 |
| Indexed Asset Value | 5,419,228 | < 60% of Base: | False | 20% ROE(2): | 1,083,846 | 0.7847 |
| 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: | 528,169 | Total FRVS PD: | | 17.7880 |

(1) 80% Capital (\$4,335,382) amortized at 10.7500% for 20 years Principal & Interest of \$528,169 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.3985

(2) 20% ROE (\$1,083,846) times the ROE factor (0.028540) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7847

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,859,160 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.9364 | 45.9364 | 2.6792 | 43.2572 |
| Patient Care | | | | |
| Direct Care | 96.5371 | 96.5371 | 5.6304 | 90.9067 |
| Indirect Care | 53.0638 | 53.0638 | 3.0949 | 49.9689 |
| Property | 13.6500 | 17.7880 | 1.0375 | 16.7505 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.0461 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.1873 | 213.3253 | 12.4420 | 223.7618 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 030530-00 - 2013/01 234.94 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 41.36625% Occupancy: 94.26001% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.84381% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 59.3071 | 104.3276 | 60.5311 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 59.3071 | 104.3276 | 60.5311 | 42.2500 | | 266.4158 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.7720 | | 61.0056 | | | |
| 7 | Provider Target Rate | 61.4835 | | 62.7524 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 54.1887 | | 62.6808 | | | |
| 10b | Base for line 10a | 52.6803 | | 60.9360 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.5311 | 13.6500 | | 227.3838 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 100.1552 | 60.5311 | 13.6500 | | 227.3838 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 030530-00 - 2013/01
234.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,465,970 | 9.5238 |
| Indexed Asset Value | 4,332,463 | < 60% of Base: | False | 20% ROE(2): | 866,493 | 0.6662 |
| 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: | 353,527 | Total FRVS PD: | | 12.8002 |

(1) 80% Capital (\$3,465,970) amortized at 8.2170% for 20 years Principal & Interest of \$353,527 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$9.5238

(2) 20% ROE (\$866,493) times the ROE factor (0.028540) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.6662

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,821,120 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 60.5311 | 60.5311 | 3.5304 | 57.0007 |
| Property | 13.6500 | 12.8002 | 0.7466 | 12.0536 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.7908 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 227.3838 | 226.5340 | 13.2124 | 234.9448 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 030535-00 - 2013/01 226.85 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 25.11573% Occupancy: 89.91902% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.37065% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 67.3474 | 95.0168 | 76.0082 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 67.3474 | 95.0168 | 76.0082 | 36.4501 | | 274.8225 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 67.8754 | | 76.6039 | | | |
| 7 | Provider Target Rate | 69.8189 | | 78.7973 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 53.2953 | | 64.4141 | | | |
| 10b | Base for line 10a | 51.8118 | | 62.6211 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.8317 | 94.1344 | 62.9999 | 13.6500 | | 222.6160 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.8317 | 94.1344 | 62.9999 | 13.6500 | | 222.6160 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 030535-00 - 2013/01
226.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

The Health Center of Daytona Beach

FRVS

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

| | | | | |
|---------------------------------------|------------------------------------|--|-------------------------------------|-------------------------------------|
| Began FRVS: 7/11/1996 | 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): 1,995,483 | 6.8015 |
| Indexed Asset Value: 2,494,354 | < 60% of Base: True | | 20% ROE(2): 498,871 | 0.5937 |
| FRVS Base Asset: 2,162,820 | Interest Rate: 8.2500 % | | Insurance Cost(3): 16,940 | 1.4258 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.2500 % | | Taxes Cost(3): 35,221 | 2.9645 |
| ROE Factor: 0.028540 | Amortization Rate: 8.2500 % | | Home Office(3): 0 | 0.0000 |
| | Interest Only: True | | Replacement(3&4): 0 | 0.0000 |
| | Yearly Payment: 163,103 | | Total FRVS PD: | 11.7855 |

- (1) 80% Capital (\$1,995,483) amortized at 8.2500% for 20 years Interest of \$163,103 divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = \$6.8015
- (2) 20% ROE (\$498,871) times the ROE factor (0.028540) divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = \$0.5937
- (3) Pass-throughs: 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: 50,500 |
| Comparison Bed: 60 | Effective PBS Limitation: 2,162,820 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.8317 | 51.8317 | 3.0230 | 48.8087 |
| Patient Care | | | | |
| Direct Care | 94.1344 | 94.1344 | 5.4903 | 88.6441 |
| Indirect Care | 62.9999 | 62.9999 | 3.6744 | 59.3255 |
| Property | 13.6500 | 11.7855 | 0.6874 | 11.0981 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$10.1417 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 222.6160 | 220.7515 | 12.8751 | 226.8505 |

***Medicaid Trend Adjustment :**



0 030537-00 - 2013/01

241.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 41.54554% Occupancy: 94.07458% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.61001% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 61.7980 | 104.7597 | 65.1690 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 61.7980 | 104.7597 | 65.1690 | 47.0300 | | 278.7567 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.2824 | | 65.6799 | | | |
| 7 | Provider Target Rate | 64.0657 | | 67.5605 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 53.6838 | | 62.5685 | | | |
| 10b | Base for line 10a | 52.1895 | | 60.8268 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 13.6500 | | 227.7549 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 100.1552 | 60.9022 | 13.6500 | | 227.7549 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 030537-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

241.79

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): | 4,123,993 | 8.8126 |
| Indexed Asset Value | 5,154,991 | < 60% of Base: | True | 20% ROE(2): | 1,030,998 | 0.7464 |
| 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: | 347,391 | Total FRVS PD: | | 16.6571 |

- (1) 80% Capital (\$4,123,993) amortized at 8.5000% for 20 years Interest of \$347,391 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8126
- (2) 20% ROE (\$1,030,998) times the ROE factor (0.028540) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7464
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,444,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 16.6571 | 0.9715 | 15.6856 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.6498 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 227.7549 | 230.7620 | 13.4590 | 241.7852 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 030540-00 - 2013/01 239.17 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 46.24082% Occupancy: 93.65255% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.07791% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 55.7368 | 104.3775 | 57.8038 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.7368 | 104.3775 | 57.8038 | 30.6200 | | 248.5381 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 56.1737 | | 58.2570 | | | |
| 7 | Provider Target Rate | 57.7821 | | 59.9251 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 55.4530 | | 57.7553 | | | |
| 10b | Base for line 10a | 53.9094 | | 56.1476 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 57.7553 | 13.6500 | | 224.6080 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 100.1552 | 57.7553 | 13.6500 | | 224.6080 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 030540-00 - 2013/01
239.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,326,674 | 10.7395 |
| Indexed Asset Value | 7,908,342 | < 60% of Base: | False | 20% ROE(2): | 1,581,668 | 0.7634 |
| 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: | 635,026 | Total FRVS PD: | | 15.7800 |

(1) 80% Capital (\$6,326,674) amortized at 8.0000% for 20 years Principal & Interest of \$635,026 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.7395

(2) 20% ROE (\$1,581,668) times the ROE factor (0.028540) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7634

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,985,900 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 57.7553 | 57.7553 | 3.3685 | 54.3868 |
| Property | 13.6500 | 15.7800 | 0.9204 | 14.8596 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.8202 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 224.6080 | 226.7380 | 13.2243 | 239.1663 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 030546-00 - 2013/01 234.43 |
|---|

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: 2013/01 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 Medicaid Utilization 56.20062% Occupancy: 84.69613% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.78558% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 52.9533 | 101.2211 | 57.8787 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.9533 | 101.2211 | 57.8787 | 34.7100 | | 246.7631 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.3683 | | 58.3325 | | | |
| 7 | Provider Target Rate | 54.8964 | | 60.0027 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 47.3363 | | 57.3981 | | | |
| 10b | Base for line 10a | 46.0186 | | 55.8004 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.3363 | 98.1975 | 57.3981 | 13.6500 | | 216.5819 |
| 12/13 | Medicaid Adjustment Rate | | 0.6850 | 0.4004 | | | |
| 14 | Prospective Per Diem 11 | 47.3363 | 98.8825 | 57.7985 | 13.6500 | | 217.6673 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 030546-00 - 2013/01
234.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Bayonet 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): | 7,148,016 | 12.5614 |
| Indexed Asset Value | 8,935,020 | < 60% of Base: | False | 20% ROE(2): | 1,787,004 | 0.8625 |
| 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: | 742,758 | Total FRVS PD: | | 16.6395 |

(1) 80% Capital (\$7,148,016) amortized at 8.4700% for 20 years Principal & Interest of \$742,758 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.5614

(2) 20% ROE (\$1,787,004) times the ROE factor (0.028540) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8625

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,172,660 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.3363 | 47.3363 | 2.7608 | 44.5755 |
| Patient Care | | | | |
| Direct Care | 98.8825 | 98.8825 | 5.7672 | 93.1153 |
| Indirect Care | 57.7985 | 57.7985 | 3.3710 | 54.4275 |
| Property | 13.6500 | 16.6395 | 0.9705 | 15.6690 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.8133 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.6673 | 220.6568 | 12.8695 | 234.4330 |

*Medicaid Trend Adjustment :



0 030552-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

265.52

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 41.95169% Occupancy: 95.30387% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.15991% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 72.5123 | 105.6584 | 75.6999 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 72.5123 | 105.6584 | 75.6999 | 24.4000 | | 278.2706 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 73.0808 | | 76.2935 | | | |
| 7 | Provider Target Rate | 75.1733 | | 78.4780 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 65.5714 | | 77.4331 | | | |
| 10b | Base for line 10a | 63.7462 | | 75.2777 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 105.6584 | 75.6999 | 13.6500 | | 257.0398 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 105.6584 | 75.6999 | 13.6500 | | 257.0398 |
| 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 01/01/2013 through 06/30/2013

| |
|---|
| 0 030552-00 - 2013/01 265.52 |
|---|

| |
|-----------------------|
| The Aristocrat |
|-----------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|---------------------|-------------------------------------|------------------|---------------|
| Began FRVS: 6/9/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/01 Indexed Asset Value 2,694,483 FRVS Base Asset: 1,930,980 Occup Adj Factor: 0.9000 ROE Factor 0.028540 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,375,800.00 | | | |
| | Type: | Variable [3] | 80% Capital(1): | 2,155,586 | 9.5543 |
| | < 60% of Base: | False | 20% ROE(2): | 538,897 | 0.7803 |
| | Interest Rate: | 6.2000 % | Insurance Cost(3): | 15,414 | 1.4893 |
| | Chase Rate: | 8.2500 % | Taxes Cost(3): | 18,839 | 1.8202 |
| | Amortization Rate: | 6.2000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 188,316 | Total FRVS PD: | 13.6441 | | |

- (1) 80% Capital (\$2,155,586) amortized at 6.2000% for 20 years Principal & Interest of \$188,316 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.5543
- (2) 20% ROE (\$538,897) times the ROE factor (0.028540) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7803
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | | | | | | | | |
|---|--------------------------------|------------------------|---------------|----------------------------------|-----------------|---------------|--------------------------|--------------------------|------------------|
| <table border="1"> <tr> <td>Per Bed Standard Determination</td> <td>Used Per Bed Standard:</td> <td align="right">32,183</td> </tr> <tr> <td>Comparison Date: 8/1/1992</td> <td>Current RS PBS:</td> <td align="right">50,500</td> </tr> <tr> <td>Comparison Bed 60</td> <td>Effective PBS Limitation</td> <td align="right">1,930,980</td> </tr> </table> | Per Bed Standard Determination | Used Per Bed Standard: | 32,183 | Comparison Date: 8/1/1992 | Current RS PBS: | 50,500 | Comparison Bed 60 | Effective PBS Limitation | 1,930,980 |
| Per Bed Standard Determination | Used Per Bed Standard: | 32,183 | | | | | | | |
| Comparison Date: 8/1/1992 | Current RS PBS: | 50,500 | | | | | | | |
| Comparison Bed 60 | Effective PBS Limitation | 1,930,980 | | | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 | |
| Patient Care | | | | | |
| Direct Care | 105.6584 | 105.6584 | 6.1624 | 99.4960 | |
| Indirect Care | 75.6999 | 75.6999 | 4.4151 | 71.2848 | |
| Property | 13.6500 | 13.6441 | 0.7958 | 12.8483 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$14.6452 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 257.0398 | 257.0339 | 14.9912 | 265.5203 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 031880-00 - 2013/01 |
| 224.49 |

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: 2013/01 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 Medicaid Utilization 47.52460% Occupancy: 90.00227% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.47561% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

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 | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 49.8441 | | 57.0332 | | | |
| 10b | Base for line 10a | 48.4566 | | 55.4456 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 96.2398 | 57.0332 | 13.6500 | | 215.0875 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 96.2398 | 57.0332 | 13.6500 | | 215.0875 |
| 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 - 2013/01
224.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

North Campus Rehabilitation and Health Center

FRVS

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

| | | | | |
|--------------------------------------|------------------------------------|--|----------------------------------|----------------|
| Began FRVS: 10/11/1988 | 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: 1988/07 | Type: Fixed [2] | | 80% Capital(1): 4,412,475 | 11.5101 |
| Indexed Asset Value 5,515,594 | < 60% of Base: False | | 20% ROE(2): 1,103,119 | 0.6996 |
| FRVS Base Asset: 2,402,622 | Interest Rate: 8.3270 % | | Insurance Cost(3): 24,000 | 0.6071 |
| Occup Adj Factor: 0.9000 | Chase Rate: 13.0000 % | | Taxes Cost(3): 1,200 | 0.0304 |
| ROE Factor 0.025000 | Amortization Rate: 8.3270 % | | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | | Replacement(3&4): 0 | 0.0000 |
| | Yearly Payment: 453,729 | | Total FRVS PD: | 12.8472 |

(1) 80% Capital (\$4,412,475) amortized at 8.3270% for 20 years Principal & Interest of \$453,729 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5101

(2) 20% ROE (\$1,103,119) times the ROE factor (0.025000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6996

(3) Pass-throughs: 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: 50,500 |
| Comparison Bed 81 | Effective PBS Limitation 2,402,622 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 57.0332 | 57.0332 | 3.3264 | 53.7068 |
| Property | 13.6500 | 12.8472 | 0.7493 | 12.0979 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.8733 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.0875 | 214.2847 | 12.4980 | 224.4924 |

***Medicaid Trend Adjustment :**



0 032049-00 - 2013/01
222.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Clvde E. Lassen State Veterans Nursing Home

Type of Cost Report: Cost Settled Interim New Facility[6] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: New Provider[2]

| 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: 2010/07 Last Used: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 5.98706% Occupancy: 31.76211% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 40.04593% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 133.8947 | 174.9758 | 132.2327 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 133.8947 | 174.9758 | 132.2327 | 93.2992 | | 534.4024 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 134.9398 | | 133.2648 | | | |
| 7 | Provider Target Rate | 138.8035 | | 137.0806 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 46.7700 | | 54.2073 | | | |
| 10b | Base for line 10a | 45.4681 | | 52.6984 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.7700 | 96.2398 | 54.2073 | 13.6500 | | 210.8671 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.7700 | 96.2398 | 54.2073 | 13.6500 | | 210.8671 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 032049-00 - 2013/01
222.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,645,758 | | 3.7672 |
| Indexed Asset Value 5,807,198 | < 60% of Base: True | | 20% ROE(2): 1,161,440 | | 0.8208 |
| 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: 148,504 | | Total FRVS PD: | | 6.6536 |

- (1) 80% Capital (\$4,645,758) amortized at 3.2500% for 20 years Interest of \$148,504 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$3.7672
- (2) 20% ROE (\$1,161,440) times the ROE factor (0.027860) divided by annual available days (43,800) 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: 48,357 |
| Comparison Date: 1/1/2010 | Current RS PBS: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 5,802,840 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.7700 | 46.7700 | 2.7278 | 44.0422 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 54.2073 | 54.2073 | 3.1616 | 51.0457 |
| Property | 13.6500 | 6.6536 | 0.3881 | 6.2655 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.7101 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 210.8671 | 203.8707 | 11.8906 | 222.5226 |

***Medicaid Trend Adjustment :**



0 032482-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

216.08

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 | 01/01/2011-12/31/2011 | Number of Beds: 294 | Superior: 0 |
| Miami FL 33142 | Days In CR 365 | Maximum: 107,310 | Standard: 182 |
| County: Dade [13] | First Used: 2012/07 | Max Annualized: 107,310 | Conditional: 0 |
| Region: South [2] Area: 11 | Last Used: 2013/01 | Total Patient: 87,103 | Total: 182 |
| Control Private For profit [1] | Unaudited [3] | Medicare: 7,061 | Inflation |
| Current Class South Large [4] | Initial CR? False | Medicaid: 76,253 | FY Index: 1.25362148 |
| Class at 1/94: South Large [4] | Medicaid Utilization 87.54348% | | Semester Index: 1.30828184 |
| Operating Ex > 18 months [1] | Occupancy: 81.16951% | | Cost: 1.04360197 |
| Open Date: 1/1/1984 | Statewide Low Occupancy Threshold: 79.31420% | | Target: 1.02004310 |
| Acquired Date: 1/1/1984 | Medicaid Low Occupancy Threshold: 40.85520% | | DC FY Index: 1.18950000 |
| Entered Medicaid 1/1/1984 | Low Occupancy Adjustment Factor: 102.33918% | | DC Sem Index: 1.22250000 |
| Med # Active Date: 5/13/2011 | Weighted Low Occ Adjustment Factor: 100.00000% | | DC Inflation: 1.02774275 |
| Previous Med # 227544 | | | PS Target: 1.02863299 |

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 | 58.2511 | 93.8966 | 55.8273 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.2511 | 93.8966 | 55.8273 | 11.5200 | 0.2128 | 219.7078 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.7867 | | 51.3593 | | | |
| 7 | Provider Target Rate | 49.1550 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.1550 | 93.8966 | 52.8299 | 11.5200 | 0.2128 | 207.6143 |
| 12/13 | Medicaid Adjustment Rate | | 3.9659 | 2.2313 | | | |
| 14 | Prospective Per Diem 11 | 49.1550 | 97.8625 | 55.0612 | 11.5200 | 0.2128 | 213.8115 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 032482-00 - 2013/01 |
| 216.08 |

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| Unity Health & Rehab Center |
|--|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 11/1/1988 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 10,328,527 FRVS Base Asset: 5,044,343 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 5,562,567.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 8,262,822 | 10.6810 |
| | < 60% of Base: | False | 20% ROE(2): | 2,065,705 | 0.5170 |
| | Interest Rate: | 11.1200 % | Insurance Cost(3): | 107,580 | 1.2351 |
| | Chase Rate: | 9.5000 % | Taxes Cost(3): | 84,536 | 0.9705 |
| | Amortization Rate: | 11.1200 % | Home Office(3): | 59,970 | 0.6885 |
| | Interest Only: | False | Replacement(3&4): | 106,337 | 0.0000 |
| Yearly Payment: | 1,031,565 | Total FRVS PD: | 14.0921 | | |

- (1) 80% Capital (\$8,262,822) amortized at 11.1200% for 20 years Principal & Interest of \$1,031,565 divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = \$10.6810
- (2) 20% ROE (\$2,065,705) times the ROE factor (0.024170) divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = \$0.5170
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | | |
|---------------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 298 | Effective PBS Limitation | 8,493,000 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|-----------------|--|
| Operating | 49.1550 | 49.1550 | 2.8669 | 46.2881 | |
| Patient Care | | | | | |
| Direct Care | 97.8625 | 97.8625 | 5.7077 | 92.1548 | |
| Indirect Care | 55.0612 | 55.0612 | 3.2114 | 51.8498 | |
| Property | 11.5200 | 14.0921 | 0.8219 | 13.2702 | |
| ROE | 0.2128 | 0.0348 | 0.0020 | 0.0328 | |
| ROE Adjustment | -0.0348 | -0.0348 | -0.0020 | -0.0328 | |
| Quality Assess-Medicaid Share | | | | \$3.6849 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 213.7767 | 216.1708 | 12.6079 | 216.0802 | |

| |
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| *Medicaid Trend Adjustment : |
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0 033175-00 - 2013/01
215.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Seven Hills 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 |
|--|---|-------------------------------|-----------------------------------|
| 3333 Capital Medical Blvd. Tallahassee FL 32308 | 12/01/2010-01/31/2012 | Number of Beds: 156 | Superior: 0 |
| County: Leon [37] | Days In CR 427 | Maximum: 66,612 | Standard: 182 |
| Region: North [1] Area: 2 | First Used: 2013/01 | Max Annualized: 56,940 | Conditional: 0 |
| Control Private For profit [1] | Last Used: 2013/01 | Total Patient: 57,297 | Total: 182 |
| Current Class North Large [2] | Unaudited [3] | Medicare: 8,357 | Inflation |
| Class at 1/94: North Large [2] | Initial CR? False | Medicaid: 38,402 | FY Index: 1.25362148 |
| Operating Ex > 18 months [1] | Medicaid Utilization 67.02271% | | Semester Index: 1.30828184 |
| Open Date: 11/1/1984 | Occupancy: 86.01604% | | Cost: 1.04360197 |
| Acquired Date: 11/1/1984 | Statewide Low Occupancy Threshold: 79.31420% | | Target: 1.02004310 |
| Entered Medicaid 11/1/1984 | Medicaid Low Occupancy Threshold: 40.85520% | | DC FY Index: 1.18950000 |
| Med # Active Date: 12/1/2010 | Low Occupancy Adjustment Factor: 108.44973% | | DC Sem Index: 1.22250000 |
| Previous Med # 252093 | Weighted Low Occ Adjustment Factor: 100.00000% | | DC Inflation: 1.02774275 |
| | | | PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,729,812 | 3,429,948 | 2,350,454 | 911,663 | 0 | 8,421,877 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 45.0448 | 89.3169 | 61.2066 | 23.7400 | | 219.3083 |
| 3 | Cost Per Diem Inflated | 47.0088 | 91.7948 | 63.8753 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.0088 | 91.7948 | 63.8753 | 23.7400 | | 226.4189 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.5798 | | 49.2883 | | | |
| 7 | Provider Target Rate | 40.7131 | | 50.6996 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 45.0254 | | 54.0697 | | | |
| 10b | Base for line 10a | 43.7721 | | 52.5646 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.7131 | 91.7948 | 50.6996 | 13.6500 | | 196.8575 |
| 12/13 | Medicaid Adjustment Rate | | 1.7579 | 0.9709 | | | |
| 14 | Prospective Per Diem 11 | 40.7131 | 93.5527 | 51.6705 | 13.6500 | | 199.5863 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 033175-00 - 2013/01
215.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Seven Hills Health & Rehab 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: 1984/07 Indexed Asset Value 6,088,717 FRVS Base Asset: 2,265,264 Occup Adj Factor: 0.9000 ROE Factor 0.023480 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 5,202,036.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,870,974 | 9.3638 |
| | < 60% of Base: | False | 20% ROE(2): | 1,217,743 | 0.5579 |
| | Interest Rate: | 10.6343 % | Insurance Cost(3): | 63,782 | 1.1132 |
| | Chase Rate: | 4.7500 % | Taxes Cost(3): | 87,841 | 1.5331 |
| | Amortization Rate: | 7.7500 % | Home Office(3): | 10,405 | 0.1816 |
| | Interest Only: | False | Replacement(3&4): | 288,383 | 0.0000 |
| Yearly Payment: | 479,858 | Total FRVS PD: | | 12.7496 | |

(1) 80% Capital (\$4,870,974) amortized at 7.7500% for 20 years Principal & Interest of \$479,858 divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = \$9.3638

(2) 20% ROE (\$1,217,743) times the ROE factor (0.023480) divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = \$0.5579

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 156 | Effective PBS Limitation | 4,446,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.7131 | 40.7131 | 2.3746 | 38.3385 |
| Patient Care | | | | |
| Direct Care | 93.5527 | 93.5527 | 5.4564 | 88.0963 |
| Indirect Care | 51.6705 | 51.6705 | 3.0136 | 48.6569 |
| Property | 13.6500 | 12.7496 | 0.7436 | 12.0060 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5514 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.5863 | 198.6859 | 11.5882 | 215.4815 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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| 0 033717-00 - 2013/01 245.54 |
|---|

Benderson Family Skilled Nursing & 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 [1] 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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 51.10654% Occupancy: 55.95617% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 70.55000% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24804976 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.18649811 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

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 | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 60.8373 | | 72.3979 | | | |
| 10b | Base for line 10a | 59.1438 | | 70.3826 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 60.8373 | 106.7147 | 59.3786 | 13.6500 | | 240.5806 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 60.8373 | 106.7147 | 59.3786 | 13.6500 | | 240.5806 |
| 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
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|------------------------------|
| 0 033717-00 - 2013/01 |
| 245.54 |

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|---|
| Benderson Family Skilled Nuring & Rehab Center |
|---|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 3/22/2011 Year of Phase-In/ Full: RS to Start Calcs: 2011/01 Indexed Asset Value 2,444,459 FRVS Base Asset: 2,435,050 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): | 1,955,567 | 3.8058 |
| | < 60% of Base: | True | 20% ROE(2): | 488,892 | 0.8215 |
| | Interest Rate: | 0.0000 % | Insurance Cost(3): | 1,562 | 0.1530 |
| | Chase Rate: | 3.2500 % | Taxes Cost(3): | 13,208 | 1.2934 |
| | Amortization Rate: | 3.2500 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | True | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 62,511 | Total FRVS PD: | | 6.0737 | |

- (1) 80% Capital (\$1,955,567) amortized at 3.2500% for 20 years Interest of \$62,511 divided by annual available days (18,250) divided by Occup. Adj. (0.9000) = \$3.8058
- (2) 20% ROE (\$488,892) times the ROE factor (0.027600) divided by annual available days (18,250) divided by Occup. Adj. (0.9000) = \$0.8215
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 50 | Effective PBS Limitation | 2,435,050 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 60.8373 | 60.8373 | 3.5483 | 57.2890 | |
| Patient Care | | | | | |
| Direct Care | 106.7147 | 106.7147 | 6.2240 | 100.4907 | |
| Indirect Care | 59.3786 | 59.3786 | 3.4632 | 55.9154 | |
| Property | 13.6500 | 6.0737 | 0.3542 | 5.7195 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$17.2908 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 240.5806 | 233.0043 | 13.5897 | 245.5378 | |

| |
|-------------------------------------|
| *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 01/01/2013 through 06/30/2013

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|---|
| 0 034504-00 - 2013/01 206.99 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.19456% Occupancy: 87.96721% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.90978% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

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 | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | 54.1146 | | 64.2002 | | | |
| 10b | Base for line 10a | 52.6083 | | 62.4131 | | | |
| 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.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 034504-00 - 2013/01 |
| 206.99 |

| |
|---------------------------------------|
| Grace Healthcare at Lake Wales |
|---------------------------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 3/9/2011 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 4,263,133 FRVS Base Asset: 1,301,586 Occup Adj Factor: 0.9000 ROE Factor 0.025000 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 5,000,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 3,410,506 | 8.3951 |
| | < 60% of Base: | False | 20% ROE(2): | 852,627 | 0.6489 |
| | Interest Rate: | 7.0000 % | Insurance Cost(3): | 12,900 | 0.4007 |
| | Chase Rate: | 3.2500 % | Taxes Cost(3): | 44,000 | 1.3666 |
| | Amortization Rate: | 5.2500 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 275,778 | Total FRVS PD: | 10.8113 | | |

(1) 80% Capital (\$3,410,506) amortized at 5.2500% for 20 years Principal & Interest of \$275,778 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$8.3951

(2) 20% ROE (\$852,627) times the ROE factor (0.025000) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.6489

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| 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 | 2.6841 | 43.3369 | |
| Patient Care | | | | | |
| Direct Care | 84.9484 | 84.9484 | 4.9545 | 79.9939 | |
| Indirect Care | 47.6808 | 47.6808 | 2.7809 | 44.8999 | |
| Property | 13.6500 | 10.8113 | 0.6306 | 10.1807 | |
| 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 | 189.4615 | 11.0501 | 206.9942 | |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 038640-00 - 2013/01 |
| 240.57 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 25.00588% Occupancy: 67.81648% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 85.50358% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

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 | 53.0475 | 100.1552 | 67.4301 | 18.6230 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 52.0641 | | 57.8890 | | | |
| 10b | Base for line 10a | 50.6148 | | 56.2776 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.7605 | 99.5081 | 57.8890 | 18.6230 | | 226.7806 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.7605 | 99.5081 | 57.8890 | 18.6230 | | 226.7806 |
| 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 - 2013/01
240.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,723,260 | 9.2524 |
| Indexed Asset Value 5,904,075 | < 60% of Base: False | 20% ROE(2): 1,180,815 | 0.5617 |
| FRVS Base Asset: 5,897,880 | Interest Rate: 4.7000 % | Insurance Cost(3): 75,581 | 2.5376 |
| Occup Adj Factor: 0.9000 | 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: 364,728 | Total FRVS PD: 24.5589 | |

(1) 80% Capital (\$4,723,260) amortized at 4.7000% for 20 years Principal & Interest of \$364,728 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2524

(2) 20% ROE (\$1,180,815) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5617

(3) Pass-throughs: 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 5,897,880 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.7605 | 50.7605 | 2.9606 | 47.7999 |
| Patient Care | | | | |
| Direct Care | 99.5081 | 99.5081 | 5.8037 | 93.7044 |
| Indirect Care | 57.8890 | 57.8890 | 3.3763 | 54.5127 |
| Property | 18.6230 | 24.5589 | 1.4324 | 23.1265 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.5912 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 226.7806 | 232.7165 | 13.5730 | 240.5671 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 041324-00 - 2013/01 |
| 242.72 |

NuVista Living at Hillsborough Lakes

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 |
|---|---|--|--|
| 19091 North Dale Mabry High Lutz FL 33548 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 [2] Open Date: 9/28/2011 Acquired Date: 9/28/2011 Entered Medicaid 9/28/2011 Med # Active Date: 9/28/2011 Previous Med # | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2011/07 Last Used: 2013/01 Unaudited [3] Initial CR? True | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 26,024 Medicare: 7,807 Medicaid: 15,614 | Superior: 0 Standard: 175 Conditional: 7 Total: 182 |
| | Medicaid Utilization 59.99846% Occupancy: 59.25319% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 74.70691% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 772,713 | 1,538,273 | 844,878 | 932,156 | 0 | 4,088,020 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.4885 | 98.5188 | 54.1103 | 59.7000 | | 261.8176 |
| 3 | Cost Per Diem Inflated | 49.4885 | 98.5188 | 54.1103 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.4885 | 98.5188 | 54.1103 | 59.7000 | | 261.8176 |
| 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 | 50.6060 | 98.1975 | 64.2435 | 18.6230 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 47.9519 | | 55.7549 | | | |
| 10b | Base for line 10a | 46.6171 | | 54.2029 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.9519 | 98.1975 | 54.1103 | 18.6230 | | 218.8827 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 47.9519 | 98.1975 | 54.1103 | 18.6230 | | 218.8827 |
| 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 041324-00 - 2013/01
242.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

NuVista Living at Hillsborough Lakes

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|----------------------|------------------------------|------------------|----------------|
| Began FRVS: | 9/28/2011 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 13,984,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 2011/07 | Type: | Fixed [2] | 80% Capital(1): | 4,729,206 | 9.8058 |
| Indexed Asset Value | 5,911,508 | < 60% of Base: | False | 20% ROE(2): | 1,182,302 | 0.5624 |
| FRVS Base Asset: | 5,897,880 | Interest Rate: | 5.3800 % | Insurance Cost(3): | 186,486 | 7.1659 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 353,009 | 13.5647 |
| ROE Factor | 0.018750 | Amortization Rate: | 5.3800 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 386,543 | Total FRVS PD: | | 31.0988 |

(1) 80% Capital (\$4,729,206) amortized at 5.3800% for 20 years Principal & Interest of \$386,543 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8058

(2) 20% ROE (\$1,182,302) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5624

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 5,897,880 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.9519 | 47.9519 | 2.7968 | 45.1551 |
| Patient Care | | | | |
| Direct Care | 98.1975 | 98.1975 | 5.7273 | 92.4702 |
| Indirect Care | 54.1103 | 54.1103 | 3.1559 | 50.9544 |
| Property | 18.6230 | 31.0988 | 1.8138 | 29.2850 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.0232 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 218.8827 | 231.3585 | 13.4938 | 242.7203 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 041685-00 - 2013/01 |
| 208.76 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 92.32205% Occupancy: 83.20091% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.90040% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 103.7144 | 78.1002 | 50.7881 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 103.7144 | 78.1002 | 50.7881 | 16.6300 | | 249.2327 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.2869 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.5550 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.5550 | 78.1002 | 50.7881 | 13.6500 | | 188.0933 |
| 12/13 | Medicaid Adjustment Rate | | 3.5145 | 2.2855 | | | |
| 14 | Prospective Per Diem 11 | 45.5550 | 81.6147 | 53.0736 | 13.6500 | | 193.8933 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 041685-00 - 2013/01
208.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | <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: | 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,710,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.5550 | 45.5550 | 2.6570 | 42.8980 |
| Patient Care | | | | |
| Direct Care | 81.6147 | 81.6147 | 4.7601 | 76.8546 |
| Indirect Care | 53.0736 | 53.0736 | 3.0955 | 49.9781 |
| Property | 13.6500 | 9.1188 | 0.5318 | 8.5870 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.6086 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.8933 | 189.3621 | 11.0444 | 208.7587 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 041686-00 - 2013/01 |
| 206.96 |

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 83.49471% Occupancy: 80.64383% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 101.67642% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 46.0211 | 76.0708 | 60.8706 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.0211 | 76.0708 | 60.8706 | 17.2100 | | 200.1725 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.1836 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.1836 | 76.0708 | 53.6785 | 13.6500 | | 188.5829 |
| 12/13 | Medicaid Adjustment Rate | | 2.8665 | 2.0227 | | | |
| 14 | Prospective Per Diem 11 | 45.1836 | 78.9373 | 55.7012 | 13.6500 | | 193.4721 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 041686-00 - 2013/01
206.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

University Center East

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 1,045,261 FRVS Base Asset: 605,676 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: | Variable [3] | 80% Capital(1): | 836,209 | 5.4293 |
| | < 60% of Base: | False | 20% ROE(2): | 209,052 | 0.2740 |
| | Interest Rate: | 11.5000 % | Insurance Cost(3): | 27,594 | 1.5624 |
| | Chase Rate: | 9.5000 % | Taxes Cost(3): | 14,364 | 0.8133 |
| | 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,710,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.1836 | 45.1836 | 2.6353 | 42.5483 |
| Patient Care | | | | |
| Direct Care | 78.9373 | 78.9373 | 4.6039 | 74.3334 |
| Indirect Care | 55.7012 | 55.7012 | 3.2487 | 52.4525 |
| Property | 13.6500 | 8.0790 | 0.4712 | 7.6078 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.1883 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.4721 | 187.9011 | 10.9591 | 206.9627 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 042138-00 - 2013/01

228.96

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.96291% Occupancy: 91.71676% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.63725% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

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 | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 51.5237 | | 61.8782 | | | |
| 10b | Base for line 10a | 50.0895 | | 60.1558 | | | |
| 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.



0 042138-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

228.96

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): | 2,269,894 | 10.1013 |
| Indexed Asset Value | 2,837,367 | < 60% of Base: | False | 20% ROE(2): | 567,473 | 0.7109 |
| 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: | 199,096 | Total FRVS PD: | | 12.7436 |

(1) 80% Capital (\$2,269,894) amortized at 6.2500% for 20 years Principal & Interest of \$199,096 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.1013

(2) 20% ROE (\$567,473) times the ROE factor (0.024690) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7109

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| 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 | 2.8285 | 45.6681 |
| Patient Care | | | | |
| Direct Care | 93.3916 | 93.3916 | 5.4470 | 87.9446 |
| Indirect Care | 58.2254 | 58.2254 | 3.3959 | 54.8295 |
| Property | 13.6500 | 12.7436 | 0.7433 | 12.0003 |
| 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 | 212.8572 | 12.4147 | 228.9600 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 042140-00 - 2013/01 |
| 226.18 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 85.96242% Occupancy: 86.24458% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.73789% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

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 | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 51.5237 | | 62.3589 | | | |
| 10b | Base for line 10a | 50.0895 | | 60.6231 | | | |
| 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 - 2013/01
226.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Crosswinds Health & 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: 1983/01 Indexed Asset Value 1,678,971 FRVS Base Asset: 721,404 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): | 1,343,177 | 6.1834 |
| | < 60% of Base: | False | 20% ROE(2): | 335,794 | 0.4351 |
| | Interest Rate: | 6.5000 % | Insurance Cost(3): | 21,500 | 1.1744 |
| | Chase Rate: | 3.2500 % | Taxes Cost(3): | 18,500 | 1.0105 |
| | Amortization Rate: | 6.2500 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 117,812 | Total FRVS PD: | | 8.8034 | |

(1) 80% Capital (\$1,343,177) amortized at 6.2500% for 20 years Principal & Interest of \$117,812 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$6.1834

(2) 20% ROE (\$335,794) times the ROE factor (0.024690) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$0.4351

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| 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 | 2.8281 | 45.6619 |
| Patient Care | | | | |
| Direct Care | 93.4073 | 93.4073 | 5.4479 | 87.9594 |
| Indirect Care | 58.7120 | 58.7120 | 3.4243 | 55.2877 |
| Property | 13.6500 | 8.8034 | 0.5135 | 8.2899 |
| 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 | 209.4127 | 12.2138 | 226.1757 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 043833-00 - 2013/01 187.94 |
|---|

Heritage Healthcare 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 |
|---|--|--|--|
| 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: 2/1/2012 Previous Med # 252298 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 70.86682% Occupancy: 95.38403% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.26098% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 62,839 Medicare: 6,955 Medicaid: 44,532 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,569,185 | 3,559,216 | 1,765,690 | 1,032,697 | 0 | 7,926,788 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 35.2372 | 79.9249 | 39.6499 | 23.1900 | | 178.0020 |
| 3 | Cost Per Diem Inflated | 35.2372 | 79.9249 | 39.6499 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 35.2372 | 79.9249 | 39.6499 | 23.1900 | | 178.0020 |
| 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 | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.5028 | | 49.8205 | | | |
| 10b | Base for line 10a | 43.2640 | | 48.4337 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 35.2372 | 79.9249 | 39.6499 | 13.6500 | | 168.4620 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 35.2372 | 79.9249 | 39.6499 | 13.6500 | | 168.4620 |
| 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 043833-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

187.94

Heritage Healthcare Center

FRVS

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

| | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|------------------|
| Began FRVS: 4/26/1997 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 8,331,199 FRVS Base Asset: 3,249,000 Occup Adj Factor: 0.9000 ROE Factor 0.013750 | Mortgage Information | | Calculation of FRVS Per Diem | |
| | Amount: | 6,364,391.00 | | |
| | Type: | Fixed [2] | | |
| | < 60% of Base: | False | 80% Capital(1): | 6,664,959 |
| | Interest Rate: | 10.6343 % | 20% ROE(2): | 1,666,240 |
| | Chase Rate: | 4.7500 % | Insurance Cost(3): | 50,478 |
| | Amortization Rate: | 7.7500 % | Taxes Cost(3): | 92,492 |
| | Interest Only: | False | Home Office(3): | 0 |
| Yearly Payment: | 656,591 | Replacement(3&4): | 0 | |
| | | Total FRVS PD: | 13.7669 | |

(1) 80% Capital (\$6,664,959) amortized at 7.7500% for 20 years Principal & Interest of \$656,591 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.1042

(2) 20% ROE (\$1,666,240) times the ROE factor (0.013750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.3875

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 114 | Effective PBS Limitation | 3,249,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 35.2372 | 35.2372 | 2.0552 | 33.1820 |
| Patient Care | | | | |
| Direct Care | 79.9249 | 79.9249 | 4.6615 | 75.2634 |
| Indirect Care | 39.6499 | 39.6499 | 2.3125 | 37.3374 |
| Property | 13.6500 | 13.7669 | 0.8029 | 12.9640 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.3565 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 168.4620 | 168.5789 | 9.8321 | 187.9357 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 043851-00 - 2013/01 210.98 |
|---|

Coral Bay Healthcare and Rehabilitation

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 |
|---|--|---|---|
| 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: 2/1/2012 Previous Med # 259918 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 46.69319% Occupancy: 92.71175% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.89174% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 40,719 Medicare: 14,075 Medicaid: 19,013 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 797,704 | 1,610,679 | 1,200,559 | 365,430 | 0 | 3,974,372 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.9557 | 84.7146 | 63.1441 | 19.2200 | | 209.0344 |
| 3 | Cost Per Diem Inflated | 41.9557 | 84.7146 | 63.1441 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.9557 | 84.7146 | 63.1441 | 19.2200 | | 209.0344 |
| 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 | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 49.5950 | | 59.6161 | | | |
| 10b | Base for line 10a | 48.2145 | | 57.9566 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.9557 | 84.7146 | 59.6161 | 13.6500 | | 199.9364 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 41.9557 | 84.7146 | 59.6161 | 13.6500 | | 199.9364 |
| 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 043851-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

210.98

Coral Bay Healthcare and Rehabilitation

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 5/4/1993 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 7,736,250.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1993/01 | Type: | Variable [3] | 80% Capital(1): | 4,663,254 | 8.8968 |
| Indexed Asset Value | 5,829,067 | < 60% of Base: | False | 20% ROE(2): | 1,165,813 | 0.4066 |
| FRVS Base Asset: | 3,861,960 | Interest Rate: | 4.3900 % | Insurance Cost(3): | 33,639 | 0.8261 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.2500 % | Taxes Cost(3): | 95,758 | 2.3517 |
| ROE Factor | 0.013750 | Amortization Rate: | 4.3900 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 350,711 | Total FRVS PD: | | 12.4812 |

(1) 80% Capital (\$4,663,254) amortized at 4.3900% for 20 years Principal & Interest of \$350,711 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8968

(2) 20% ROE (\$1,165,813) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4066

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,861,960 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.9557 | 41.9557 | 2.4470 | 39.5087 |
| Patient Care | | | | |
| Direct Care | 84.7146 | 84.7146 | 4.9409 | 79.7737 |
| Indirect Care | 59.6161 | 59.6161 | 3.4771 | 56.1390 |
| Property | 13.6500 | 12.4812 | 0.7280 | 11.7532 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.9778 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.9364 | 198.7676 | 11.5930 | 210.9848 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 043859-00 - 2013/01 214.03 |
|---|

Bradenton Health 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 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 |
|--|--|---|--|
| 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: 2/1/2012 Previous Med # 252069 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 105 Maximum: 38,430 Max Annualized: 38,325 Total Patient: 34,412 Medicare: 12,936 Medicaid: 15,855 Medicaid Utilization 46.07404% Occupancy: 89.54462% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.89860% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 652,744 | 1,450,748 | 907,250 | 473,747 | 0 | 3,484,489 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.1696 | 91.5010 | 57.2217 | 29.8800 | | 219.7723 |
| 3 | Cost Per Diem Inflated | 41.1696 | 91.5010 | 57.2217 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.1696 | 91.5010 | 57.2217 | 29.8800 | | 219.7723 |
| 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 | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 46.8765 | | 55.3657 | | | |
| 10b | Base for line 10a | 45.5716 | | 53.8245 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.1696 | 91.5010 | 55.3657 | 13.6500 | | 201.6863 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 41.1696 | 91.5010 | 55.3657 | 13.6500 | | 201.6863 |
| 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 043859-00 - 2013/01
214.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 4,823,614 FRVS Base Asset: 4,078,830 Occup Adj Factor: 0.9000 ROE Factor 0.013750 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,325,786.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 3,858,891 | 11.0214 |
| | < 60% of Base: | False | 20% ROE(2): | 964,723 | 0.3846 |
| | Interest Rate: | 10.6343 % | Insurance Cost(3): | 29,570 | 0.8593 |
| | Chase Rate: | 4.7500 % | Taxes Cost(3): | 83,640 | 2.4305 |
| | Amortization Rate: | 7.7500 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 380,154 | Total FRVS PD: | 14.6958 | | |

- (1) 80% Capital (\$3,858,891) amortized at 7.7500% for 20 years Principal & Interest of \$380,154 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = \$11.0214
- (2) 20% ROE (\$964,723) times the ROE factor (0.013750) divided by annual available days (38,325) 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: | 38,846 |
| Comparison Date: 1/1/1999 | Current RS PBS: | 50,500 |
| Comparison Bed 105 | Effective PBS Limitation | 4,078,830 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.1696 | 41.1696 | 2.4012 | 38.7684 |
| Patient Care | | | | |
| Direct Care | 91.5010 | 91.5010 | 5.3367 | 86.1643 |
| Indirect Care | 55.3657 | 55.3657 | 3.2292 | 52.1365 |
| Property | 13.6500 | 14.6958 | 0.8571 | 13.8387 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.2853 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.6863 | 202.7321 | 11.8242 | 214.0256 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 043864-00 - 2013/01 |
| 197.92 |

Grand Oaks Health and 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 |
|---|--|--|--|
| 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: 2/1/2012 Previous Med # 252409 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 42,158 Medicare: 19,766 Medicaid: 18,661 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 44.26443% Occupancy: 95.98816% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.02267% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 683,577 | 1,623,102 | 933,030 | 590,061 | 0 | 3,829,770 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 36.6313 | 86.9783 | 49.9989 | 31.6200 | | 205.2285 |
| 3 | Cost Per Diem Inflated | 36.6313 | 86.9783 | 49.9989 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.6313 | 86.9783 | 49.9989 | 31.6200 | | 205.2285 |
| 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 | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 45.2066 | | 53.4553 | | | |
| 10b | Base for line 10a | 43.9482 | | 51.9673 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.6313 | 86.9783 | 49.9989 | 13.6500 | | 187.2585 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 36.6313 | 86.9783 | 49.9989 | 13.6500 | | 187.2585 |
| 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 043864-00 - 2013/01
197.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,339,307 | 10.8443 |
| Indexed Asset Value | 5,424,134 | < 60% of Base: | False | 20% ROE(2): | 1,084,827 | 0.3784 |
| FRVS Base Asset: | 4,383,120 | Interest Rate: | 10.6343 % | Insurance Cost(3): | 34,151 | 0.8101 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.7500 % | Taxes Cost(3): | 94,866 | 2.2502 |
| ROE Factor | 0.013750 | Amortization Rate: | 7.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 427,482 | Total FRVS PD: | | 14.2830 |

(1) 80% Capital (\$4,339,307) amortized at 7.7500% for 20 years Principal & Interest of \$427,482 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8443

(2) 20% ROE (\$1,084,827) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3784

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,383,120 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.6313 | 36.6313 | 2.1365 | 34.4948 |
| Patient Care | | | | |
| Direct Care | 86.9783 | 86.9783 | 5.0729 | 81.9054 |
| Indirect Care | 49.9989 | 49.9989 | 2.9161 | 47.0828 |
| Property | 13.6500 | 14.2830 | 0.8330 | 13.4500 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.1579 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.2585 | 187.8915 | 10.9585 | 197.9233 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 043865-00 - 2013/01 167.18 |
|---|

Harts Harbor Health 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 |
|---|--|--|--|
| 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: 2/1/2012 Previous Med # 252417 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 64,363 Medicare: 5,562 Medicaid: 55,235 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 85.81794% Occupancy: 97.69733% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 123.17760% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,841,089 | 4,564,996 | 2,230,696 | 459,003 | 0 | 9,095,784 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 33.3319 | 82.6468 | 40.3856 | 8.3100 | | 164.6743 |
| 3 | Cost Per Diem Inflated | 33.3319 | 82.6468 | 40.3856 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 33.3319 | 82.6468 | 40.3856 | 8.3100 | | 164.6743 |
| 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 | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.1654 | | 52.4439 | | | |
| 10b | Base for line 10a | 42.9360 | | 50.9841 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 33.3319 | 82.6468 | 40.3856 | 8.3100 | | 164.6743 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 33.3319 | 82.6468 | 40.3856 | 8.3100 | | 164.6743 |
| 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 043865-00 - 2013/01
167.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,810,379 | 6.2296 |
| Indexed Asset Value | 4,762,974 | < 60% of Base: | False | 20% ROE(2): | 952,595 | 0.2215 |
| FRVS Base Asset: | 2,722,556 | Interest Rate: | 7.5000 % | Insurance Cost(3): | 48,946 | 0.7605 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 44,357 | 0.6892 |
| ROE Factor | 0.013750 | Amortization Rate: | 7.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 368,354 | Total FRVS PD: | | 7.9008 |

(1) 80% Capital (\$3,810,379) amortized at 7.5000% for 20 years Principal & Interest of \$368,354 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$6.2296

(2) 20% ROE (\$952,595) times the ROE factor (0.013750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.2215

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|-----------------|
| Operating | 33.3319 | 33.3319 | 1.9441 | 31.3878 |
| Patient Care | | | | |
| Direct Care | 82.6468 | 82.6468 | 4.8203 | 77.8265 |
| Indirect Care | 40.3856 | 40.3856 | 2.3555 | 38.0301 |
| Property | 8.3100 | 7.9008 | 0.4608 | 7.4400 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.6635 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 164.6743 | 164.2651 | 9.5807 | 167.1803 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 043868-00 - 2013/01 |
| 203.02 |

Deltona Health 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 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 |
|---|--|--|--|
| 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: 2/1/2012 Previous Med # 252158 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 61.39496% Occupancy: 93.00319% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.25919% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 40,847 Medicare: 6,577 Medicaid: 25,078 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 959,793 | 2,203,847 | 1,132,338 | 580,556 | 0 | 4,876,534 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.2723 | 87.8797 | 45.1526 | 23.1500 | | 194.4546 |
| 3 | Cost Per Diem Inflated | 38.2723 | 87.8797 | 45.1526 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.2723 | 87.8797 | 45.1526 | 23.1500 | | 194.4546 |
| 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 | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.5058 | | 52.5112 | | | |
| 10b | Base for line 10a | 43.2669 | | 51.0495 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.2723 | 87.8797 | 45.1526 | 13.6500 | | 184.9546 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 38.2723 | 87.8797 | 45.1526 | 13.6500 | | 184.9546 |
| 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 043868-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

203.02

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): | 4,563,370 | 11.4042 |
| Indexed Asset Value | 5,704,213 | < 60% of Base: | False | 20% ROE(2): | 1,140,843 | 0.3979 |
| FRVS Base Asset: | 3,100,660 | Interest Rate: | 10.6343 % | Insurance Cost(3): | 33,467 | 0.8193 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.7500 % | Taxes Cost(3): | 77,222 | 1.8905 |
| ROE Factor | 0.013750 | Amortization Rate: | 7.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 449,555 | Total FRVS PD: | | 14.5119 |

(1) 80% Capital (\$4,563,370) amortized at 7.7500% for 20 years Principal & Interest of \$449,555 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4042

(2) 20% ROE (\$1,140,843) times the ROE factor (0.013750) divided by annual available days (43,800) 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.2723 | 38.2723 | 2.2322 | 36.0401 |
| Patient Care | | | | |
| Direct Care | 87.8797 | 87.8797 | 5.1255 | 82.7542 |
| Indirect Care | 45.1526 | 45.1526 | 2.6335 | 42.5191 |
| Property | 13.6500 | 14.5119 | 0.8464 | 13.6655 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2044 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.9546 | 185.8165 | 10.8376 | 203.0157 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 043875-00 - 2013/01 203.81 |
|---|

Governor's Creek Health and Rehab.

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 |
|---|--|--|---|
| 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: 2/1/2012 Previous Med # 252387 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 41,594 Medicare: 5,282 Medicaid: 34,050 Medicaid Utilization 81.86277% Occupancy: 94.70401% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.40360% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,451,680 | 2,797,470 | 1,740,511 | 686,448 | 0 | 6,676,109 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.6338 | 82.1577 | 51.1163 | 20.1600 | | 196.0678 |
| 3 | Cost Per Diem Inflated | 42.6338 | 82.1577 | 51.1163 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.6338 | 82.1577 | 51.1163 | 20.1600 | | 196.0678 |
| 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 | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.5058 | | 53.4553 | | | |
| 10b | Base for line 10a | 43.2669 | | 51.9673 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.6338 | 82.1577 | 51.1163 | 13.6500 | | 189.5578 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.6338 | 82.1577 | 51.1163 | 13.6500 | | 189.5578 |
| 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 043875-00 - 2013/01
203.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,232,908 | 8.0793 |
| Indexed Asset Value | 4,041,135 | < 60% of Base: | False | 20% ROE(2): | 808,227 | 0.2819 |
| FRVS Base Asset: | 2,253,887 | Interest Rate: | 10.6343 % | Insurance Cost(3): | 33,229 | 0.7989 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.7500 % | Taxes Cost(3): | 31,923 | 0.7675 |
| ROE Factor | 0.013750 | Amortization Rate: | 7.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 318,486 | Total FRVS PD: | | 9.9276 |

(1) 80% Capital (\$3,232,908) amortized at 7.7500% for 20 years Principal & Interest of \$318,486 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.0793

(2) 20% ROE (\$808,227) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.2819

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.6338 | 42.6338 | 2.4866 | 40.1472 |
| Patient Care | | | | |
| Direct Care | 82.1577 | 82.1577 | 4.7918 | 77.3659 |
| Indirect Care | 51.1163 | 51.1163 | 2.9813 | 48.1350 |
| Property | 13.6500 | 9.9276 | 0.5790 | 9.3486 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.9832 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.5578 | 185.8354 | 10.8387 | 203.8123 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 044886-00 - 2013/01 214.80 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 64.99910% Occupancy: 59.04523% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 74.44472% 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: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

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 | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.5058 | | 49.8810 | | | |
| 10b | Base for line 10a | 43.2669 | | 48.4925 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.3919 | 96.2398 | 48.6944 | 13.6500 | | 201.9761 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.3919 | 96.2398 | 48.6944 | 13.6500 | | 201.9761 |
| 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 - 2013/01
214.80

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.3919 | 43.3919 | 2.5308 | 40.8611 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 48.6944 | 48.6944 | 2.8401 | 45.8543 |
| Property | 13.6500 | 10.9510 | 0.6387 | 10.3123 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.3125 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.9761 | 199.2771 | 11.6227 | 214.7993 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 044888-00 - 2013/01 219.56 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 65.00000% Occupancy: 82.51366% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.03390% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 36,240 Medicare: 7,247 Medicaid: 23,556 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

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 | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 45.1169 | | 52.1190 | | | |
| 10b | Base for line 10a | 43.8610 | | 50.6682 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.4753 | 96.2398 | 49.5154 | 13.6500 | | 202.8805 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.4753 | 96.2398 | 49.5154 | 13.6500 | | 202.8805 |
| 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 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

219.56

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: | 50,500 |
| 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 | 2.5357 | 40.9396 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 49.5154 | 49.5154 | 2.8879 | 46.6275 |
| Property | 13.6500 | 15.1043 | 0.8809 | 14.2234 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.3126 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.8805 | 204.3348 | 11.9176 | 219.5622 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 044889-00 - 2013/01 216.67 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 79.69992% Occupancy: 80.00182% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 100.86695% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 150 Maximum: 54,900 Max Annualized: 54,750 Total Patient: 43,921 Medicare: 4,392 Medicaid: 35,005 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

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 | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 44.3034 | | 49.1898 | | | |
| 10b | Base for line 10a | 43.0702 | | 47.8206 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.7986 | 96.2398 | 47.3461 | 13.6500 | | 200.0345 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.7986 | 96.2398 | 47.3461 | 13.6500 | | 200.0345 |
| 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 - 2013/01
216.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,787,971 | 9.5576 |
| Indexed Asset Value | 4,734,964 | < 60% of Base: | True | 20% ROE(2): | 946,993 | 0.4745 |
| 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: | 470,949 | Total FRVS PD: | | 12.4455 |

(1) 80% Capital (\$3,787,971) amortized at 12.5000% for 20 years Interest of \$470,949 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$9.5576

(2) 20% ROE (\$946,993) times the ROE factor (0.024690) divided by annual available days (54,750) 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: | 50,500 |
| 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 | 2.4962 | 40.3024 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 47.3461 | 47.3461 | 2.7614 | 44.5847 |
| Property | 13.6500 | 12.4455 | 0.7259 | 11.7196 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6011 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.0345 | 198.8300 | 11.5966 | 216.6669 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 044975-00 - 2013/01 |
| 246.60 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.68673% Occupancy: 22.84381% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 28.80166% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.27004145 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.19666435 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

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 | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 51.6582 | | 59.3341 | | | |
| 10b | Base for line 10a | 50.2202 | | 57.6825 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.6582 | 100.1552 | 59.3341 | 13.6500 | | 224.7975 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.6582 | 100.1552 | 59.3341 | 13.6500 | | 224.7975 |
| 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 - 2013/01
246.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,339,802 | 14.2399 | |
| Indexed Asset Value 5,424,753 | < 60% of Base: True | | 20% ROE(2): 1,084,951 | 0.6795 | |
| 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: 561,335 | | Total FRVS PD: | 22.7715 | |

(1) 80% Capital (\$4,339,802) amortized at 13.0000% for 20 years Interest of \$561,335 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.2399

(2) 20% ROE (\$1,084,951) times the ROE factor (0.024690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6795

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.6582 | 51.6582 | 3.0129 | 48.6453 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 59.3341 | 59.3341 | 3.4606 | 55.8735 |
| Property | 13.6500 | 22.7715 | 1.3281 | 21.4434 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.4966 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 224.7975 | 233.9190 | 13.6431 | 246.6049 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 046017-00 - 2013/01 |
| 248.21 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.01061% Occupancy: 95.31677% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.17617% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.27684492 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20000000 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

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 | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 54.1024 | | 64.8076 | | | |
| 10b | Base for line 10a | 52.5964 | | 63.0036 | | | |
| 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 - 2013/01
248.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 2,840,439 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): | 2,272,351 | 9.0322 |
| | < 60% of Base: | False | 20% ROE(2): | 568,088 | 0.6671 |
| | 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: | 189,892 | Total FRVS PD: | 15.6294 | | |

(1) 80% Capital (\$2,272,351) amortized at 5.6500% for 20 years Principal & Interest of \$189,892 divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = \$9.0322

(2) 20% ROE (\$568,088) times the ROE factor (0.024690) divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = \$0.6671

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| 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 | 3.0340 | 48.9860 |
| Patient Care | | | | |
| Direct Care | 105.0119 | 105.0119 | 6.1247 | 98.8872 |
| Indirect Care | 62.4401 | 62.4401 | 3.6418 | 58.7983 |
| Property | 13.6500 | 15.6294 | 0.9116 | 14.7178 |
| 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 | 235.1014 | 13.7121 | 248.2091 |

***Medicaid Trend Adjustment :**



0 046128-00 - 2013/01
232.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 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: 11/13/2000 Acquired Date: 11/13/2000 Entered Medicaid 11/13/2000 Med # Active Date: 8/19/2011 Previous Med # 225177 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2012/07 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 264 Maximum: 96,624 Max Annualized: 96,360 Total Patient: 94,337 Medicare: 18,120 Medicaid: 59,448 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.01663% Occupancy: 97.63309% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 123.09661% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 3,065,032 | 5,836,363 | 3,606,924 | 1,644,332 | 0 | 14,152,651 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 51.5582 | 98.1759 | 60.6736 | 27.6600 | | 238.0677 |
| 3 | Cost Per Diem Inflated | 53.6742 | 100.8148 | 63.1637 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.6742 | 100.8148 | 63.1637 | 27.6600 | | 245.3127 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.9045 | | 77.1291 | | | |
| 7 | Provider Target Rate | 53.3907 | | 79.3375 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 13.6500 | | 227.7549 |
| 12/13 | Medicaid Adjustment Rate | | 1.4666 | 0.8918 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 101.6218 | 61.7940 | 13.6500 | | 230.1133 |
| 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
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 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 046128-00 - 2013/01 |
| 232.39 |

Victoria Nursing and Rehabilitation 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: 2000/07 Indexed Asset Value 12,423,206 FRVS Base Asset: 5,618,709 Occup Adj Factor: 0.9000 ROE Factor 0.021880 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 15,121,948.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 9,938,565 | 13.6751 |
| | < 60% of Base: | False | 20% ROE(2): | 2,484,641 | 0.6269 |
| | Interest Rate: | 10.5000 % | Insurance Cost(3): | 86,563 | 0.9176 |
| | Chase Rate: | 8.4408 % | Taxes Cost(3): | 158,999 | 1.6854 |
| | Amortization Rate: | 10.4408 % | Home Office(3): | 56,422 | 0.5981 |
| | Interest Only: | False | Replacement(3&4): | 19,158 | 0.0000 |
| Yearly Payment: | 1,185,958 | Total FRVS PD: | | 17.5031 | |

- (1) 80% Capital (\$9,938,565) amortized at 10.4408% for 20 years Principal & Interest of \$1,185,958 divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = \$13.6751
- (2) 20% ROE (\$2,484,641) times the ROE factor (0.021880) divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = \$0.6269
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 141 | Effective PBS Limitation | 5,618,709 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 101.6218 | 101.6218 | 5.9270 | 95.6948 |
| Indirect Care | 61.7940 | 61.7940 | 3.6041 | 58.1899 |
| Property | 13.6500 | 17.5031 | 1.0209 | 16.4822 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.2398 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 230.1133 | 233.9664 | 13.6459 | 232.3927 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 046233-00 - 2013/01 |
| 230.31 |

Crossbreeze 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 |
|--|---|--|--|
| 1755 18th Street 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: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 10/1/2011 Previous Med # 202681 | 10/01/2011-09/30/2012 Days In CR 366 First Used: 2011/07 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 101 Maximum: 36,966 Max Annualized: 36,865 Total Patient: 28,362 Medicare: 5,708 Medicaid: 20,336 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 71.70157% Occupancy: 76.72456% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 96.73496% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.27684492 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20000000 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,065,810 | 2,039,264 | 1,133,746 | 507,587 | 0 | 4,746,407 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 52.4100 | 100.2785 | 55.7507 | 24.9600 | | 233.3992 |
| 3 | Cost Per Diem Inflated | 52.4100 | 100.2785 | 55.7507 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.4100 | 100.2785 | 55.7507 | 24.9600 | | 233.3992 |
| 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 | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 54.1120 | | 57.5426 | | | |
| 10b | Base for line 10a | 52.6057 | | 55.9408 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.4100 | 100.1552 | 55.7507 | 13.6500 | | 221.9659 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.4100 | 100.1552 | 55.7507 | 13.6500 | | 221.9659 |
| 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 046233-00 - 2013/01
230.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Crossbreeze 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 4,130,979 FRVS Base Asset: 1,364,843 Occup Adj Factor: 0.9000 ROE Factor 0.018750 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 0.00 | | Total Amount | Per Diem |
| | Type: | None [1] | 80% Capital(1): | 3,304,783 | 3.1840 |
| | < 60% of Base: | True | 20% ROE(2): | 826,196 | 0.4669 |
| | Interest Rate: | 0.0000 % | Insurance Cost(3): | 70,000 | 2.4681 |
| | Chase Rate: | 3.2500 % | Taxes Cost(3): | 38,000 | 1.3398 |
| | Amortization Rate: | 3.2500 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | True | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 105,639 | Total FRVS PD: | | 7.4588 | |

- (1) 80% Capital (\$3,304,783) amortized at 3.2500% for 20 years Interest of \$105,639 divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = \$3.1840
- (2) 20% ROE (\$826,196) times the ROE factor (0.018750) divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = \$0.4669
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.4100 | 52.4100 | 3.0568 | 49.3532 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 55.7507 | 55.7507 | 3.2516 | 52.4991 |
| Property | 13.6500 | 7.4588 | 0.4350 | 7.0238 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.2833 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 221.9659 | 215.7747 | 12.5849 | 230.3055 |

***Medicaid Trend Adjustment :**



0 046758-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

233.31

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: 3/29/2012 Previous Med # 207276 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2012/07 Last Used: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.60492% Occupancy: 97.27459% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.64460% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,382,517 | 2,826,645 | 1,843,626 | 642,093 | 0 | 6,694,881 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.5700 | 91.1262 | 59.4354 | 20.7000 | | 215.8316 |
| 3 | Cost Per Diem Inflated | 46.3992 | 93.5756 | 61.8747 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.3992 | 93.5756 | 61.8747 | 20.7000 | | 222.5495 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.6279 | | 64.6023 | | | |
| 7 | Provider Target Rate | 44.8771 | | 66.4521 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.8771 | 93.5756 | 60.9022 | 13.6500 | | 213.0049 |
| 12/13 | Medicaid Adjustment Rate | | 2.3797 | 1.5488 | | | |
| 14 | Prospective Per Diem 11 | 44.8771 | 95.9553 | 62.4510 | 13.6500 | | 216.9334 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 046758-00 - 2013/01
233.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Riverside Care 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: 2,500,000.00 | 80% Capital(1): 2,440,779 | 6.6850 |
| RS to Start Calcs: 1975/07 | Type: Fixed [2] | 20% ROE(2): 610,195 | 0.3387 |
| Indexed Asset Value 3,050,974 | < 60% of Base: False | Insurance Cost(3): 9,740 | 0.2280 |
| FRVS Base Asset: 782,402 | Interest Rate: 9.0000 % | Taxes Cost(3): 58,477 | 1.3687 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.5000 % | Home Office(3): 25,552 | 0.5981 |
| ROE Factor 0.021880 | Amortization Rate: 9.0000 % | Replacement(3&4): 22,461 | 0.0000 |
| | Interest Only: False | Total FRVS PD: | 9.2185 |
| | Yearly Payment: 263,524 | | |

(1) 80% Capital (\$2,440,779) amortized at 9.0000% for 20 years Principal & Interest of \$263,524 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.6850

(2) 20% ROE (\$610,195) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3387

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

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

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 80 | Effective PBS Limitation 2,280,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.8771 | 44.8771 | 2.6174 | 42.2597 |
| Patient Care | | | | |
| Direct Care | 95.9553 | 95.9553 | 5.5965 | 90.3588 |
| Indirect Care | 62.4510 | 62.4510 | 3.6424 | 58.8086 |
| Property | 13.6500 | 9.2185 | 0.7961 | 12.8539 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1945 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 216.9334 | 212.5019 | 12.6524 | 233.3079 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 047787-00 - 2013/01 232.47 |
|---|

Renaissance Health and Rehabilitation

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 |
|---|---|--|--|
| 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: 2/1/2012 Previous Med # 252549 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 32,998 Medicare: 4,787 Medicaid: 23,797 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.11649% Occupancy: 75.13206% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 94.72712% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,223,395 | 2,243,436 | 1,611,544 | 464,042 | 0 | 5,542,417 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 51.4096 | 94.2739 | 67.7205 | 19.5000 | | 232.9040 |
| 3 | Cost Per Diem Inflated | 51.4096 | 94.2739 | 67.7205 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.4096 | 94.2739 | 67.7205 | 19.5000 | | 232.9040 |
| 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 | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 50.6646 | | 57.7119 | | | |
| 10b | Base for line 10a | 49.2543 | | 56.1054 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6646 | 94.2739 | 57.7119 | 13.6500 | | 216.3004 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6646 | 94.2739 | 57.7119 | 13.6500 | | 216.3004 |
| 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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232.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,294,134 | 10.7314 |
| Indexed Asset Value | 5,367,668 | < 60% of Base: | False | 20% ROE(2): | 1,073,534 | 0.3745 |
| FRVS Base Asset: | 3,590,000 | Interest Rate: | 10.6343 % | Insurance Cost(3): | 32,179 | 0.9752 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.7500 % | Taxes Cost(3): | 65,146 | 1.9742 |
| ROE Factor | 0.013750 | Amortization Rate: | 7.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 423,032 | Total FRVS PD: | | 14.0553 |

(1) 80% Capital (\$4,294,134) amortized at 7.7500% for 20 years Principal & Interest of \$423,032 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7314

(2) 20% ROE (\$1,073,534) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3745

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,289,560 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6646 | 50.6646 | 2.9550 | 47.7096 |
| Patient Care | | | | |
| Direct Care | 94.2739 | 94.2739 | 5.4984 | 88.7755 |
| Indirect Care | 57.7119 | 57.7119 | 3.3660 | 54.3459 |
| Property | 13.6500 | 14.0553 | 0.8198 | 13.2355 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5694 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 216.3004 | 216.7057 | 12.6392 | 232.4683 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 047788-00 - 2013/01 226.47 |
|---|

Wood Lake Nursing & 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 |
|--|--|--|--|
| 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: 2/1/2012 Previous Med # 261599 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 36,163 Medicare: 5,008 Medicaid: 25,901 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 71.62293% Occupancy: 82.33835% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 103.81286% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,228,461 | 2,193,589 | 1,545,724 | 556,094 | 0 | 5,523,868 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 47.4291 | 84.6913 | 59.6782 | 21.4700 | | 213.2686 |
| 3 | Cost Per Diem Inflated | 47.4291 | 84.6913 | 59.6782 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.4291 | 84.6913 | 59.6782 | 21.4700 | | 213.2686 |
| 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 | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 53.6403 | | 61.0005 | | | |
| 10b | Base for line 10a | 52.1472 | | 59.3025 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.4291 | 84.6913 | 59.6782 | 13.6500 | | 205.4486 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 47.4291 | 84.6913 | 59.6782 | 13.6500 | | 205.4486 |
| 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 047788-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

226.47

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): | 4,789,803 | 14.5572 |
| Indexed Asset Value | 5,987,254 | < 60% of Base: | False | 20% ROE(2): | 1,197,451 | 0.4177 |
| FRVS Base Asset: | 3,530,760 | Interest Rate: | 10.9360 % | Insurance Cost(3): | 33,412 | 0.9239 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.5000 % | Taxes Cost(3): | 89,708 | 2.4807 |
| ROE Factor | 0.013750 | Amortization Rate: | 10.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 573,845 | Total FRVS PD: | | 18.3795 |

(1) 80% Capital (\$4,789,803) amortized at 10.5000% for 20 years Principal & Interest of \$573,845 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.5572

(2) 20% ROE (\$1,197,451) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4177

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,530,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.4291 | 47.4291 | 2.7663 | 44.6628 |
| Patient Care | | | | |
| Direct Care | 84.6913 | 84.6913 | 4.9395 | 79.7518 |
| Indirect Care | 59.6782 | 59.6782 | 3.4807 | 56.1975 |
| Property | 13.6500 | 18.3795 | 1.0720 | 17.3075 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.7201 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.4486 | 210.1781 | 12.2585 | 226.4721 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 047795-00 - 2013/01 |
| 204.91 |

Hillcrest Nursing 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 |
|--|--|---|--|
| 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: 2/1/2012 Previous Med # 252531 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 240 Maximum: 87,840 Max Annualized: 87,600 Total Patient: 80,737 Medicare: 15,974 Medicaid: 46,725 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.87309% Occupancy: 91.91371% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.88556% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,675,485 | 3,776,618 | 2,906,559 | 1,127,942 | 0 | 9,486,604 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 35.8584 | 80.8265 | 62.2057 | 24.1400 | | 203.0306 |
| 3 | Cost Per Diem Inflated | 35.8584 | 80.8265 | 62.2057 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 35.8584 | 80.8265 | 62.2057 | 24.1400 | | 203.0306 |
| 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 | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 48.9252 | | 57.3340 | | | |
| 10b | Base for line 10a | 47.5633 | | 55.7381 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 35.8584 | 80.8265 | 57.3340 | 13.6500 | | 187.6689 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 35.8584 | 80.8265 | 57.3340 | 13.6500 | | 187.6689 |
| 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 047795-00 - 2013/01
204.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 8,704,799 | 10.8770 |
| Indexed Asset Value | 10,880,999 | < 60% of Base: | False | 20% ROE(2): | 2,176,200 | 0.3795 |
| FRVS Base Asset: | 6,840,000 | Interest Rate: | 10.6343 % | Insurance Cost(3): | 64,085 | 0.7938 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.7500 % | Taxes Cost(3): | 214,580 | 2.6578 |
| ROE Factor | 0.013750 | Amortization Rate: | 7.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 857,543 | Total FRVS PD: | | 14.7081 |

(1) 80% Capital (\$8,704,799) amortized at 7.7500% for 20 years Principal & Interest of \$857,543 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$10.8770

(2) 20% ROE (\$2,176,200) times the ROE factor (0.013750) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.3795

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 240 | Effective PBS Limitation | 6,840,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 35.8584 | 35.8584 | 2.0914 | 33.7670 |
| Patient Care | | | | |
| Direct Care | 80.8265 | 80.8265 | 4.7141 | 76.1124 |
| Indirect Care | 57.3340 | 57.3340 | 3.3440 | 53.9900 |
| Property | 13.6500 | 14.7081 | 0.8578 | 13.8503 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.3612 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.6689 | 188.7270 | 11.0073 | 204.9133 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 048441-00 - 2013/01 |
| 224.76 |

Health Central Park

Type of Cost Report: Related Party Change of Ownership [4] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: Related Party (RP) CHOW [3]

| 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: 4/1/2012 Previous Med # 204811 | 10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 68.65464% Occupancy: 91.43355% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.28018% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 2,520,259 | 4,901,620 | 2,353,208 | 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 | 50.6850 | 96.7982 | 47.3254 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.6850 | 96.7982 | 47.3254 | 5.0700 | | 199.8786 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.0405 | | 49.9244 | | | |
| 7 | Provider Target Rate | 46.3301 | | 51.3539 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.3301 | 96.7982 | 47.3254 | 5.0700 | | 195.5237 |
| 12/13 | Medicaid Adjustment Rate | | 2.0315 | 0.9932 | | | |
| 14 | Prospective Per Diem 11 | 46.3301 | 98.8297 | 48.3186 | 5.0700 | | 198.5484 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 048441-00 - 2013/01 |
| 224.76 |

| |
|----------------------------|
| 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 10,835,224 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): | 8,668,179 | 13.3496 |
| | < 60% of Base: | False | 20% ROE(2): | 2,167,045 | 0.7355 |
| | 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: | 999,859 | Total FRVS PD: | 14.9329 | | |

- (1) 80% Capital (\$8,668,179) amortized at 9.9428% for 20 years Principal & Interest of \$999,859 divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = \$13.3496
- (2) 20% ROE (\$2,167,045) times the ROE factor (0.025420) divided by annual available days (83,220) 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: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 118 | Effective PBS Limitation | 3,363,000 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 46.3301 | 46.3301 | 2.7022 | 43.6279 | |
| Patient Care | | | | | |
| Direct Care | 98.8297 | 98.8297 | 5.7642 | 93.0655 | |
| Indirect Care | 48.3186 | 48.3186 | 2.8181 | 45.5005 | |
| Property | 5.0700 | 14.9329 | 0.8709 | 14.0620 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$19.6763 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 198.5484 | 208.4113 | 12.1554 | 224.7646 | |

| |
|-------------------------------------|
| *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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 048611-00 - 2013/01 |
| 232.22 |

Ocala Oaks 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 |
|--|--|--|--|
| 3930 E Silver Springs Blvd Ocala FL 34470 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: 6/1/2012 Previous Med # 214043 | 06/01/2012-05/31/2013 Days In CR 365 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 69.99000% Occupancy: 95.85845% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.85912% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,986 Medicare: 6,300 Medicaid: 29,386 | Superior: 182 Standard: 0 Conditional: 0 Total: 182 Inflation FY Index: 1.29598668 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.21449485 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,375,209 | 2,893,666 | 1,694,462 | 726,422 | 0 | 6,689,759 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.7981 | 98.4709 | 57.6622 | 24.7200 | | 227.6512 |
| 3 | Cost Per Diem Inflated | 46.7981 | 98.4709 | 57.6622 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.7981 | 98.4709 | 57.6622 | 24.7200 | | 227.6512 |
| 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 | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 47.1714 | | 58.1395 | | | |
| 10b | Base for line 10a | 45.8583 | | 56.5211 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.7981 | 96.2398 | 57.2593 | 13.6500 | | 213.9472 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.7981 | 96.2398 | 57.2593 | 13.6500 | | 213.9472 |
| 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 048611-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

232.22

Ocala Oaks Rehabilitation Center

FRVS

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 4/18/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/01 Indexed Asset Value 5,234,455 FRVS Base Asset: 3,642,240 Occup Adj Factor: 0.9000 ROE Factor 0.013750 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,899,145.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,187,564 | 12.9417 |
| | < 60% of Base: | False | 20% ROE(2): | 1,046,891 | 0.3652 |
| | Interest Rate: | 10.7500 % | Insurance Cost(3): | 44,900 | 1.0694 |
| | Chase Rate: | 10.0000 % | Taxes Cost(3): | 65,000 | 1.5481 |
| | Amortization Rate: | 10.7500 % | Home Office(3): | 14,300 | 0.3406 |
| | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 510,160 | Total FRVS PD: | 16.2650 | | |

(1) 80% Capital (\$4,187,564) amortized at 10.7500% for 20 years Principal & Interest of \$510,160 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.9417

(2) 20% ROE (\$1,046,891) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3652

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,642,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.7981 | 46.7981 | 2.7295 | 44.0686 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 13.6500 | 16.2650 | 0.9486 | 15.3164 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4554 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 213.9472 | 216.5622 | 12.6308 | 232.2192 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 048807-00 - 2013/01 |
| 250.77 |

New Riviera Nursing and Rehabilitation Center

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 |
|---|---|--|--|
| 6901 Yumuri Street Coral Gables FL 33146 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 [2] Open Date: 4/24/2012 Acquired Date: 4/24/2012 Entered Medicaid 6/14/2012 Med # Active Date: 6/14/2012 Previous Med # | 12/01/2011-11/30/2012 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? True | Number of Beds: 223 Maximum: 81,618 Max Annualized: 81,395 Total Patient: 54,559 Medicare: 17,458 Medicaid: 13,640 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 25.00046% Occupancy: 66.84678% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 84.28097% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.28100713 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20233220 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 683,500 | 1,367,975 | 784,539 | 842,406 | 0 | 3,678,420 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 50.1100 | 100.2914 | 57.5175 | 61.7600 | | 269.6789 |
| 3 | Cost Per Diem Inflated | 50.1100 | 100.2914 | 57.5175 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.1100 | 100.2914 | 57.5175 | 61.7600 | | 269.6789 |
| 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 | 53.0475 | 100.1552 | 67.4301 | 18.6230 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 50.5129 | | 58.7999 | | | |
| 10b | Base for line 10a | 49.1068 | | 57.1631 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.1100 | 100.1552 | 57.5175 | 18.6230 | | 226.4057 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.1100 | 100.1552 | 57.5175 | 18.6230 | | 226.4057 |
| 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 048807-00 - 2013/01
250.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

New Riviera Nursing and Rehabilitation Center

FRVS

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

| | | | | | | |
|-------------------------|-------------------|----------------------|----------------------|------------------------------|------------------|----------------|
| Began FRVS: | 6/14/2012 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 31,500,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 2012/01 | Type: | Fixed [2] | 80% Capital(1): | 8,853,150 | 12.7202 |
| Indexed Asset Value | 11,066,438 | < 60% of Base: | False | 20% ROE(2): | 2,213,288 | 0.6798 |
| FRVS Base Asset: | 11,059,239 | Interest Rate: | 6.9000 % | Insurance Cost(3): | 250,000 | 4.5822 |
| Occup Adj Factor: | 0.7500 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 798,200 | 14.6300 |
| ROE Factor | 0.018750 | Amortization Rate: | 6.2500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 776,522 | Total FRVS PD: | | 32.6122 |

(1) 80% Capital (\$8,853,150) amortized at 6.2500% for 20 years Principal & Interest of \$776,522 divided by annual available days (81,395) divided by Occup. Adj. (0.7500) = \$12.7202

(2) 20% ROE (\$2,213,288) times the ROE factor (0.018750) divided by annual available days (81,395) divided by Occup. Adj. (0.7500) = \$0.6798

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

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

| | | |
|----------------------------------|--------------------------|-------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 49,593 |
| Comparison Date: 7/1/2011 | Current RS PBS: | 50,500 |
| Comparison Bed 223 | Effective PBS Limitation | 11,059,239 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.1100 | 50.1100 | 2.9226 | 47.1874 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 57.5175 | 57.5175 | 3.3547 | 54.1628 |
| Property | 18.6230 | 32.6122 | 1.9021 | 30.7101 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.5656 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 226.4057 | 240.3949 | 14.0209 | 250.7720 |

***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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 054789-00 - 2013/01 |
| 200.50 |

South Dade Nursing 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 |
|--|--|--|---|
| 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: 6/1/2012 Previous Med # 214027 | 06/01/2012-05/31/2013 Days In CR 365 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,528 Medicare: 6,253 Medicaid: 52,266 Medicaid Utilization 83.58815% Occupancy: 95.17199% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.99364% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.29598668 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.21449485 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 2,036,001 | 4,292,204 | 2,207,401 | 1,047,933 | 0 | 9,583,539 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.9546 | 82.1223 | 42.2340 | 20.0500 | | 183.3609 |
| 3 | Cost Per Diem Inflated | 38.9546 | 82.1223 | 42.2340 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.9546 | 82.1223 | 42.2340 | 20.0500 | | 183.3609 |
| 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 | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 45.2804 | | 54.6436 | | | |
| 10b | Base for line 10a | 44.0200 | | 53.1225 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.9546 | 82.1223 | 42.2340 | 13.6500 | | 176.9609 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 38.9546 | 82.1223 | 42.2340 | 13.6500 | | 176.9609 |
| 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
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 054789-00 - 2013/01 |
| 200.50 |

| |
|---|
| South Dade Nursing and Rehabilitation Center |
|---|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 4/1/2004 Year of Phase-In/ Full: RS to Start Calcs: 1985/01 Indexed Asset Value 8,298,301 FRVS Base Asset: 5,130,000 Occup Adj Factor: 0.9000 ROE Factor 0.013750 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 6,105,900.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 6,638,641 | 13.9063 |
| | < 60% of Base: | False | 20% ROE(2): | 1,659,660 | 0.3859 |
| | Interest Rate: | 11.0000 % | Insurance Cost(3): | 52,262 | 0.8358 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 201,594 | 3.2241 |
| | Amortization Rate: | 11.0000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 822,279 | Total FRVS PD: | 18.3521 | | |

(1) 80% Capital (\$6,638,641) amortized at 11.0000% for 20 years Principal & Interest of \$822,279 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$13.9063

(2) 20% ROE (\$1,659,660) times the ROE factor (0.013750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.3859

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

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

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

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 38.9546 | 38.9546 | 2.2720 | 36.6826 | |
| Patient Care | | | | | |
| Direct Care | 82.1223 | 82.1223 | 4.7897 | 77.3326 | |
| Indirect Care | 42.2340 | 42.2340 | 2.4633 | 39.7707 | |
| Property | 13.6500 | 18.3521 | 1.0704 | 17.2817 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$20.6009 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 176.9609 | 181.6630 | 10.5954 | 200.5009 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 054790-00 - 2013/01 |
| 228.90 |

Golden Glades Nursing 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 |
|--|---|--|--|
| 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: 6/1/2012 Previous Med # 207993 | 06/01/2012-05/31/2013 Days In CR 365 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 50,614 Medicare: 5,060 Medicaid: 44,631 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 88.17916% Occupancy: 77.03805% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 97.13021% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.29598668 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.21449485 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,892,817 | 4,337,218 | 2,307,053 | 941,714 | 0 | 9,478,802 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.4104 | 97.1795 | 51.6917 | 21.1000 | | 212.3816 |
| 3 | Cost Per Diem Inflated | 42.4104 | 97.1795 | 51.6917 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.4104 | 97.1795 | 51.6917 | 21.1000 | | 212.3816 |
| 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 | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 46.0662 | | 59.7071 | | | |
| 10b | Base for line 10a | 44.7839 | | 58.0451 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.4104 | 97.1795 | 51.6917 | 13.6500 | | 204.9316 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.4104 | 97.1795 | 51.6917 | 13.6500 | | 204.9316 |
| 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 054790-00 - 2013/01
228.90

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Golden Glades Nursing and 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: | 6,469,400.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1984/07 | Type: | Fixed [2] | 80% Capital(1): | 7,126,463 | 15.5731 |
| Indexed Asset Value | 8,908,079 | < 60% of Base: | False | 20% ROE(2): | 1,781,616 | 0.4143 |
| FRVS Base Asset: | 5,130,000 | Interest Rate: | 11.6500 % | Insurance Cost(3): | 51,177 | 1.0111 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 178,989 | 3.5364 |
| ROE Factor | 0.013750 | Amortization Rate: | 11.6500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 920,839 | Total FRVS PD: | | 20.5349 |

(1) 80% Capital (\$7,126,463) amortized at 11.6500% for 20 years Principal & Interest of \$920,839 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$15.5731

(2) 20% ROE (\$1,781,616) times the ROE factor (0.013750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4143

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.4104 | 42.4104 | 2.4735 | 39.9369 |
| Patient Care | | | | |
| Direct Care | 97.1795 | 97.1795 | 5.6679 | 91.5116 |
| Indirect Care | 51.6917 | 51.6917 | 3.0149 | 48.6768 |
| Property | 13.6500 | 20.5349 | 1.1977 | 19.3372 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6016 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 204.9316 | 211.8165 | 12.3540 | 228.8965 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 059855-00 - 2013/01

192.18

Englewood Healthcare & 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 |
|--|--|---|--|
| 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: 2/1/2012 Previous Med # 252204 | 02/01/2012-01/31/2013 Days In CR 366 First Used: 2012/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 40,017 Medicare: 10,330 Medicaid: 22,581 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 56.42852% Occupancy: 91.11339% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.87651% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.28533037 Semester Index: 1.30828184 Cost: 1.00000000 Target: 1.02004310 DC FY Index: 1.20549669 DC Sem Index: 1.22250000 DC Inflation: 1.00000000 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 929,640 | 1,839,728 | 913,760 | 599,074 | 0 | 4,282,202 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.1691 | 81.4724 | 40.4659 | 26.5300 | | 189.6374 |
| 3 | Cost Per Diem Inflated | 41.1691 | 81.4724 | 40.4659 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.1691 | 81.4724 | 40.4659 | 26.5300 | | 189.6374 |
| 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 | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 46.3300 | | 55.2998 | | | |
| 10b | Base for line 10a | 45.0404 | | 53.7605 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.1691 | 81.4724 | 40.4659 | 13.6500 | | 176.7574 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 41.1691 | 81.4724 | 40.4659 | 13.6500 | | 176.7574 |
| 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 059855-00 - 2013/01
192.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,242,466 | 10.6023 |
| Indexed Asset Value | 5,303,083 | < 60% of Base: | False | 20% ROE(2): | 1,060,617 | 0.3700 |
| FRVS Base Asset: | 3,190,349 | Interest Rate: | 10.6343 % | Insurance Cost(3): | 37,353 | 0.9334 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.7500 % | Taxes Cost(3): | 66,394 | 1.6591 |
| ROE Factor | 0.013750 | Amortization Rate: | 7.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 417,942 | Total FRVS PD: | | 13.5648 |

(1) 80% Capital (\$4,242,466) amortized at 7.7500% for 20 years Principal & Interest of \$417,942 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6023

(2) 20% ROE (\$1,060,617) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3700

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.1691 | 41.1691 | 2.4012 | 38.7679 |
| Patient Care | | | | |
| Direct Care | 81.4724 | 81.4724 | 4.7518 | 76.7206 |
| Indirect Care | 40.4659 | 40.4659 | 2.3601 | 38.1058 |
| Property | 13.6500 | 13.5648 | 0.7912 | 12.7736 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.9812 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 176.7574 | 176.6722 | 10.3043 | 192.1815 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 200107-00 - 2013/01 |
| 224.86 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 71.57648% Occupancy: 85.75842% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.12494% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 66.9777 | 100.6593 | 58.6215 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 66.9777 | 100.6593 | 58.6215 | 15.3000 | | 241.5585 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.8625 | | 54.6274 | | | |
| 7 | Provider Target Rate | 55.4047 | | 56.1915 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 98.1975 | 56.1915 | 13.6500 | | 218.6450 |
| 12/13 | Medicaid Adjustment Rate | | 2.3836 | 1.3640 | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 100.5811 | 57.5555 | 13.6500 | | 222.3926 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 200107-00 - 2013/01
224.86

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 12,317,721 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): | 9,854,177 | 13.6114 |
| | < 60% of Base: | True | 20% ROE(2): | 2,463,544 | 0.7015 |
| | 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: | 1,225,144 | Total FRVS PD: | | 16.9788 | |

(1) 80% Capital (\$9,854,177) amortized at 12.5000% for 20 years Interest of \$1,225,144 divided by annual available days (100,010) divided by Occup. Adj. (0.9000) = \$13.6114

(2) 20% ROE (\$2,463,544) times the ROE factor (0.025630) divided by annual available days (100,010) 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: | 50,500 |
| Comparison Bed 274 | Effective PBS Limitation | 7,809,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 100.5811 | 100.5811 | 5.8663 | 94.7148 |
| Indirect Care | 57.5555 | 57.5555 | 3.3569 | 54.1986 |
| Property | 13.6500 | 16.9788 | 0.9903 | 15.9885 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.4674 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 222.3926 | 225.7214 | 13.1650 | 224.8562 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 200409-00 - 2013/01 |
| 188.10 |

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 # | 04/01/2011-03/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 42,984 Medicare: 3,046 Medicaid: 14,175 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 32.97739% Occupancy: 97.86885% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 123.39386% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 632,311 | 1,008,850 | 965,407 | 765,734 | 0 | 3,372,302 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.6075 | 71.1711 | 68.1063 | 54.0200 | | 237.9049 |
| 3 | Cost Per Diem Inflated | 46.3812 | 73.0535 | 70.8144 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.3812 | 73.0535 | 70.8144 | 54.0200 | | 244.2691 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.4035 | | 72.0940 | | | |
| 7 | Provider Target Rate | 51.8467 | | 74.1583 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.3812 | 73.0535 | 57.2593 | 13.6500 | | 190.3440 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.3812 | 73.0535 | 57.2593 | 13.6500 | | 190.3440 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 200409-00 - 2013/01
188.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Westminster Oaks

FRVS

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

| | | | |
|--------------------------------------|------------------------------------|----------------------------------|----------------|
| Began FRVS: 10/21/1988 | Mortgage Information | Calculation of FRVS Per Diem | |
| Year of Phase-In/ Full: | Amount: 1,558,322.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1983/01 | Type: Fixed [2] | 80% Capital(1): 3,868,304 | 10.5949 |
| Indexed Asset Value 4,835,380 | < 60% of Base: False | 20% ROE(2): 967,076 | 0.5086 |
| FRVS Base Asset: 1,521,900 | Interest Rate: 9.0000 % | Insurance Cost(3): 98,499 | 2.2915 |
| Occup Adj Factor: 0.9000 | Chase Rate: 13.0000 % | Taxes Cost(3): 0 | 0.0000 |
| ROE Factor 0.020730 | Amortization Rate: 9.0000 % | Home Office(3): 12,261 | 0.2852 |
| | Interest Only: False | Replacement(3&4): 320,781 | 0.0000 |
| | Yearly Payment: 417,650 | Total FRVS PD: | 13.6802 |

(1) 80% Capital (\$3,868,304) amortized at 9.0000% for 20 years Principal & Interest of \$417,650 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5949

(2) 20% ROE (\$967,076) times the ROE factor (0.020730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5086

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,521,900 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 46.3812 | 46.3812 | 2.7051 | 43.6761 |
| Patient Care | | | | |
| Direct Care | 73.0535 | 73.0535 | 4.2608 | 68.7927 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 13.6500 | 13.6802 | 0.7979 | 12.8823 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.3440 | 190.3742 | 11.1034 | 188.1032 |

***Medicaid Trend Adjustment :**



0 200425-00 - 2013/01
237.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 30.43010% Occupancy: 95.33213% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.19553% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 |

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 | 69.0760 | 90.9997 | 76.0912 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 69.0760 | 90.9997 | 76.0912 | 25.9301 | | 262.0970 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.1990 | | 65.2111 | | | |
| 7 | Provider Target Rate | 56.7795 | | 67.0783 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 56.7795 | 90.9997 | 67.0783 | 13.6500 | | 228.5075 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 56.7795 | 90.9997 | 67.0783 | 13.6500 | | 228.5075 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 200425-00 - 2013/01
237.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 47 | Effective PBS Limitation | 1,339,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 56.7795 | 56.7795 | 3.3116 | 53.4679 |
| Patient Care | | | | |
| Direct Care | 90.9997 | 90.9997 | 5.3075 | 85.6922 |
| Indirect Care | 67.0783 | 67.0783 | 3.9123 | 63.1660 |
| Property | 13.6500 | 16.4044 | 0.9568 | 15.4476 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$11.3442 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 228.5075 | 231.2619 | 13.4882 | 237.9503 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 200506-00 - 2013/01

228.64

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.91387% Occupancy: 92.65907% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.82533% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 58.1201 | 100.7406 | 71.5295 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.1201 | 100.7406 | 71.5295 | 16.2000 | 0.7236 | 247.3138 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 97.7685 | | 72.4784 | | | |
| 7 | Provider Target Rate | 100.5679 | | 74.5537 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 13.6500 | 0.7236 | 228.4785 |
| 12/13 | Medicaid Adjustment Rate | | 0.8917 | 0.5422 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 101.0469 | 61.4444 | 13.6500 | 0.7236 | 229.9124 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 200506-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

228.64

Miami Jewish Health Systems

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: 1971/07 | Amount: 9,999,999.00 | 80% Capital(1): 21,080,918 | 12.3697 |
| Indexed Asset Value 26,351,148 | Type: Fixed [2] | 20% ROE(2): 5,270,230 | 0.8970 |
| FRVS Base Asset: 9,462,000 | < 60% of Base: False | Insurance Cost(3): 114,673 | 0.7339 |
| Occup Adj Factor: 0.9000 | Interest Rate: 6.4410 % | Taxes Cost(3): 7,492 | 0.0479 |
| ROE Factor 0.025830 | Chase Rate: 13.0000 % | Home Office(3): 0 | 0.0000 |
| | Amortization Rate: 6.4410 % | Replacement(3&4): 358,598 | 0.0000 |
| | Interest Only: False | Total FRVS PD: 14.0485 | |
| | Yearly Payment: 1,877,307 | | |

(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: 50,500 |
| Comparison Bed 332 | Effective PBS Limitation 9,462,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 101.0469 | 101.0469 | 5.8935 | 95.1534 |
| Indirect Care | 61.4444 | 61.4444 | 3.5837 | 57.8607 |
| Property | 13.6500 | 14.0485 | 0.7961 | 12.8539 |
| ROE | 0.7236 | 0.1245 | 0.0422 | 0.6814 |
| ROE Adjustment | -0.1245 | -0.1245 | -0.0073 | -0.1172 |
| Quality Assess-Medicaid Share | | | | \$3.4183 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 229.7879 | 229.5873 | 13.4021 | 228.6365 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 200620-00 - 2013/01 251.05 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 81.13142% Occupancy: 85.38415% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 107.65305% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 73.6679 | 82.3558 | 85.8504 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 73.6679 | 82.3558 | 85.8504 | 15.3700 | | 257.2441 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.7520 | | 88.1181 | | | |
| 7 | Provider Target Rate | 66.6060 | | 90.6412 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 82.3558 | 76.5172 | 13.6500 | | 234.5545 |
| 12/13 | Medicaid Adjustment Rate | | 2.8843 | 2.6799 | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 85.2401 | 79.1971 | 13.6500 | | 240.1187 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 200620-00 - 2013/01 |
| 251.05 |

| |
|---------------------------|
| 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 934,381 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): | 747,505 | 6.1502 |
| | < 60% of Base: | True | 20% ROE(2): | 186,876 | 0.2989 |
| | 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: | 92,935 | Total FRVS PD: | 8.7357 | | |

- (1) 80% Capital (\$747,505) amortized at 12.5000% for 20 years Interest of \$92,935 divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = \$6.1502
- (2) 20% ROE (\$186,876) times the ROE factor (0.024170) divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = \$0.2989
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | | |
|---------------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 46 | Effective PBS Limitation | 1,311,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 85.2401 | 85.2401 | 4.9716 | 80.2685 |
| Indirect Care | 79.1971 | 79.1971 | 4.6191 | 74.5780 |
| Property | 13.6500 | 8.7357 | 0.5095 | 8.2262 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.7345 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 240.1187 | 235.2044 | 13.7181 | 251.0532 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 200735-00 - 2013/01 216.49 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.10209% Occupancy: 96.96804% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.25810% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 38.8505 | 101.8285 | 47.8115 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.8505 | 101.8285 | 47.8115 | 8.3400 | | 196.8305 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.8505 | 96.2398 | 47.8115 | 8.3400 | | 191.2418 |
| 12/13 | Medicaid Adjustment Rate | | 1.3103 | 0.6509 | | | |
| 14 | Prospective Per Diem 11 | 38.8505 | 97.5501 | 48.4624 | 8.3400 | | 193.2030 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 200735-00 - 2013/01
216.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

All Saints Catholic Nursing Home & R.C. 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: 2,750,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1971/07 | Type: Fixed [2] | 80% Capital(1): 4,576,113 | 11.6519 |
| Indexed Asset Value 5,720,141 | < 60% of Base: False | 20% ROE(2): 1,144,028 | 0.7015 |
| FRVS Base Asset: 1,411,227 | Interest Rate: 8.0000 % | Insurance Cost(3): 22,939 | 0.5401 |
| Occup Adj Factor: 0.9000 | Chase Rate: 6.5000 % | Taxes Cost(3): 0 | 0.0000 |
| ROE Factor 0.024170 | 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: 50,500 |
| Comparison Bed 60 | Effective PBS Limitation 1,710,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.8505 | 38.8505 | 2.2659 | 36.5846 |
| Patient Care | | | | |
| Direct Care | 97.5501 | 97.5501 | 5.6895 | 91.8606 |
| Indirect Care | 48.4624 | 48.4624 | 2.8265 | 45.6359 |
| Property | 8.3400 | 12.8935 | 0.7520 | 12.1415 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.4338 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.2030 | 197.7565 | 11.5339 | 216.4888 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 200859-00 - 2013/01 233.05 |
|---|

River Garden Hebrew 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 |
|--|--|--|--|
| 11401 Old St. Augustine Rd. Jacksonville FL 32258 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: 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: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,644 Medicare: 12,817 Medicaid: 31,025 | Superior: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 50.32931% Occupancy: 93.82648% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.29721% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,615,536 | 3,087,530 | 1,927,179 | 369,198 | 0 | 6,999,443 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 52.0721 | 99.5175 | 62.1170 | 11.9000 | | 225.6066 |
| 3 | Cost Per Diem Inflated | 54.3425 | 102.2784 | 64.8254 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.3425 | 102.2784 | 64.8254 | 11.9000 | | 233.3463 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 65.7552 | | 64.7121 | | | |
| 7 | Provider Target Rate | 67.6380 | | 66.5650 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 96.2398 | 57.2593 | 11.9000 | | 213.5636 |
| 12/13 | Medicaid Adjustment Rate | | 0.0357 | 0.0212 | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 96.2755 | 57.2805 | 11.9000 | | 213.6205 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 200859-00 - 2013/01 |
| 233.05 |

| |
|---------------------------------|
| 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 8,681,650 FRVS Base Asset: 5,372,016 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): | 6,945,320 | 14.6033 |
| | < 60% of Base: | True | 20% ROE(2): | 1,736,330 | 0.7097 |
| | Interest Rate: | 12.5000 % | Insurance Cost(3): | 108,704 | 1.7634 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 12.5000 % | Home Office(3): | 3,597 | 0.0584 |
| | Interest Only: | True | Replacement(3&4): | 351,974 | 0.0000 |
| Yearly Payment: | 863,494 | Total FRVS PD: | | 17.1348 | |

(1) 80% Capital (\$6,945,320) amortized at 12.5000% for 20 years Interest of \$863,494 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$14.6033

(2) 20% ROE (\$1,736,330) times the ROE factor (0.024170) divided by annual available days (65,700) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 192 | Effective PBS Limitation | 5,472,000 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 | |
| Patient Care | | | | | |
| Direct Care | 96.2755 | 96.2755 | 5.6152 | 90.6603 | |
| Indirect Care | 57.2805 | 57.2805 | 3.3408 | 53.9397 | |
| Property | 11.9000 | 17.1348 | 0.9994 | 16.1354 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$18.1307 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 213.6205 | 218.8553 | 12.7646 | 233.0538 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



0 200913-00 - 2013/01
219.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Avante at Jacksonville 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 |
|--|--|--|---|
| 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 165 Maximum: 60,390 Max Annualized: 60,225 Total Patient: 52,259 Medicare: 7,314 Medicaid: 37,906 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.53487% Occupancy: 86.53585% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.10512% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,489,427 | 3,405,278 | 1,956,818 | 272,544 | 0 | 7,124,067 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.2926 | 89.8348 | 51.6229 | 7.1900 | | 187.9403 |
| 3 | Cost Per Diem Inflated | 40.6741 | 92.0049 | 53.4379 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.6741 | 92.0049 | 53.4379 | 7.1900 | | 193.3069 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.7697 | | 63.0420 | | | |
| 7 | Provider Target Rate | 48.1089 | | 64.8471 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.6741 | 92.0049 | 53.4379 | 7.1900 | | 193.3069 |
| 12/13 | Medicaid Adjustment Rate | | 2.3325 | 1.3547 | | | |
| 14 | Prospective Per Diem 11 | 40.6741 | 94.3374 | 54.7926 | 7.1900 | | 196.9941 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 200913-00 - 2013/01
219.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Avante at Jacksonville Beach

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): | 4,088,610 | 9.3783 |
| Indexed Asset Value | 5,110,762 | < 60% of Base: | True | 20% ROE(2): | 1,022,152 | 0.3536 |
| FRVS Base Asset: | 1,747,238 | Interest Rate: | 13.5000 % | Insurance Cost(3): | 62,166 | 1.1896 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 57,861 | 1.1072 |
| ROE Factor | 0.018750 | Amortization Rate: | 12.5000 % | Home Office(3): | 35,717 | 0.6835 |
| | | Interest Only: | True | Replacement(3&4): | 73,014 | 0.0000 |
| | | Yearly Payment: | 508,326 | Total FRVS PD: | | 12.7122 |

(1) 80% Capital (\$4,088,610) amortized at 12.5000% for 20 years Interest of \$508,326 divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = \$9.3783

(2) 20% ROE (\$1,022,152) times the ROE factor (0.018750) divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = \$0.3536

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.6741 | 40.6741 | 2.3723 | 38.3018 |
| Patient Care | | | | |
| Direct Care | 94.3374 | 94.3374 | 5.5021 | 88.8353 |
| Indirect Care | 54.7926 | 54.7926 | 3.1957 | 51.5969 |
| Property | 7.1900 | 12.7122 | 0.7414 | 11.9708 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.6864 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 196.9941 | 202.5163 | 11.8115 | 219.2236 |

***Medicaid Trend Adjustment :**



0 200956-00 - 2013/01
240.08

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 54 Standard: 114 Conditional: 14 Total: 182 |
| | | | Inflation |
| | | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 45.5035 | 94.5232 | 62.4687 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.5035 | 94.5232 | 62.4687 | 14.6400 | | 217.1354 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.3349 | | 57.4737 | | | |
| 7 | Provider Target Rate | 45.6043 | | 59.1193 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.5035 | 94.5232 | 59.0236 | 13.6500 | | 212.7003 |
| 12/13 | Medicaid Adjustment Rate | | 1.8993 | 1.1860 | | | |
| 14 | Prospective Per Diem 11 | 45.5035 | 96.4225 | 60.2096 | 13.6500 | | 215.7856 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 200956-00 - 2013/01
240.08

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 5,971,254 | 17.4008 |
| Indexed Asset Value | 7,464,067 | < 60% of Base: | False | 20% ROE(2): | 1,492,813 | 0.7765 |
| 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: | 857,423 | Total FRVS PD: | | 20.7728 |

(1) 80% Capital (\$5,971,254) amortized at 13.3500% for 20 years Principal & Interest of \$857,423 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$17.4008

(2) 20% ROE (\$1,492,813) times the ROE factor (0.025630) divided by annual available days (54,750) 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.5035 | 45.5035 | 2.6540 | 42.8495 |
| Patient Care | | | | |
| Direct Care | 96.4225 | 96.4225 | 5.6238 | 90.7987 |
| Indirect Care | 60.2096 | 60.2096 | 3.5117 | 56.6979 |
| Property | 13.6500 | 20.7728 | 1.2116 | 19.5612 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.3429 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.7856 | 222.9084 | 13.0011 | 240.0826 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 201006-00 - 2013/01 222.54 |
|---|

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 45.00331% Occupancy: 96.45662% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.61331% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.22862856 Semester Index: 1.30828184 Cost: 1.06483105 Target: 1.02004310 DC FY Index: 1.17749915 DC Sem Index: 1.22250000 DC Inflation: 1.03821731 PS Target: 1.02863299 |

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 | 77.8044 | 127.4029 | 76.4859 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 77.8044 | 127.4029 | 76.4859 | 10.7200 | | 292.4132 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 77.0110 | | 71.4518 | | | |
| 7 | Provider Target Rate | 79.2161 | | 73.4977 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 10.7200 | | 224.8249 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 100.1552 | 60.9022 | 10.7200 | | 224.8249 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 201006-00 - 2013/01
222.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 5,518,947 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): | 4,415,158 | 11.6781 |
| | < 60% of Base: | True | 20% ROE(2): | 1,103,789 | 0.7409 |
| | 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: | 460,352 | Total FRVS PD: | | 12.8428 | |

(1) 80% Capital (\$4,415,158) amortized at 10.5000% for 20 years Interest of \$460,352 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6781

(2) 20% ROE (\$1,103,789) times the ROE factor (0.026460) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7409

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 85 | Effective PBS Limitation | 2,534,785 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 10.7200 | 12.8428 | 0.7490 | 12.0938 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 224.8249 | 226.9477 | 13.2365 | 222.5436 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 201120-00 - 2013/01 |
| 218.70 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 26.18748% Occupancy: 92.28687% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.35604% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 39.3125 | 100.7594 | 68.2963 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.3125 | 100.7594 | 68.2963 | 15.2799 | | 223.6481 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 81.6377 | | | |
| 7 | Provider Target Rate | 55.1063 | | 83.9752 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.3125 | 100.7594 | 68.2963 | 13.6500 | | 222.0182 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 39.3125 | 100.7594 | 68.2963 | 13.6500 | | 222.0182 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 201120-00 - 2013/01
218.70

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Gulf Coast Village Care Center

FRVS

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

| | | | | |
|--------------------------------------|------------------------------------|--|----------------------------------|----------------|
| Began FRVS: 8/28/1989 | Mortgage Information | | Calculation of FRVS Per Diem | |
| Year of Phase-In/ Full: | Amount: 6,269,266.00 | | Total Amount | Per Diem |
| RS to Start Calcs: 1989/07 | Type: Variable [3] | | 80% Capital(1): 3,192,330 | 10.7116 |
| Indexed Asset Value 3,990,412 | < 60% of Base: False | | 20% ROE(2): 798,082 | 0.6908 |
| FRVS Base Asset: 1,789,260 | Interest Rate: 7.0909 % | | Insurance Cost(3): 53,690 | 1.8752 |
| Occup Adj Factor: 0.9000 | Chase Rate: 9.1909 % | | Taxes Cost(3): 34,900 | 1.2189 |
| ROE Factor 0.024170 | Amortization Rate: 7.0909 % | | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | | Replacement(3&4): 95,486 | 0.0000 |
| | Yearly Payment: 299,095 | | Total FRVS PD: | 14.4965 |

(1) 80% Capital (\$3,192,330) amortized at 7.0909% for 20 years Principal & Interest of \$299,095 divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = \$10.7116

(2) 20% ROE (\$798,082) times the ROE factor (0.024170) divided by annual available days (31,025) 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: | 29,821 |
| Comparison Date: 1/1/1989 | Current RS PBS: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,789,260 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 39.3125 | 39.3125 | 2.2929 | 37.0196 |
| Patient Care | | | | |
| Direct Care | 100.7594 | 100.7594 | 5.8767 | 94.8827 |
| Indirect Care | 68.2963 | 68.2963 | 3.9833 | 64.3130 |
| Property | 13.6500 | 14.4965 | 0.8455 | 13.6510 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 222.0182 | 222.8647 | 12.9984 | 218.6987 |

***Medicaid Trend Adjustment :**



0 201545-00 - 2013/01
209.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,590 Medicare: 3,431 Medicaid: 28,847 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.36042% Occupancy: 94.95434% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.71921% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 946,470 | 2,631,270 | 1,247,385 | 156,062 | 44,493 | 5,025,680 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 32.8100 | 91.2147 | 43.2414 | 5.4100 | 1.5424 | 174.2185 |
| 3 | Cost Per Diem Inflated | 34.2406 | 93.7452 | 45.1268 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 34.2406 | 93.7452 | 45.1268 | 5.4100 | 1.5424 | 180.0650 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.1029 | | 51.3593 | | | |
| 7 | Provider Target Rate | 45.3657 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 34.2406 | 93.7452 | 45.1268 | 5.4100 | 1.5424 | 180.0650 |
| 12/13 | Medicaid Adjustment Rate | | 2.0418 | 0.9829 | | | |
| 14 | Prospective Per Diem 11 | 34.2406 | 95.7870 | 46.1097 | 5.4100 | 1.5424 | 183.0897 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 201545-00 - 2013/01
209.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Hobe Sound Geriatric Village, 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 4,528,238 FRVS Base Asset: 2,482,470 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 1,500,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 3,622,590 | 11.1956 |
| | < 60% of Base: | False | 20% ROE(2): | 905,648 | 0.5553 |
| | Interest Rate: | 10.7500 % | Insurance Cost(3): | 69,398 | 1.6686 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 56,561 | 1.3600 |
| | Amortization Rate: | 10.7500 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 206,090 | 0.0000 |
| Yearly Payment: | 441,331 | Total FRVS PD: | 14.7795 | | |

(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 (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5553

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 34.2406 | 34.2406 | 1.9971 | 32.2435 |
| Patient Care | | | | |
| Direct Care | 95.7870 | 95.7870 | 5.5867 | 90.2003 |
| Indirect Care | 46.1097 | 46.1097 | 2.6893 | 43.4204 |
| Property | 5.4100 | 14.7795 | 0.8620 | 13.9175 |
| ROE | 1.5424 | 0.8525 | 0.0497 | 0.8028 |
| ROE Adjustment | -0.8525 | -0.8525 | -0.0497 | -0.8028 |
| Quality Assess-Medicaid Share | | | | \$21.0017 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 182.2372 | 190.9168 | 11.1351 | 209.6158 |

***Medicaid Trend Adjustment :**



0 201588-00 - 2013/01
206.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| Medicaid Utilization 70.58867% Occupancy: 92.26713% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.33116% Weighted Low Occ Adjustment Factor: 100.00000% | | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 64.5644 | 81.6271 | 55.9044 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 64.5644 | 81.6271 | 55.9044 | 23.9800 | | 226.0759 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 57.4579 | | | |
| 7 | Provider Target Rate | 50.1452 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.1452 | 81.6271 | 55.9044 | 13.6500 | | 201.3267 |
| 12/13 | Medicaid Adjustment Rate | | 1.8907 | 1.2949 | | | |
| 14 | Prospective Per Diem 11 | 50.1452 | 83.5178 | 57.1993 | 13.6500 | | 204.5123 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 201588-00 - 2013/01
206.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 40 | Effective PBS Limitation | 1,140,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 50.1452 | 50.1452 | 2.9247 | 47.2205 |
| Patient Care | | | | |
| Direct Care | 83.5178 | 83.5178 | 4.8711 | 78.6467 |
| Indirect Care | 57.1993 | 57.1993 | 3.3361 | 53.8632 |
| Property | 13.6500 | 18.5131 | 1.0798 | 17.4333 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 204.5123 | 209.3754 | 12.2117 | 205.9961 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 201651-00 - 2013/01 |
| 228.44 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 79.90309% Occupancy: 88.57763% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.67941% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 55.2151 | 85.6073 | 61.0720 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.2151 | 85.6073 | 61.0720 | 9.5000 | | 211.3944 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.1886 | | 53.9682 | | | |
| 7 | Provider Target Rate | 59.8547 | | 55.5135 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 85.6073 | 55.5135 | 9.5000 | | 201.2268 |
| 12/13 | Medicaid Adjustment Rate | | 2.8799 | 1.8675 | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 88.4872 | 57.3810 | 9.5000 | | 205.9742 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 201651-00 - 2013/01
228.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Guardian Care Nursing & 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: 0.00 | Total Amount | | Per Diem |
| RS to Start Calcs: 1971/07 | Type: None [1] | 80% Capital(1): 4,386,705 | 13.8353 | |
| Indexed Asset Value 5,483,381 | < 60% of Base: True | 20% ROE(2): 1,096,676 | 0.7186 | |
| FRVS Base Asset: 1,168,156 | Interest Rate: 12.5000 % | Insurance Cost(3): 48,457 | 1.2490 | |
| Occup Adj Factor: 0.9000 | Chase Rate: 12.5000 % | Taxes Cost(3): 2,488 | 0.0641 | |
| ROE Factor 0.025830 | 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: 50,500 |
| Comparison Bed 76 | Effective PBS Limitation 2,166,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 88.4872 | 88.4872 | 5.1609 | 83.3263 |
| Indirect Care | 57.3810 | 57.3810 | 3.3467 | 54.0343 |
| Property | 9.5000 | 15.8670 | 0.9254 | 14.9416 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.6509 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.9742 | 212.3412 | 12.3845 | 228.4400 |

***Medicaid Trend Adjustment :**



0 202011-00 - 2013/01
228.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 49.06639% Occupancy: 87.18036% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.91772% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 47.8001 | 99.4611 | 58.9824 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.8001 | 99.4611 | 58.9824 | 13.2200 | | 219.4636 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.9434 | | 49.3864 | | | |
| 7 | Provider Target Rate | 53.4307 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.8001 | 98.1975 | 50.8005 | 13.2200 | | 210.0181 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 47.8001 | 98.1975 | 50.8005 | 13.2200 | | 210.0181 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 202011-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

228.78

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): | 4,817,450 | 15.6392 |
| Indexed Asset Value | 6,021,812 | < 60% of Base: | False | 20% ROE(2): | 1,204,362 | 0.7892 |
| 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: | 616,497 | Total FRVS PD: | | 20.3220 |

- (1) 80% Capital (\$4,817,450) amortized at 11.5000% for 20 years Principal & Interest of \$616,497 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.6392
- (2) 20% ROE (\$1,204,362) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7892
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,578,520 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.8001 | 47.8001 | 2.7879 | 45.0122 |
| Patient Care | | | | |
| Direct Care | 98.1975 | 98.1975 | 5.7273 | 92.4702 |
| Indirect Care | 50.8005 | 50.8005 | 2.9629 | 47.8376 |
| Property | 13.2200 | 20.3220 | 1.1853 | 19.1367 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.4904 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 210.0181 | 217.1201 | 12.6634 | 228.7795 |

***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 01/01/2013 through 06/30/2013

| |
|---|
| 0 202533-00 - 2013/01 241.31 |
|---|

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 | |
| | Medicaid Utilization 70.31535% Occupancy: 92.52511% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.65642% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 70.5477 | 97.1834 | 59.5048 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 70.5477 | 97.1834 | 59.5048 | 3.6300 | | 230.8659 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.1367 | | 60.7761 | | | |
| 7 | Provider Target Rate | 51.5723 | | 62.5163 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.5723 | 97.1834 | 59.5048 | 3.6300 | | 211.8905 |
| 12/13 | Medicaid Adjustment Rate | | 2.2211 | 1.3600 | | | |
| 14 | Prospective Per Diem 11 | 51.5723 | 99.4045 | 60.8648 | 3.6300 | | 215.4716 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 202533-00 - 2013/01
241.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 1,710,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.5723 | 51.5723 | 3.0079 | 48.5644 |
| Patient Care | | | | |
| Direct Care | 99.4045 | 99.4045 | 5.7977 | 93.6068 |
| Indirect Care | 60.8648 | 60.8648 | 3.5499 | 57.3149 |
| Property | 3.6300 | 13.8461 | 0.8076 | 13.0385 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.9574 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.4716 | 225.6877 | 13.1631 | 241.3144 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 202606-00 - 2013/01 |
| 221.92 |

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: 2013/01 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: 0 Standard: 175 Conditional: 7 Total: 182 |
| | Medicaid Utilization 54.26163% Occupancy: 94.26256% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.84701% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 54.5230 | 107.5413 | 50.7324 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.5230 | 107.5413 | 50.7324 | 18.2200 | | 231.0167 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.8540 | | 52.9425 | | | |
| 7 | Provider Target Rate | 53.3387 | | 54.4584 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 96.2398 | 50.7324 | 13.6500 | | 208.7867 |
| 12/13 | Medicaid Adjustment Rate | | 0.4437 | 0.2339 | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 96.6835 | 50.9663 | 13.6500 | | 209.4643 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 202606-00 - 2013/01
221.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 51 | Effective PBS Limitation | 1,453,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 96.6835 | 96.6835 | 5.6390 | 91.0445 |
| Indirect Care | 50.9663 | 50.9663 | 2.9726 | 47.9937 |
| Property | 13.6500 | 13.0334 | 0.7602 | 12.2732 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.4233 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.4643 | 208.8477 | 12.1810 | 221.9224 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 202703-00 - 2013/01

251.29

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.86202% Occupancy: 96.65458% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.86290% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 56.2385 | 112.5970 | 69.5121 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.2385 | 112.5970 | 69.5121 | 21.8600 | | 260.2076 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.3691 | | 68.5418 | | | |
| 7 | Provider Target Rate | 59.0117 | | 70.5044 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 13.6500 | | 227.7549 |
| 12/13 | Medicaid Adjustment Rate | | 2.2379 | 1.3608 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 102.3931 | 62.2630 | 13.6500 | | 231.3536 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 202703-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

251.29

Pines of Sarasota

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): | 8,077,446 | 14.9856 |
| Indexed Asset Value | 10,096,808 | < 60% of Base: | True | 20% ROE(2): | 2,019,362 | 0.7783 |
| FRVS Base Asset: | 3,497,793 | Interest Rate: | 12.5000 % | Insurance Cost(3): | 85,383 | 1.1864 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 37,337 | 0.5188 |
| ROE Factor | 0.025830 | 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: | 50,500 |
| Comparison Bed 204 | Effective PBS Limitation | 5,814,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 102.3931 | 102.3931 | 5.9720 | 96.4211 |
| Indirect Care | 62.2630 | 62.2630 | 3.6314 | 58.6316 |
| Property | 13.6500 | 17.4691 | 1.0189 | 16.4502 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.9963 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 231.3536 | 235.1727 | 13.7162 | 251.2852 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 202711-00 - 2013/01 260.83 |
|---|

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 48.95619% Occupancy: 95.58448% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.51370% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 86.0349 | 115.3831 | 62.0213 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 86.0349 | 115.3831 | 62.0213 | 10.5400 | | 273.9793 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 74.4458 | | 63.0800 | | | |
| 7 | Provider Target Rate | 76.5774 | | 64.8862 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 106.7147 | 62.0213 | 10.5400 | | 241.3075 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 106.7147 | 62.0213 | 10.5400 | | 241.3075 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 202711-00 - 2013/01
260.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

SUNNYSIDE 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: 2,418,670.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1977/07 | Type: Fixed [2] | 80% Capital(1): 2,245,597 | 11.4357 |
| Indexed Asset Value 2,806,996 | < 60% of Base: False | 20% ROE(2): 561,399 | 0.7357 |
| FRVS Base Asset: 706,660 | Interest Rate: 8.0000 % | Insurance Cost(3): 51,861 | 2.4775 |
| Occup Adj Factor: 0.9000 | Chase Rate: 13.0000 % | Taxes Cost(3): 0 | 0.0000 |
| ROE Factor 0.025830 | Amortization Rate: 8.0000 % | Home Office(3): 7,920 | 0.3783 |
| | Interest Only: False | Replacement(3&4): 50,963 | 0.0000 |
| | Yearly Payment: 225,397 | Total FRVS PD: 15.0272 | |

(1) 80% Capital (\$2,245,597) amortized at 8.0000% for 20 years Principal & Interest of \$225,397 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$11.4357

(2) 20% ROE (\$561,399) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7357

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 106.7147 | 106.7147 | 6.2240 | 100.4907 |
| Indirect Care | 62.0213 | 62.0213 | 3.6173 | 58.4040 |
| Property | 10.5400 | 15.0272 | 0.8764 | 14.1508 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.5335 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 241.3075 | 245.7947 | 14.3356 | 260.8250 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 202789-00 - 2013/01 181.45 |
|---|

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 # | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 130 Maximum: 47,580 Max Annualized: 47,450 Total Patient: 41,431 Medicare: 3,916 Medicaid: 27,085 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 65.37375% Occupancy: 87.07650% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.78677% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,088,366 | 2,138,231 | 1,261,522 | 306,061 | 0 | 4,794,180 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.1833 | 78.9452 | 46.5764 | 11.3000 | | 177.0049 |
| 3 | Cost Per Diem Inflated | 41.5039 | 80.7619 | 48.1071 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.5039 | 80.7619 | 48.1071 | 11.3000 | | 181.6729 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.1377 | | 49.7201 | | | |
| 7 | Provider Target Rate | 43.3442 | | 51.1437 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.5039 | 80.7619 | 48.1071 | 11.3000 | | 181.6729 |
| 12/13 | Medicaid Adjustment Rate | | 1.3968 | 0.8320 | | | |
| 14 | Prospective Per Diem 11 | 41.5039 | 82.1587 | 48.9391 | 11.3000 | | 183.9017 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 202789-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

181.45

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 | 0.4574 |
| FRVS Base Asset: | 458,153 | Interest Rate: | 5.4300 % | Insurance Cost(3): | 65,580 | 1.5829 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 9,586 | 0.2314 |
| ROE Factor | 0.017810 | Amortization Rate: | 5.4300 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 86,610 | 0.0000 |
| | | Yearly Payment: | 360,032 | Total FRVS PD: | | 10.7024 |

(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 (0.017810) divided by annual available days (47,450) divided by Occup. Adj. (0.9000) = \$0.4574

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 41.5039 | 41.5039 | 2.4207 | 39.0832 |
| Patient Care | | | | |
| Direct Care | 82.1587 | 82.1587 | 4.7918 | 77.3669 |
| Indirect Care | 48.9391 | 48.9391 | 2.8543 | 46.0848 |
| Property | 11.3000 | 10.7024 | 0.6242 | 10.0782 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.9017 | 183.3041 | 10.6910 | 181.4455 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 202941-00 - 2013/01 197.78 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 82.02859% Occupancy: 98.05023% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 123.62254% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 42.6373 | 80.7250 | 35.1774 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.6373 | 80.7250 | 35.1774 | 15.5200 | | 174.0597 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.3644 | | 47.4134 | | | |
| 7 | Provider Target Rate | 43.5774 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.6373 | 80.7250 | 35.1774 | 13.6500 | | 172.1897 |
| 12/13 | Medicaid Adjustment Rate | | 2.9087 | 1.2675 | | | |
| 14 | Prospective Per Diem 11 | 42.6373 | 83.6337 | 36.4449 | 13.6500 | | 176.3659 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 202941-00 - 2013/01
197.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 1,710,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.6373 | 42.6373 | 2.4868 | 40.1505 |
| Patient Care | | | | |
| Direct Care | 83.6337 | 83.6337 | 4.8779 | 78.7558 |
| Indirect Care | 36.4449 | 36.4449 | 2.1256 | 34.3193 |
| Property | 13.6500 | 15.8455 | 0.9242 | 14.9213 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.7969 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 176.3659 | 178.5614 | 10.4145 | 197.7762 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 203122-00 - 2013/01 225.37 |
|---|

Avante at Leesburg

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 116 Maximum: 42,456 Max Annualized: 42,340 Total Patient: 35,728 Medicare: 6,289 Medicaid: 25,144 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.37618% Occupancy: 84.15300% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.10080% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,110,239 | 2,211,913 | 1,450,222 | 146,087 | 0 | 4,918,461 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.1552 | 87.9698 | 57.6767 | 5.8100 | | 195.6117 |
| 3 | Cost Per Diem Inflated | 45.7077 | 90.0948 | 59.7046 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.7077 | 90.0948 | 59.7046 | 5.8100 | | 201.3171 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.3880 | | 64.5509 | | | |
| 7 | Provider Target Rate | 49.7735 | | 66.3992 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.7077 | 90.0948 | 57.2593 | 5.8100 | | 198.8718 |
| 12/13 | Medicaid Adjustment Rate | | 2.0653 | 1.3126 | | | |
| 14 | Prospective Per Diem 11 | 45.7077 | 92.1601 | 58.5719 | 5.8100 | | 202.2497 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 203122-00 - 2013/01
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 01/01/2013 through 06/30/2013

Avante at Leesburg

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): | 3,197,623 | 10.4328 |
| Indexed Asset Value | 3,997,029 | < 60% of Base: | True | 20% ROE(2): | 799,406 | 0.3933 |
| FRVS Base Asset: | 1,850,667 | Interest Rate: | 6.5000 % | Insurance Cost(3): | 40,231 | 1.1260 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 29,412 | 0.8232 |
| ROE Factor | 0.018750 | Amortization Rate: | 12.5000 % | Home Office(3): | 25,368 | 0.7100 |
| | | Interest Only: | True | Replacement(3&4): | 35,149 | 0.0000 |
| | | Yearly Payment: | 397,552 | Total FRVS PD: | | 13.4853 |

(1) 80% Capital (\$3,197,623) amortized at 12.5000% for 20 years Interest of \$397,552 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$10.4328

(2) 20% ROE (\$799,406) times the ROE factor (0.018750) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.3933

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

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

| | | | |
|--------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 116 | Effective PBS Limitation | 3,306,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.7077 | 45.7077 | 2.6659 | 43.0418 |
| Patient Care | | | | |
| Direct Care | 92.1601 | 92.1601 | 5.3752 | 86.7849 |
| Indirect Care | 58.5719 | 58.5719 | 3.4162 | 55.1557 |
| Property | 5.8100 | 13.4853 | 0.7865 | 12.6988 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.8608 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.2497 | 209.9250 | 12.2438 | 225.3744 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 203165-00 - 2013/01 |
| 246.26 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.32359% Occupancy: 94.92375% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.68066% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 49.8761 | 105.0831 | 62.7175 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.8761 | 105.0831 | 62.7175 | 21.9000 | 0.0770 | 239.6537 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 56.0967 | | 75.5520 | | | |
| 7 | Provider Target Rate | 57.7029 | | 77.7153 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.8761 | 100.1552 | 60.9022 | 13.6500 | 0.0770 | 224.6605 |
| 12/13 | Medicaid Adjustment Rate | | 1.8393 | 1.1184 | | | |
| 14 | Prospective Per Diem 11 | 49.8761 | 101.9945 | 62.0206 | 13.6500 | 0.0770 | 227.6182 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 203165-00 - 2013/01
246.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed | 212 | Effective PBS Limitation | 6,042,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.8761 | 49.8761 | 2.9090 | 46.9671 |
| Patient Care | | | | |
| Direct Care | 101.9945 | 101.9945 | 5.9487 | 96.0458 |
| Indirect Care | 62.0206 | 62.0206 | 3.6173 | 58.4033 |
| Property | 13.6500 | 16.6629 | 0.9718 | 15.6911 |
| ROE | 0.0770 | 0.3217 | 0.0188 | 0.3029 |
| ROE Adjustment | -0.0770 | -0.3217 | -0.0188 | -0.3029 |
| Quality Assess-Medicaid Share | | | | \$20.3162 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 227.5412 | 230.5541 | 13.4468 | 246.2559 |

***Medicaid Trend Adjustment :**



0 203203-00 - 2013/01
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 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 83.55489% Occupancy: 77.28767% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 97.44494% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

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 | 56.1984 | 90.9353 | 52.8721 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.1984 | 90.9353 | 52.8721 | 16.0500 | 0.0108 | 216.0666 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.2686 | | 55.3025 | | | |
| 7 | Provider Target Rate | 49.6507 | | 56.8860 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.6507 | 90.9353 | 52.8721 | 13.6500 | 0.0108 | 207.1189 |
| 12/13 | Medicaid Adjustment Rate | | 3.4327 | 1.9959 | | | |
| 14 | Prospective Per Diem 11 | 49.6507 | 94.3680 | 54.8680 | 13.6500 | 0.0108 | 212.5475 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 203203-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): 2,619,420 | 6.5954 |
| Indexed Asset Value: 3,274,275 | Type: Fixed [2] | 20% ROE(2): 654,855 | 0.3635 |
| 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: | 9.3716 |
| | Yearly Payment: 259,991 | | |

(1) 80% Capital (\$2,619,420) amortized at 10.0000% for 20 years Interest of \$259,991 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.5954

(2) 20% ROE (\$654,855) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3635

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.6507 | 49.6507 | 2.8958 | 46.7549 |
| Patient Care | | | | |
| Direct Care | 94.3680 | 94.3680 | 5.5039 | 88.8641 |
| Indirect Care | 54.8680 | 54.8680 | 3.2001 | 51.6679 |
| Property | 13.6500 | 9.3716 | 0.7961 | 12.8539 |
| 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 | 212.5367 | 208.2583 | 12.3959 | 229.6575 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 203220-00 - 2013/01 |
| 214.14 |

Avante at Inverness

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 104 Maximum: 38,064 Max Annualized: 37,960 Total Patient: 32,781 Medicare: 3,716 Medicaid: 20,431 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.32574% Occupancy: 86.12074% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.58175% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 914,008 | 1,552,486 | 1,172,375 | 119,113 | 0 | 3,757,982 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.7363 | 75.9868 | 57.3822 | 5.8300 | | 183.9353 |
| 3 | Cost Per Diem Inflated | 46.3092 | 77.8224 | 59.3997 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.3092 | 77.8224 | 59.3997 | 5.8300 | | 189.3613 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.5610 | | 58.3820 | | | |
| 7 | Provider Target Rate | 57.1519 | | 60.0537 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.3092 | 77.8224 | 57.2593 | 5.8300 | | 187.2209 |
| 12/13 | Medicaid Adjustment Rate | | 1.0791 | 0.7940 | | | |
| 14 | Prospective Per Diem 11 | 46.3092 | 78.9015 | 58.0533 | 5.8300 | | 189.0940 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 203220-00 - 2013/01
214.14

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Avante at Inverness

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: | 785,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1971/07 | Type: | Fixed [2] | 80% Capital(1): | 2,624,124 | 9.5496 |
| Indexed Asset Value | 3,280,155 | < 60% of Base: | True | 20% ROE(2): | 656,031 | 0.3600 |
| FRVS Base Asset: | 1,729,808 | Interest Rate: | 9.7500 % | Insurance Cost(3): | 38,489 | 1.1741 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 47,328 | 1.4438 |
| ROE Factor | 0.018750 | Amortization Rate: | 12.5000 % | Home Office(3): | 22,274 | 0.6795 |
| | | Interest Only: | True | Replacement(3&4): | 110,787 | 0.0000 |
| | | Yearly Payment: | 326,251 | Total FRVS PD: | | 13.2070 |

(1) 80% Capital (\$2,624,124) amortized at 12.5000% for 20 years Interest of \$326,251 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$9.5496

(2) 20% ROE (\$656,031) times the ROE factor (0.018750) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.3600

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 104 | Effective PBS Limitation | 2,964,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.3092 | 46.3092 | 2.7009 | 43.6083 |
| Patient Care | | | | |
| Direct Care | 78.9015 | 78.9015 | 4.6019 | 74.2996 |
| Indirect Care | 58.0533 | 58.0533 | 3.3859 | 54.6674 |
| Property | 5.8300 | 13.2070 | 0.7703 | 12.4367 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.2952 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.0940 | 196.4710 | 11.4590 | 214.1396 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 203238-00 - 2013/01 244.39 |
|---|

Avante at Lake Worth

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 138 Maximum: 50,508 Max Annualized: 50,370 Total Patient: 38,941 Medicare: 3,751 Medicaid: 30,027 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.10896% Occupancy: 77.09868% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 97.20665% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,566,376 | 2,788,629 | 1,867,866 | 259,734 | 0 | 6,482,605 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 52.1656 | 92.8707 | 62.2062 | 8.6500 | | 215.8925 |
| 3 | Cost Per Diem Inflated | 53.9997 | 95.1141 | 64.3933 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.9997 | 95.1141 | 64.3933 | 8.6500 | | 222.1571 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 74.3322 | | 68.0098 | | | |
| 7 | Provider Target Rate | 76.4606 | | 69.9571 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 95.1141 | 60.9022 | 8.6500 | | 217.7138 |
| 12/13 | Medicaid Adjustment Rate | | 2.9006 | 1.8574 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 98.0147 | 62.7596 | 8.6500 | | 222.4718 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 203238-00 - 2013/01
244.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Avante at Lake Worth

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: | 0.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1971/07 | Type: | None [1] | 80% Capital(1): | 3,334,198 | 9.1442 |
| Indexed Asset Value | 4,167,748 | < 60% of Base: | True | 20% ROE(2): | 833,550 | 0.3448 |
| FRVS Base Asset: | 2,132,820 | Interest Rate: | 12.5000 % | Insurance Cost(3): | 53,979 | 1.3862 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 105,378 | 2.7061 |
| ROE Factor | 0.018750 | Amortization Rate: | 12.5000 % | Home Office(3): | 30,370 | 0.7799 |
| | | Interest Only: | True | Replacement(3&4): | 585,645 | 0.0000 |
| | | Yearly Payment: | 414,532 | Total FRVS PD: | | 14.3612 |

(1) 80% Capital (\$3,334,198) amortized at 12.5000% for 20 years Interest of \$414,532 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$9.1442

(2) 20% ROE (\$833,550) times the ROE factor (0.018750) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.3448

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 162 | Effective PBS Limitation | 4,617,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 98.0147 | 98.0147 | 5.7166 | 92.2981 |
| Indirect Care | 62.7596 | 62.7596 | 3.6604 | 59.0992 |
| Property | 8.6500 | 14.3612 | 0.8376 | 13.5236 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6851 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 222.4718 | 228.1830 | 13.3085 | 244.3920 |

***Medicaid Trend Adjustment :**



0 203327-00 - 2013/01

224.73

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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 # | 08/01/2011-07/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 62,966 Medicare: 18,277 Medicaid: 30,764 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 48.85811% Occupancy: 95.57680% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.50402% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.27004145 Semester Index: 1.30828184 Cost: 1.03010956 Target: 1.02004310 DC FY Index: 1.19666435 DC Sem Index: 1.22250000 DC Inflation: 1.02158972 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,435,063 | 2,575,390 | 1,774,543 | 852,470 | 0 | 6,637,466 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.6475 | 83.7144 | 57.6825 | 27.7100 | | 215.7544 |
| 3 | Cost Per Diem Inflated | 48.0520 | 85.5218 | 59.4193 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.0520 | 85.5218 | 59.4193 | 27.7100 | | 220.7031 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.7867 | | 60.4458 | | | |
| 7 | Provider Target Rate | 57.3840 | | 62.1765 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.0520 | 85.5218 | 59.4193 | 13.6500 | | 206.6431 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.0520 | 85.5218 | 59.4193 | 13.6500 | | 206.6431 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 203327-00 - 2013/01
224.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,643,266 | 12.3477 |
| Indexed Asset Value | 8,304,083 | < 60% of Base: | False | 20% ROE(2): | 1,660,817 | 0.4710 |
| FRVS Base Asset: | 5,463,360 | Interest Rate: | 9.2500 % | Insurance Cost(3): | 171,857 | 2.7294 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 10.5000 % | Taxes Cost(3): | 112,486 | 1.7865 |
| ROE Factor | 0.016770 | Amortization Rate: | 9.2500 % | Home Office(3): | 106,450 | 1.6906 |
| | | Interest Only: | False | Replacement(3&4): | 23,024 | 0.0000 |
| | | Yearly Payment: | 730,122 | Total FRVS PD: | | 19.0252 |

(1) 80% Capital (\$6,643,266) amortized at 9.2500% for 20 years Principal & Interest of \$730,122 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.3477

(2) 20% ROE (\$1,660,817) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4710

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,463,360 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.0520 | 48.0520 | 2.8026 | 45.2494 |
| Patient Care | | | | |
| Direct Care | 85.5218 | 85.5218 | 4.9880 | 80.5338 |
| Indirect Care | 59.4193 | 59.4193 | 3.4656 | 55.9537 |
| Property | 13.6500 | 19.0252 | 1.1096 | 17.9156 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.2458 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 206.6431 | 212.0183 | 12.3658 | 224.7307 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 203335-00 - 2013/01

219.12

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 41.88876% Occupancy: 88.06393% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.03172% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 44.1922 | 100.8040 | 67.8309 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.1922 | 100.8040 | 67.8309 | 14.8600 | | 227.6871 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.7940 | | 60.3370 | | | |
| 7 | Provider Target Rate | 49.1625 | | 62.0646 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.1922 | 96.2398 | 57.2593 | 13.6500 | | 211.3413 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.1922 | 96.2398 | 57.2593 | 13.6500 | | 211.3413 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 203335-00 - 2013/01
219.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,361,410 | 9.4062 |
| Indexed Asset Value | 7,951,763 | < 60% of Base: | False | 20% ROE(2): | 1,590,353 | 0.6501 |
| 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: | 556,190 | Total FRVS PD: | | 12.3953 |

(1) 80% Capital (\$6,361,410) amortized at 6.2100% for 20 years Principal & Interest of \$556,190 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.4062

(2) 20% ROE (\$1,590,353) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6501

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 56 | Effective PBS Limitation | 1,699,712 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.1922 | 44.1922 | 2.5775 | 41.6147 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 13.6500 | 12.3953 | 0.7229 | 11.6724 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.4523 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 211.3413 | 210.0866 | 12.2531 | 219.1182 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 203475-00 - 2013/01 |
| 208.74 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.76930% Occupancy: 91.80061% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.74296% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 43.1458 | 92.8079 | 35.9894 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.1458 | 92.8079 | 35.9894 | 4.5500 | | 176.4931 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.4291 | | 47.4134 | | | |
| 7 | Provider Target Rate | 45.7012 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.1458 | 92.8079 | 35.9894 | 4.5500 | | 176.4931 |
| 12/13 | Medicaid Adjustment Rate | | 2.8994 | 1.1243 | | | |
| 14 | Prospective Per Diem 11 | 43.1458 | 95.7073 | 37.1137 | 4.5500 | | 180.5168 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 203475-00 - 2013/01
208.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,130,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.1458 | 43.1458 | 2.5164 | 40.6294 |
| Patient Care | | | | |
| Direct Care | 95.7073 | 95.7073 | 5.5820 | 90.1253 |
| Indirect Care | 37.1137 | 37.1137 | 2.1646 | 34.9491 |
| Property | 4.5500 | 13.7108 | 0.7997 | 12.9111 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.2888 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.5168 | 189.6776 | 11.0627 | 208.7361 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 203599-00 - 2013/01 |
| 212.74 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 13.93381% Occupancy: 96.70091% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.92131% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 49.8530 | 91.7558 | 60.5693 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.8530 | 91.7558 | 60.5693 | 18.2799 | | 220.4580 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.1612 | | 60.7137 | | | |
| 7 | Provider Target Rate | 60.8552 | | 62.4521 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.8530 | 91.7558 | 60.5693 | 13.6500 | | 215.8281 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 49.8530 | 91.7558 | 60.5693 | 13.6500 | | 215.8281 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 203599-00 - 2013/01
212.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Manor at Carpenter's

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: | 2,566,809.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1989/07 | Type: | Fixed [2] | 80% Capital(1): | 2,598,127 | 12.2872 |
| Indexed Asset Value | 3,247,659 | < 60% of Base: | False | 20% ROE(2): | 649,532 | 0.6638 |
| FRVS Base Asset: | 1,789,260 | Interest Rate: | 9.5000 % | Insurance Cost(3): | 35,875 | 1.4117 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 11.0000 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.024170 | 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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 1,789,260 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 49.8530 | 49.8530 | 2.9076 | 46.9454 |
| Patient Care | | | | |
| Direct Care | 91.7558 | 91.7558 | 5.3516 | 86.4042 |
| Indirect Care | 60.5693 | 60.5693 | 3.5326 | 57.0367 |
| Property | 13.6500 | 14.3627 | 0.8377 | 13.5250 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.8281 | 216.5408 | 12.6295 | 212.7437 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 203670-00 - 2013/01

227.66

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.19467% Occupancy: 76.28372% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 96.17915% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 74.9863 | 152.8094 | 64.2921 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 74.9863 | 152.8094 | 64.2921 | 8.5700 | | 300.6578 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 73.5384 | | 93.9371 | | | |
| 7 | Provider Target Rate | 75.6440 | | 96.6268 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 8.5700 | | 222.6749 |
| 12/13 | Medicaid Adjustment Rate | | 2.1628 | 1.3151 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 102.3180 | 62.2173 | 8.5700 | | 226.1528 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 203670-00 - 2013/01
227.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 163 | Effective PBS Limitation | 4,645,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 102.3180 | 102.3180 | 5.9676 | 96.3504 |
| Indirect Care | 62.2173 | 62.2173 | 3.6288 | 58.5885 |
| Property | 8.5700 | 14.8027 | 0.8634 | 13.9393 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 226.1528 | 232.3855 | 13.5537 | 227.6642 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 203769-00 - 2013/01

213.18

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 13.86782% Occupancy: 78.15340% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 98.53645% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 55.7478 | 89.1723 | 73.0364 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.7478 | 89.1723 | 73.0364 | 17.5500 | | 235.5065 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 67.2578 | | 63.9670 | | | |
| 7 | Provider Target Rate | 69.1836 | | 65.7986 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 89.1723 | 60.9022 | 13.6500 | | 216.7720 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 89.1723 | 60.9022 | 13.6500 | | 216.7720 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 203769-00 - 2013/01
213.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 89.1723 | 89.1723 | 5.2009 | 83.9714 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 13.8866 | 0.8099 | 13.0767 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 216.7720 | 217.0086 | 12.6568 | 213.1842 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 203815-00 - 2013/01 |
| 197.00 |

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 # | 04/01/2011-03/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 42,777 Medicare: 5,767 Medicaid: 19,751 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 46.17201% Occupancy: 97.39754% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.79962% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 978,298 | 1,499,450 | 1,550,894 | 437,682 | 0 | 4,466,324 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.5316 | 75.9177 | 78.5223 | 22.1600 | | 226.1316 |
| 3 | Cost Per Diem Inflated | 51.5011 | 77.9256 | 81.6446 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.5011 | 77.9256 | 81.6446 | 22.1600 | | 233.2313 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 56.7356 | | 71.9919 | | | |
| 7 | Provider Target Rate | 58.3601 | | 74.0532 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 77.9256 | 59.0236 | 13.6500 | | 201.2052 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 77.9256 | 59.0236 | 13.6500 | | 201.2052 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 203815-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

197.00

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): | 4,758,294 | 9.4001 |
| Indexed Asset Value | 5,947,868 | < 60% of Base: | False | 20% ROE(2): | 1,189,574 | 0.6256 |
| FRVS Base Asset: | 348,874 | Interest Rate: | 4.8000 % | Insurance Cost(3): | 81,943 | 1.9156 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 9.5000 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.020730 | Amortization Rate: | 4.8000 % | Home Office(3): | 13,922 | 0.3255 |
| | | Interest Only: | False | Replacement(3&4): | 69,904 | 0.0000 |
| | | Yearly Payment: | 370,552 | Total FRVS PD: | | 12.2668 |

(1) 80% Capital (\$4,758,294) amortized at 4.8000% for 20 years Principal & Interest of \$370,552 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4001

(2) 20% ROE (\$1,189,574) times the ROE factor (0.020730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6256

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 34 | Effective PBS Limitation | 348,874 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 77.9256 | 77.9256 | 4.5449 | 73.3807 |
| Indirect Care | 59.0236 | 59.0236 | 3.4425 | 55.5811 |
| Property | 13.6500 | 12.2668 | 0.7155 | 11.5513 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.2052 | 199.8220 | 11.6544 | 197.0000 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 203823-00 - 2013/01 189.74 |
|---|

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,694 Medicare: 3,521 Medicaid: 11,603 | Superior: 0 Standard: 162 Conditional: 20 Total: 182 |
| | Medicaid Utilization 58.91642% Occupancy: 89.92694% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.38063% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 524,428 | 687,987 | 595,667 | 53,142 | 0 | 1,861,224 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 45.1976 | 59.2939 | 51.3373 | 4.5800 | | 160.4088 |
| 3 | Cost Per Diem Inflated | 47.1683 | 60.9389 | 53.5757 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.1683 | 60.9389 | 53.5757 | 4.5800 | | 166.2629 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.5040 | | 57.4579 | | | |
| 7 | Provider Target Rate | 54.0073 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.1683 | 60.9389 | 53.5757 | 4.5800 | | 166.2629 |
| 12/13 | Medicaid Adjustment Rate | | 0.5441 | 0.4784 | | | |
| 14 | Prospective Per Diem 11 | 47.1683 | 61.4830 | 54.0541 | 4.5800 | | 167.2854 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 203823-00 - 2013/01
189.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Oak Bluffs Health Center

FRVS

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

| | | | |
|--------------------------------------|-------------------------------------|----------------------------------|---------------|
| Began FRVS: 7/15/1991 | Mortgage Information | Calculation of FRVS Per Diem | |
| Year of Phase-In/ Full: | Amount: 4,420,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1989/01 | Type: Fixed [2] | 80% Capital(1): 1,318,651 | 8.2868 |
| Indexed Asset Value 1,648,314 | < 60% of Base: False | 20% ROE(2): 329,663 | 0.4043 |
| FRVS Base Asset: 1,258,595 | Interest Rate: 11.0000 % | Insurance Cost(3): 8,367 | 0.4249 |
| Occup Adj Factor: 0.9000 | Chase Rate: 11.5000 % | Taxes Cost(3): 6,415 | 0.3257 |
| ROE Factor 0.024170 | Amortization Rate: 11.0000 % | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | Replacement(3&4): 8,758 | 0.0000 |
| | Yearly Payment: 163,332 | Total FRVS PD: 9.4417 | |

- (1) 80% Capital (\$1,318,651) amortized at 11.0000% for 20 years Principal & Interest of \$163,332 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.2868
- (2) 20% ROE (\$329,663) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.4043
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,778,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.1683 | 47.1683 | 2.7510 | 44.4173 |
| Patient Care | | | | |
| Direct Care | 61.4830 | 61.4830 | 3.5859 | 57.8971 |
| Indirect Care | 54.0541 | 54.0541 | 3.1527 | 50.9014 |
| Property | 4.5800 | 9.4417 | 0.5507 | 8.8910 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.7976 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 167.2854 | 172.1471 | 10.0403 | 189.7368 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 203980-00 - 2013/01 |
| 166.46 |

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 22 Maximum: 8,030 Max Annualized: 8,030 Total Patient: 7,864 Medicare: 0 Medicaid: 5,555 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.63835% Occupancy: 97.93275% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 123.47442% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 194,425 | 436,546 | 173,178 | 28,219 | 0 | 832,368 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 35.0000 | 78.5861 | 31.1752 | 5.0799 | | 149.8412 |
| 3 | Cost Per Diem Inflated | 36.5261 | 80.7663 | 32.5345 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.5261 | 80.7663 | 32.5345 | 5.0799 | | 154.9068 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.4551 | | 52.1843 | | | |
| 7 | Provider Target Rate | 56.0143 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.5261 | 80.7663 | 32.5345 | 5.0799 | | 154.9068 |
| 12/13 | Medicaid Adjustment Rate | | 1.8752 | 0.7554 | | | |
| 14 | Prospective Per Diem 11 | 36.5261 | 82.6415 | 33.2899 | 5.0799 | | 157.5374 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 203980-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

166.46

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 1,078,489 FRVS Base Asset: 290,519 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 463,295.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 862,791 | 13.4475 |
| | < 60% of Base: | False | 20% ROE(2): | 215,698 | 0.7214 |
| | Interest Rate: | 9.6000 % | Insurance Cost(3): | 5,913 | 0.7519 |
| | Chase Rate: | 10.2000 % | Taxes Cost(3): | 55 | 0.0070 |
| | Amortization Rate: | 9.6000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 97,185 | Total FRVS PD: | 14.9278 | | |

(1) 80% Capital (\$862,791) amortized at 9.6000% for 20 years Principal & Interest of \$97,185 divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = \$13.4475

(2) 20% ROE (\$215,698) times the ROE factor (0.024170) divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = \$0.7214

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 22 | Effective PBS Limitation | 614,658 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|---------------|-----------------|
| Operating | 36.5261 | 36.5261 | 2.1304 | 34.3957 |
| Patient Care | | | | |
| Direct Care | 82.6415 | 82.6415 | 4.8200 | 77.8215 |
| Indirect Care | 33.2899 | 33.2899 | 1.9416 | 31.3483 |
| Property | 5.0799 | 14.9278 | 0.8707 | 14.0571 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 157.5374 | 167.3853 | 9.7627 | 166.4550 |

***Medicaid Trend Adjustment :**



0 204072-00 - 2013/01
210.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 40.75139% Occupancy: 81.01918% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 102.14965% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 58.4739 | 90.0857 | 61.5815 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.4739 | 90.0857 | 61.5815 | 12.3000 | | 222.4411 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.0546 | | 67.0828 | | | |
| 7 | Provider Target Rate | 52.5164 | | 69.0036 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.5164 | 90.0857 | 61.5815 | 12.3000 | | 216.4836 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.5164 | 90.0857 | 61.5815 | 12.3000 | | 216.4836 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 204072-00 - 2013/01
210.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,068,007 | 8.0293 |
| Indexed Asset Value | 3,835,009 | < 60% of Base: | False | 20% ROE(2): | 767,002 | 0.6031 |
| 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: | 263,762 | Total FRVS PD: | | 10.1797 |

(1) 80% Capital (\$3,068,007) amortized at 6.0000% for 20 years Principal & Interest of \$263,762 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$8.0293

(2) 20% ROE (\$767,002) times the ROE factor (0.025830) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.6031

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 100 | Effective PBS Limitation | 3,035,200 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 52.5164 | 52.5164 | 3.0630 | 49.4534 |
| Patient Care | | | | |
| Direct Care | 90.0857 | 90.0857 | 5.2542 | 84.8315 |
| Indirect Care | 61.5815 | 61.5815 | 3.5917 | 57.9898 |
| Property | 12.3000 | 10.1797 | 0.5937 | 9.5860 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 216.4836 | 214.3633 | 12.5026 | 210.6931 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 204161-00 - 2013/01 223.82 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.40342% Occupancy: 94.79756% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.52155% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 53.5842 | 149.5462 | 79.8447 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.5842 | 149.5462 | 79.8447 | 4.4300 | | 287.4051 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 69.5605 | | 85.4593 | | | |
| 7 | Provider Target Rate | 71.5522 | | 87.9063 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 4.4300 | | 218.5349 |
| 12/13 | Medicaid Adjustment Rate | | 0.8342 | 0.5072 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 100.9894 | 61.4094 | 4.4300 | | 219.8763 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 204161-00 - 2013/01
223.82

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Jackson Memorial Long Term 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: 1973/07 Indexed Asset Value 7,270,796 FRVS Base Asset: 3,093,801 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): | 5,816,637 | 12.2301 |
| | < 60% of Base: | True | 20% ROE(2): | 1,454,159 | 0.6251 |
| | 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: | 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: | 50,500 |
| Comparison Bed 150 | Effective PBS Limitation | 4,275,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 100.9894 | 100.9894 | 5.8901 | 95.0993 |
| Indirect Care | 61.4094 | 61.4094 | 3.5816 | 57.8278 |
| Property | 4.4300 | 12.8552 | 0.7498 | 12.1054 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 219.8763 | 228.3015 | 13.3154 | 223.8185 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 204170-00 - 2013/01 |
| 242.06 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 48.59499% Occupancy: 90.74985% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.41816% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 | |

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 | 50.3188 | 104.3296 | 70.5067 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.3188 | 104.3296 | 70.5067 | 19.0700 | | 244.2251 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.1206 | | 71.9176 | | | |
| 7 | Provider Target Rate | 55.6702 | | 73.9768 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.3188 | 100.1552 | 60.9022 | 13.6500 | | 225.0262 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.3188 | 100.1552 | 60.9022 | 13.6500 | | 225.0262 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 204170-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

242.06

Regents Park Of Boca Raton

FRVS

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 8/1/1994 Year of Phase-In/ Full: RS to Start Calcs: 1984/07 Indexed Asset Value 8,003,592 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.021880 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 10,389,951.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 6,402,874 | 11.6411 |
| | < 60% of Base: | False | 20% ROE(2): | 1,600,718 | 0.5923 |
| | Interest Rate: | 8.9400 % | Insurance Cost(3): | 261,135 | 4.3678 |
| | Chase Rate: | 7.8900 % | Taxes Cost(3): | 167,536 | 2.8023 |
| | Amortization Rate: | 8.9400 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| Yearly Payment: | 688,338 | Total FRVS PD: | 19.4035 | | |

(1) 80% Capital (\$6,402,874) amortized at 8.9400% for 20 years Principal & Interest of \$688,338 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.6411

(2) 20% ROE (\$1,600,718) times the ROE factor (0.021880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5923

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.3188 | 50.3188 | 2.9348 | 47.3840 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 19.4035 | 1.1317 | 18.2718 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.9039 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 225.0262 | 230.7797 | 13.4601 | 242.0559 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 204391-00 - 2013/01 224.98 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 79.88546% Occupancy: 88.89726% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.08240% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 44.3277 | 99.5648 | 52.6018 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.3277 | 99.5648 | 52.6018 | 9.0600 | | 205.5543 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8073 | | 47.4134 | | | |
| 7 | Provider Target Rate | 41.9757 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.9757 | 96.2398 | 48.7710 | 9.0600 | | 196.0465 |
| 12/13 | Medicaid Adjustment Rate | | 3.2357 | 1.6397 | | | |
| 14 | Prospective Per Diem 11 | 41.9757 | 99.4755 | 50.4107 | 9.0600 | | 200.9219 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 204391-00 - 2013/01
224.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 6,033,435 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): | 4,826,748 | 12.7512 |
| | < 60% of Base: | False | 20% ROE(2): | 1,206,687 | 0.7399 |
| | 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: | 502,652 | Total FRVS PD: | | 15.0024 | |

(1) 80% Capital (\$4,826,748) amortized at 8.5000% for 20 years Principal & Interest of \$502,652 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.7512

(2) 20% ROE (\$1,206,687) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7399

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.9757 | 41.9757 | 2.4482 | 39.5275 |
| Patient Care | | | | |
| Direct Care | 99.4755 | 99.4755 | 5.8018 | 93.6737 |
| Indirect Care | 50.4107 | 50.4107 | 2.9402 | 47.4705 |
| Property | 9.0600 | 15.0024 | 0.8750 | 14.1274 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.3439 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.9219 | 206.8643 | 12.0652 | 224.9754 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 204536-00 - 2013/01

214.16

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 56.78764% Occupancy: 90.90183% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.60978% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 52.0972 | 100.7534 | 55.5738 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.0972 | 100.7534 | 55.5738 | 4.6000 | | 213.0244 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.8872 | | 58.4496 | | | |
| 7 | Provider Target Rate | 52.3443 | | 60.1232 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.8317 | 94.1344 | 55.5738 | 4.6000 | | 206.1399 |
| 12/13 | Medicaid Adjustment Rate | | 0.7188 | 0.4244 | | | |
| 14 | Prospective Per Diem 11 | 51.8317 | 94.8532 | 55.9982 | 4.6000 | | 207.2831 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 204536-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

214.16

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: | 50,500 |
| Comparison Bed | 24 | Effective PBS Limitation | 684,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 51.8317 | 51.8317 | 3.0230 | 48.8087 |
| Patient Care | | | | |
| Direct Care | 94.8532 | 94.8532 | 5.5322 | 89.3210 |
| Indirect Care | 55.9982 | 55.9982 | 3.2660 | 52.7322 |
| Property | 4.6000 | 15.3567 | 0.8957 | 14.4610 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.2831 | 218.0398 | 12.7169 | 214.1553 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 204625-00 - 2013/01

198.56

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 62.26862% Occupancy: 91.36479% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.19349% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 81 Maximum: 29,565 Max Annualized: 29,565 Total Patient: 27,012 Medicare: 4,250 Medicaid: 16,820 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 | | |
| | | | Inflation | | |
| | | | FY Index: 1.23415178 | | |
| | | | Semester Index: 1.30828184 | | |
| | | | Cost: 1.06006559 | | |
| | | | Target: 1.02004310 | | |
| | | | DC FY Index: 1.17950000 | | |
| | | | DC Sem Index: 1.22250000 | | |
| | | | DC Inflation: 1.03645613 | | |
| | | | PS Target: 1.02863299 | | |

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 | 39.0962 | 83.1452 | 39.6577 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.0962 | 83.1452 | 39.6577 | 29.4100 | | 191.3091 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.1836 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.0962 | 83.1452 | 39.6577 | 13.6500 | | 175.5491 |
| 12/13 | Medicaid Adjustment Rate | | 1.1476 | 0.5474 | | | |
| 14 | Prospective Per Diem 11 | 39.0962 | 84.2928 | 40.2051 | 13.6500 | | 177.2441 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 204625-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

198.56

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 4,087,492 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): | 3,269,994 | 14.2313 |
| | < 60% of Base: | False | 20% ROE(2): | 817,498 | 0.7936 |
| | 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: | 378,674 | Total FRVS PD: | | 17.3986 | |

(1) 80% Capital (\$3,269,994) amortized at 10.0000% for 20 years Principal & Interest of \$378,674 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$14.2313

(2) 20% ROE (\$817,498) times the ROE factor (0.025830) divided by annual available days (29,565) 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: | 30,986 |
| Comparison Date: 7/1/1991 | Current RS PBS: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,859,160 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.0962 | 39.0962 | 2.2803 | 36.8159 |
| Patient Care | | | | |
| Direct Care | 84.2928 | 84.2928 | 4.9163 | 79.3765 |
| Indirect Care | 40.2051 | 40.2051 | 2.3449 | 37.8602 |
| Property | 13.6500 | 17.3986 | 1.0148 | 16.3838 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2885 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.2441 | 180.9927 | 10.5563 | 198.5573 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 205150-00 - 2013/01 |
| 220.68 |

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 51.98746% Occupancy: 93.91096% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.40371% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 52.9741 | 91.3986 | 62.0008 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.9741 | 91.3986 | 62.0008 | 11.2500 | | 217.6235 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.6110 | | 55.8095 | | | |
| 7 | Provider Target Rate | 53.0888 | | 57.4075 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 91.3986 | 57.2593 | 11.2500 | | 208.0724 |
| 12/13 | Medicaid Adjustment Rate | | 0.2044 | 0.1280 | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 91.6030 | 57.3873 | 11.2500 | | 208.4048 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 205150-00 - 2013/01 |
| 220.68 |

St. Catherine Laboure Manor

FRVS

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

| | | | | | |
|--|---|------------------|------------------------------|--|--|
| Began FRVS: 7/1/1993 Year of Phase-In/ Full: RS to Start Calcs: 1979/01 Indexed Asset Value 11,447,674 FRVS Base Asset: 4,097,511 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: 9,999,999.00 Type: Variable [3] < 60% of Base: False Interest Rate: 3.9000 % Chase Rate: 7.7500 % Amortization Rate: 3.9000 % Interest Only: False Yearly Payment: 660,182 | Total Amount | Per Diem | | |
| | 80% Capital(1): | 9,158,139 | 8.3737 | | |
| | 20% ROE(2): | 2,289,535 | 0.7501 | | |
| | Insurance Cost(3): | 13,456 | 0.1636 | | |
| | Taxes Cost(3): | 0 | 0.0000 | | |
| | Home Office(3): | 50,199 | 0.6102 | | |
| | Replacement(3&4): | 138,617 | 0.0000 | | |
| | Total FRVS PD: | | 9.8976 | | |

(1) 80% Capital (\$9,158,139) amortized at 3.9000% for 20 years Principal & Interest of \$660,182 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$8.3737

(2) 20% ROE (\$2,289,535) times the ROE factor (0.025830) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.7501

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 232 | Effective PBS Limitation | 6,612,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 91.6030 | 91.6030 | 5.3427 | 86.2603 |
| Indirect Care | 57.3873 | 57.3873 | 3.3471 | 54.0402 |
| Property | 11.2500 | 9.8976 | 0.5773 | 9.3203 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.8666 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 208.4048 | 207.0524 | 12.0763 | 220.6751 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 205303-00 - 2013/01

204.14

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 # | 08/01/2011-07/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 170 Maximum: 62,220 Max Annualized: 62,050 Total Patient: 60,255 Medicare: 7,568 Medicaid: 36,563 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.68044% Occupancy: 96.84185% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.09901% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.27004145 Semester Index: 1.30828184 Cost: 1.03010956 Target: 1.02004310 DC FY Index: 1.19666435 DC Sem Index: 1.22250000 DC Inflation: 1.02158972 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,472,364 | 2,926,612 | 1,837,348 | 389,762 | 0 | 6,626,086 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.2692 | 80.0430 | 50.2516 | 10.6600 | | 181.2238 |
| 3 | Cost Per Diem Inflated | 41.4817 | 81.7711 | 51.7647 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.4817 | 81.7711 | 51.7647 | 10.6600 | | 185.6775 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.3477 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.5316 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.4817 | 81.7711 | 50.8005 | 10.6600 | | 184.7133 |
| 12/13 | Medicaid Adjustment Rate | | 0.9825 | 0.6104 | | | |
| 14 | Prospective Per Diem 11 | 41.4817 | 82.7536 | 51.4109 | 10.6600 | | 186.3062 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 205303-00 - 2013/01
204.14

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,123,083 | 8.7853 |
| Indexed Asset Value | 7,653,854 | < 60% of Base: | False | 20% ROE(2): | 1,530,771 | 0.4597 |
| FRVS Base Asset: | 3,137,716 | Interest Rate: | 5.1400 % | Insurance Cost(3): | 36,665 | 0.6085 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 5.7500 % | Taxes Cost(3): | 565 | 0.0094 |
| ROE Factor | 0.016770 | Amortization Rate: | 5.1400 % | Home Office(3): | 38,276 | 0.6352 |
| | | Interest Only: | False | Replacement(3&4): | 215,438 | 0.0000 |
| | | Yearly Payment: | 490,616 | Total FRVS PD: | | 10.4981 |

(1) 80% Capital (\$6,123,083) amortized at 5.1400% for 20 years Principal & Interest of \$490,616 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$8.7853

(2) 20% ROE (\$1,530,771) times the ROE factor (0.016770) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$0.4597

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

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

| | | |
|---------------------------------------|-------------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 170 | Effective PBS Limitation | 4,845,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.4817 | 41.4817 | 2.4194 | 39.0623 |
| Patient Care | | | | |
| Direct Care | 82.7536 | 82.7536 | 4.8265 | 77.9271 |
| Indirect Care | 51.4109 | 51.4109 | 2.9985 | 48.4124 |
| Property | 10.6600 | 10.4981 | 0.6123 | 9.8858 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.0150 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 186.3062 | 186.1443 | 10.8567 | 204.1350 |

***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 01/01/2013 through 06/30/2013

| |
|---|
| 0 205460-00 - 2013/01 234.24 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.36615% Occupancy: 85.79909% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.17620% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 44.6866 | 94.3427 | 64.2538 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.6866 | 94.3427 | 64.2538 | 10.1100 | | 213.3931 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.8204 | | 62.7314 | | | |
| 7 | Provider Target Rate | 64.6191 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.6866 | 94.3427 | 64.2538 | 10.1100 | | 213.3931 |
| 12/13 | Medicaid Adjustment Rate | | 0.8879 | 0.6048 | | | |
| 14 | Prospective Per Diem 11 | 44.6866 | 95.2306 | 64.8586 | 10.1100 | | 214.8858 |
| 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 01/01/2013 through 06/30/2013

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|---|
| 0 205460-00 - 2013/01 234.24 |
|---|

| |
|--------------------------------------|
| 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 2,034,696 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 | | <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: | None [1] | 80% Capital(1): | 1,627,757 | 10.2676 | | |
| | < 60% of Base: | True | 20% ROE(2): | 406,939 | 0.5333 | | |
| | 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: | 202,375 | Total FRVS PD: | | 13.8165 | | | |

(1) 80% Capital (\$1,627,757) amortized at 12.5000% for 20 years Interest of \$202,375 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.2676

(2) 20% ROE (\$406,939) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5333

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

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

| | | | | |
|--|--------------------------------|------------------|------------------------|---------------|
| <table border="1"> <tr> <td>Per Bed Standard Determination</td> <td></td> </tr> </table> | Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Per Bed Standard Determination | | | | |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 | | |
| Comparison Bed 60 | Effective PBS Limitation | 1,710,000 | | |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 44.6866 | 44.6866 | 2.6063 | 42.0803 | |
| Patient Care | | | | | |
| Direct Care | 95.2306 | 95.2306 | 5.5542 | 89.6764 | |
| Indirect Care | 64.8586 | 64.8586 | 3.7828 | 61.0758 | |
| Property | 10.1100 | 13.8165 | 0.8058 | 13.0107 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$19.5631 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 214.8858 | 218.5923 | 12.7491 | 234.2387 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 205745-00 - 2013/01

234.99

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 Small [3] Class at 1/94: South Small [3] 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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 35,334 Medicare: 5,213 Medicaid: 9,196 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 26.02592% Occupancy: 96.80548% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.05315% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 452,412 | 921,055 | 746,046 | 154,953 | 0 | 2,274,466 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.1966 | 100.1582 | 81.1272 | 16.8500 | | 247.3320 |
| 3 | Cost Per Diem Inflated | 51.3417 | 102.9369 | 84.6645 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.3417 | 102.9369 | 84.6645 | 16.8500 | | 255.7931 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.1534 | | 66.3307 | | | |
| 7 | Provider Target Rate | 63.9330 | | 68.2299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.3417 | 102.9369 | 68.2299 | 13.6500 | | 236.1585 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.3417 | 102.9369 | 68.2299 | 13.6500 | | 236.1585 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 205745-00 - 2013/01
234.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,444,476 | 13.0363 |
| Indexed Asset Value | 4,305,595 | < 60% of Base: | True | 20% ROE(2): | 861,119 | 0.6336 |
| FRVS Base Asset: | 1,041,660 | Interest Rate: | 12.5000 % | Insurance Cost(3): | 114,653 | 3.2448 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 17,977 | 0.5088 |
| ROE Factor | 0.024170 | Amortization Rate: | 12.5000 % | Home Office(3): | 8,259 | 0.2337 |
| | | Interest Only: | True | Replacement(3&4): | 4,294,762 | 0.0000 |
| | | Yearly Payment: | 428,243 | Total FRVS PD: | | 17.6572 |

(1) 80% Capital (\$3,444,476) amortized at 12.5000% for 20 years Interest of \$428,243 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$13.0363

(2) 20% ROE (\$861,119) times the ROE factor (0.024170) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.6336

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 51.3417 | 51.3417 | 2.9945 | 48.3472 |
| Patient Care | | | | |
| Direct Care | 102.9369 | 102.9369 | 6.0037 | 96.9332 |
| Indirect Care | 68.2299 | 68.2299 | 3.9794 | 64.2505 |
| Property | 13.6500 | 17.6572 | 1.0298 | 16.6274 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 236.1585 | 240.1657 | 14.0074 | 234.9907 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 205796-00 - 2013/01

199.93

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 48.21239% Occupancy: 95.36276% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.23416% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 43.9832 | 82.3296 | 60.5030 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.9832 | 82.3296 | 60.5030 | 21.4200 | | 208.2358 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.8636 | | 58.0622 | | | |
| 7 | Provider Target Rate | 51.2913 | | 59.7247 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.9832 | 82.3296 | 59.0236 | 13.6500 | | 198.9864 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.9832 | 82.3296 | 59.0236 | 13.6500 | | 198.9864 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 205796-00 - 2013/01
199.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

The Commons at Orlando Luthern Towers

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: | 3,105,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1980/01 | Type: | Fixed [2] | 80% Capital(1): | 5,415,155 | 15.1944 |
| Indexed Asset Value | 6,768,944 | < 60% of Base: | False | 20% ROE(2): | 1,353,789 | 0.7824 |
| FRVS Base Asset: | 1,710,000 | Interest Rate: | 11.0700 % | Insurance Cost(3): | 41,477 | 0.8827 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 34,459 | 0.7333 |
| ROE Factor | 0.025630 | Amortization Rate: | 11.0700 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 45,596 | 0.0000 |
| | | Yearly Payment: | 673,834 | Total FRVS PD: | | 17.5928 |

(1) 80% Capital (\$5,415,155) amortized at 11.0700% for 20 years Principal & Interest of \$673,834 divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = \$15.1944

(2) 20% ROE (\$1,353,789) times the ROE factor (0.025630) divided by annual available days (49,275) 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,710,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 43.9832 | 43.9832 | 2.5653 | 41.4179 |
| Patient Care | | | | |
| Direct Care | 82.3296 | 82.3296 | 4.8018 | 77.5278 |
| Indirect Care | 59.0236 | 59.0236 | 3.4425 | 55.5811 |
| Property | 13.6500 | 17.5928 | 1.0261 | 16.5667 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.9864 | 202.9292 | 11.8357 | 199.9259 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 205800-00 - 2013/01 |
| 245.66 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.36139% Occupancy: 96.52766% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.70287% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 57.1635 | 97.7443 | 73.3310 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 57.1635 | 97.7443 | 73.3310 | 23.8500 | 0.3204 | 252.4092 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.2553 | | 69.2448 | | | |
| 7 | Provider Target Rate | 53.7515 | | 71.2275 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 97.7443 | 60.9022 | 13.6500 | 0.3204 | 225.6644 |
| 12/13 | Medicaid Adjustment Rate | | 2.6788 | 1.6691 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 100.4231 | 62.5713 | 13.6500 | 0.3204 | 230.0123 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 205800-00 - 2013/01
245.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

St John's Nursing Home

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: 1980/07 | Amount: 6,150,000.00 | 80% Capital(1): 6,627,170 | 9.8935 |
| Indexed Asset Value 8,283,963 | Type: Variable [3] | 20% ROE(2): 1,656,793 | 0.7083 |
| FRVS Base Asset: 4,560,000 | < 60% of Base: False | Insurance Cost(3): 101,318 | 1.5888 |
| Occup Adj Factor: 0.9000 | Interest Rate: 6.4000 % | Taxes Cost(3): 0 | 0.0000 |
| ROE Factor 0.025420 | Chase Rate: 8.2500 % | Home Office(3): 52,575 | 0.8244 |
| | Amortization Rate: 6.4000 % | Replacement(3&4): 151,004 | 0.0000 |
| | Interest Only: False | Total FRVS PD: | 13.0150 |
| | Yearly Payment: 588,252 | | |

(1) 80% Capital (\$6,627,170) amortized at 6.4000% for 20 years Principal & Interest of \$588,252 divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = \$9.8935

(2) 20% ROE (\$1,656,793) times the ROE factor (0.025420) divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = \$0.7083

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

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

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 160 | Effective PBS Limitation 4,560,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 100.4231 | 100.4231 | 5.8571 | 94.5660 |
| Indirect Care | 62.5713 | 62.5713 | 3.6494 | 58.9219 |
| Property | 13.6500 | 13.0150 | 0.7961 | 12.8539 |
| ROE | 0.3204 | 0.3006 | 0.0187 | 0.3017 |
| ROE Adjustment | -0.3006 | -0.3006 | -0.0175 | -0.2831 |
| Quality Assess-Medicaid Share | | | | \$20.5102 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 229.7117 | 229.0569 | 13.3977 | 245.6566 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 205923-00 - 2013/01 246.84 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 64.15802% Occupancy: 95.78041% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.76073% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 58.5000 | 108.0189 | 56.3754 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.5000 | 108.0189 | 56.3754 | 24.4500 | | 247.3443 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 66.8726 | | 56.8505 | | | |
| 7 | Provider Target Rate | 68.7874 | | 58.4783 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 56.3754 | 13.6500 | | 223.2281 |
| 12/13 | Medicaid Adjustment Rate | | 1.5952 | 0.8979 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 101.7504 | 57.2733 | 13.6500 | | 225.7212 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 205923-00 - 2013/01
246.84

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Lourdes-Noreen McKeen Residence

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: | 2,400,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1980/07 | Type: | Fixed [2] | 80% Capital(1): | 4,641,466 | 11.9730 |
| Indexed Asset Value | 5,801,832 | < 60% of Base: | False | 20% ROE(2): | 1,160,366 | 0.6468 |
| FRVS Base Asset: | 3,420,000 | Interest Rate: | 9.5000 % | Insurance Cost(3): | 304,358 | 6.5954 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.024170 | Amortization Rate: | 9.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 92,465 | 0.0000 |
| | | Yearly Payment: | 519,175 | Total FRVS PD: | | 19.2152 |

(1) 80% Capital (\$4,641,466) amortized at 9.5000% for 20 years Principal & Interest of \$519,175 divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = \$11.9730

(2) 20% ROE (\$1,160,366) times the ROE factor (0.024170) divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = \$0.6468

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 101.7504 | 101.7504 | 5.9345 | 95.8159 |
| Indirect Care | 57.2733 | 57.2733 | 3.3404 | 53.9329 |
| Property | 13.6500 | 19.2152 | 1.1207 | 18.0945 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.2075 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 225.7212 | 231.2864 | 13.4895 | 246.8368 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 206300-00 - 2013/01 |
| 225.48 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 86.09391% Occupancy: 96.57078% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.75723% Weighted Low Occ Adjustment Factor: 100.00000% |

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 | 53.0455 | 84.9411 | 60.2762 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.0455 | 84.9411 | 60.2762 | 4.0300 | 0.5013 | 202.7941 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.7742 | | 52.9761 | | | |
| 7 | Provider Target Rate | 60.4571 | | 54.4930 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.8317 | 84.9411 | 54.4930 | 4.0300 | 0.5013 | 195.7971 |
| 12/13 | Medicaid Adjustment Rate | | 3.4491 | 2.2127 | | | |
| 14 | Prospective Per Diem 11 | 51.8317 | 88.3902 | 56.7057 | 4.0300 | 0.5013 | 201.4589 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 206300-00 - 2013/01
225.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 Type: Fixed [2] < 60% of Base: True Interest Rate: 8.5000 % Chase Rate: 12.5000 % Amortization Rate: 12.5000 % Interest Only: True Yearly Payment: 186,963 | Total Amount | Per Diem | | |
| | 80% Capital(1): | 1,503,794 | 9.4857 | | |
| | 20% ROE(2): | 375,949 | 0.4889 | | |
| | Insurance Cost(3): | 16,217 | 0.7668 | | |
| | Taxes Cost(3): | 0 | 0.0000 | | |
| | Home Office(3): | 0 | 0.0000 | | |
| | Replacement(3&4): | 39,462 | 0.0000 | | |
| | 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,710,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.8317 | 51.8317 | 3.0230 | 48.8087 |
| Patient Care | | | | |
| Direct Care | 88.3902 | 88.3902 | 5.1553 | 83.2349 |
| Indirect Care | 56.7057 | 56.7057 | 3.3073 | 53.3984 |
| Property | 4.0300 | 10.7414 | 0.6265 | 10.1149 |
| ROE | 0.5013 | 0.4135 | 0.0241 | 0.3894 |
| ROE Adjustment | -0.4135 | -0.4135 | -0.0241 | -0.3894 |
| Quality Assess-Medicaid Share | | | | \$21.0879 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.0454 | 207.6690 | 12.1121 | 225.4772 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 206431-00 - 2013/01

227.68

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 # | 01/01/2009-12/31/2009 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 126 Maximum: 45,990 Max Annualized: 45,990 Total Patient: 40,853 Medicare: 18,574 Medicaid: 7,944 | Superior: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 19.44533% Occupancy: 88.83018% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.99782% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.19387802 Semester Index: 1.30828184 Cost: 1.09582538 Target: 1.02004310 DC FY Index: 1.15950000 DC Sem Index: 1.22250000 DC Inflation: 1.05433376 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|-----------------|----------------|-----|-----------------|
| 1 | Total Cost | 702,885 | 821,425 | 843,655 | 112,964 | 0 | 2,480,929 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 88.4800 | 103.4019 | 106.2003 | 14.2200 | | 312.3022 |
| 3 | Cost Per Diem Inflated | 96.9586 | 109.0201 | 116.3770 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 96.9586 | 109.0201 | 116.3770 | 14.2200 | | 336.5757 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 86.6141 | | 80.3262 | | | |
| 7 | Provider Target Rate | 89.0941 | | 82.6262 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 98.1975 | 59.0236 | 13.6500 | | 221.4771 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 98.1975 | 59.0236 | 13.6500 | | 221.4771 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 206431-00 - 2013/01
227.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 2,387,855 FRVS Base Asset: 1,906,865 Occup Adj Factor: 0.9000 ROE Factor 0.029170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 570,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 1,910,284 | 5.7380 |
| | < 60% of Base: | True | 20% ROE(2): | 477,571 | 0.3366 |
| | 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): | 214,273 | 5.2450 |
| | Interest Only: | True | Replacement(3&4): | 595,768 | 0.0000 |
| Yearly Payment: | 237,501 | Total FRVS PD: | | 11.3196 | |

(1) 80% Capital (\$1,910,284) amortized at 12.5000% for 20 years Interest of \$237,501 divided by annual available days (45,990) divided by Occup. Adj. (0.9000) = \$5.7380

(2) 20% ROE (\$477,571) times the ROE factor (0.029170) divided by annual available days (45,990) divided by Occup. Adj. (0.9000) = \$0.3366

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 124 | Effective PBS Limitation | 3,534,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 98.1975 | 98.1975 | 5.7273 | 92.4702 |
| Indirect Care | 59.0236 | 59.0236 | 3.4425 | 55.5811 |
| Property | 13.6500 | 11.3196 | 0.6602 | 10.6594 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.4830 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 221.4771 | 219.1467 | 12.7815 | 227.6806 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 206521-00 - 2013/01 |
| 227.32 |

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 119 Maximum: 43,435 Max Annualized: 43,435 Total Patient: 33,337 Medicare: 3,528 Medicaid: 6,693 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 20.07679% Occupancy: 76.75147% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 96.76889% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 320,320 | 660,217 | 496,545 | 135,868 | 0 | 1,612,950 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 47.8590 | 98.6429 | 74.1887 | 20.3000 | | 240.9906 |
| 3 | Cost Per Diem Inflated | 49.9457 | 101.3795 | 77.4235 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.9457 | 101.3795 | 77.4235 | 20.3000 | | 249.0487 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.7998 | | 78.9597 | | | |
| 7 | Provider Target Rate | 59.4548 | | 81.2206 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.9457 | 100.1552 | 60.9022 | 13.6500 | | 224.6531 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 49.9457 | 100.1552 | 60.9022 | 13.6500 | | 224.6531 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 206521-00 - 2013/01
227.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 0.024170 | 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 | 0.6410 |
| | Interest Rate: | 10.2500 % | Insurance Cost(3): | 36,717 | 1.1014 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 65,230 | 1.9567 |
| | Amortization Rate: | 10.2500 % | Home Office(3): | 160,592 | 4.8172 |
| | Interest Only: | False | Replacement(3&4): | 999,631 | 0.0000 |
| Yearly Payment: | 488,470 | Total FRVS PD: | | 21.0119 | |

(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 (0.024170) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.6410

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 49.9457 | 49.9457 | 2.9130 | 47.0327 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 21.0119 | 1.2255 | 19.7864 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 224.6531 | 232.0150 | 13.5321 | 227.3153 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 206610-00 - 2013/01 |
| 244.47 |

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,235 Medicare: 2,818 Medicaid: 2,892 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 14.29207% Occupancy: 92.39726% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.49523% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 189,971 | 276,200 | 261,839 | 75,134 | 0 | 803,144 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 65.6885 | 95.5048 | 90.5391 | 25.9799 | | 277.7123 |
| 3 | Cost Per Diem Inflated | 68.5526 | 98.1544 | 94.4868 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 68.5526 | 98.1544 | 94.4868 | 25.9799 | | 287.1737 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 66.6994 | | 93.2137 | | | |
| 7 | Provider Target Rate | 68.6092 | | 95.8827 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 98.1544 | 76.5172 | 13.6500 | | 250.3531 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 98.1544 | 76.5172 | 13.6500 | | 250.3531 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 206610-00 - 2013/01
244.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 0.4546 |
| FRVS Base Asset: | 1,710,000 | Interest Rate: | 10.0700 % | Insurance Cost(3): | 66,147 | 3.2689 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 15,744 | 0.7781 |
| ROE Factor | 0.024170 | Amortization Rate: | 10.0700 % | Home Office(3): | 5,467 | 0.2702 |
| | | Interest Only: | False | Replacement(3&4): | 2,694,191 | 0.0000 |
| | | Yearly Payment: | 172,538 | Total FRVS PD: | | 13.5256 |

- (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 (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.4546
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 98.1544 | 98.1544 | 5.7248 | 92.4296 |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 |
| Property | 13.6500 | 13.5256 | 0.7889 | 12.7367 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 250.3531 | 250.2287 | 14.5944 | 244.4667 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 206865-00 - 2013/01 |
| 252.46 |

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 27,774 Medicare: 5,634 Medicaid: 6,883 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 24.78217% Occupancy: 84.54794% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.59875% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 422,777 | 742,895 | 636,019 | 58,230 | 0 | 1,859,921 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 61.4234 | 107.9319 | 92.4043 | 8.4600 | | 270.2196 |
| 3 | Cost Per Diem Inflated | 64.1016 | 110.9262 | 96.4333 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 64.1016 | 110.9262 | 96.4333 | 8.4600 | | 279.9211 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.5323 | | 79.9224 | | | |
| 7 | Provider Target Rate | 66.3801 | | 82.2108 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 106.7147 | 76.5172 | 8.4600 | | 253.7234 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 106.7147 | 76.5172 | 8.4600 | | 253.7234 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 206865-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

252.46

Abbev Delrav South

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 4/1/1986 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 1,200,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1982/07 | Type: | Fixed [2] | 80% Capital(1): | 2,311,842 | 10.9934 |
| Indexed Asset Value | 2,889,803 | < 60% of Base: | False | 20% ROE(2): | 577,961 | 0.4725 |
| FRVS Base Asset: | 1,710,000 | Interest Rate: | 13.0000 % | Insurance Cost(3): | 33,641 | 1.2112 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 17,985 | 0.6475 |
| ROE Factor | 0.024170 | Amortization Rate: | 13.0000 % | Home Office(3): | 3,576 | 0.1288 |
| | | Interest Only: | False | Replacement(3&4): | 4,148,713 | 0.0000 |
| | | Yearly Payment: | 325,020 | Total FRVS PD: | | 13.4534 |

(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 (0.024170) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.4725

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 106.7147 | 106.7147 | 6.2240 | 100.4907 |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 |
| Property | 8.4600 | 13.4534 | 0.7847 | 12.6687 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 253.7234 | 258.7168 | 15.0894 | 252.4598 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 207381-00 - 2013/01 228.21 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 59.76979% Occupancy: 95.97163% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.00182% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23138707 Semester Index: 1.30828184 Cost: 1.06244565 Target: 1.02004310 DC FY Index: 1.17849915 DC Sem Index: 1.22250000 DC Inflation: 1.03733634 PS Target: 1.02863299 | |

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 | 68.0661 | 105.6704 | 73.3099 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 68.0661 | 105.6704 | 73.3099 | 14.8400 | 0.2906 | 262.1770 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 69.8539 | | 68.1775 | | | |
| 7 | Provider Target Rate | 71.8540 | | 70.1296 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 13.6500 | 0.2906 | 228.0455 |
| 12/13 | Medicaid Adjustment Rate | | 1.1008 | 0.6694 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 101.2560 | 61.5716 | 13.6500 | 0.2906 | 229.8157 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 207381-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

228.21

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): 11,237,070 | 13.9045 |
| Indexed Asset Value 14,046,337 | | < 60% of Base: False | 20% ROE(2): 2,809,267 | 0.7987 |
| 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: 1,278,937 | Total FRVS PD: | 16.0723 |

(1) 80% Capital (\$11,237,070) amortized at 9.7490% for 20 years Principal & Interest of \$1,278,937 divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = \$13.9045

(2) 20% ROE (\$2,809,267) times the ROE factor (0.026150) divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = \$0.7987

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 101.2560 | 101.2560 | 5.9057 | 95.3503 |
| Indirect Care | 61.5716 | 61.5716 | 3.5911 | 57.9805 |
| Property | 13.6500 | 16.0723 | 0.7961 | 12.8539 |
| ROE | 0.2906 | 0.0415 | 0.0169 | 0.2737 |
| ROE Adjustment | -0.0415 | -0.0415 | -0.0024 | -0.0391 |
| Quality Assess-Medicaid Share | | | | \$3.0001 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 229.7742 | 231.9474 | 13.4013 | 228.2054 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 207446-00 - 2013/01 |
| 222.90 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 52.16375% Occupancy: 88.89726% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.08240% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 57.3902 | 92.5554 | 55.4751 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 57.3902 | 92.5554 | 55.4751 | 5.1800 | | 210.6007 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.0356 | | 52.7608 | | | |
| 7 | Provider Target Rate | 51.4683 | | 54.2715 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 92.5554 | 54.2715 | 5.1800 | | 200.1714 |
| 12/13 | Medicaid Adjustment Rate | | 0.2253 | 0.1321 | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 92.7807 | 54.4036 | 5.1800 | | 200.5288 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 207446-00 - 2013/01
222.90

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,828,070 | 10.0339 |
| Indexed Asset Value | 6,035,087 | < 60% of Base: | False | 20% ROE(2): | 1,207,017 | 0.7848 |
| 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: | 395,536 | Total FRVS PD: | | 11.7037 |

(1) 80% Capital (\$4,828,070) amortized at 5.4080% for 20 years Principal & Interest of \$395,536 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.0339

(2) 20% ROE (\$1,207,017) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7848

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 92.7807 | 92.7807 | 5.4114 | 87.3693 |
| Indirect Care | 54.4036 | 54.4036 | 3.1730 | 51.2306 |
| Property | 5.1800 | 11.7037 | 0.6826 | 11.0211 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.0882 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.5288 | 207.0525 | 12.0762 | 222.8969 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 207497-00 - 2013/01

234.27

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 65.06540% Occupancy: 60.06828% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 75.73459% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 55.6031 | 80.7069 | 55.8153 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.6031 | 80.7069 | 55.8153 | 28.8500 | | 220.9753 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.7296 | | 61.3694 | | | |
| 7 | Provider Target Rate | 54.2394 | | 63.1266 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 80.7069 | 55.8153 | 13.6500 | | 203.2197 |
| 12/13 | Medicaid Adjustment Rate | | 1.3679 | 0.9460 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 82.0748 | 56.7613 | 13.6500 | | 205.5336 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 207497-00 - 2013/01
234.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 12,010,525 | | 17.7763 |
| Indexed Asset Value 15,013,156 | < 60% of Base: False | | 20% ROE(2): 3,002,631 | | 0.6798 |
| 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: 1,897,840 | | Total FRVS PD: | | 27.5232 |

(1) 80% Capital (\$12,010,525) amortized at 15.0000% for 20 years Principal & Interest of \$1,897,840 divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = \$17.7763

(2) 20% ROE (\$3,002,631) times the ROE factor (0.024170) divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = \$0.6798

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

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

| | |
|-----------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 240 | Effective PBS Limitation 6,840,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 82.0748 | 82.0748 | 4.7869 | 77.2879 |
| Indirect Care | 56.7613 | 56.7613 | 3.3106 | 53.4507 |
| Property | 13.6500 | 27.5232 | 1.6053 | 25.9179 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.8289 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.5336 | 219.4068 | 12.7967 | 234.2714 |

*Medicaid Trend Adjustment :



0 207527-00 - 2013/01
208.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 61.70612% Occupancy: 86.31278% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.82387% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 70.7362 | 76.4228 | 56.7667 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 70.7362 | 76.4228 | 56.7667 | 25.9000 | | 229.8257 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 76.4228 | 50.8005 | 13.6500 | | 182.8970 |
| 12/13 | Medicaid Adjustment Rate | | 1.0064 | 0.6690 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 77.4292 | 51.4695 | 13.6500 | | 184.5724 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 207527-00 - 2013/01
208.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

AUBURNDALE OAKS HEALTHCARE 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: | 3,500,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1983/07 | Type: | Fixed [2] | 80% Capital(1): | 4,816,540 | 18.8698 |
| Indexed Asset Value | 6,020,675 | < 60% of Base: | False | 20% ROE(2): | 1,204,135 | 0.7829 |
| FRVS Base Asset: | 3,420,000 | Interest Rate: | 14.5950 % | Insurance Cost(3): | 35,183 | 0.9306 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 38,827 | 1.0270 |
| ROE Factor | 0.025630 | Amortization Rate: | 14.5950 % | Home Office(3): | 19,188 | 0.5076 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 743,846 | Total FRVS PD: | | 22.1179 |

- (1) 80% Capital (\$4,816,540) amortized at 14.5950% for 20 years Principal & Interest of \$743,846 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$18.8698
- (2) 20% ROE (\$1,204,135) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7829
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 77.4292 | 77.4292 | 4.5160 | 72.9132 |
| Indirect Care | 51.4695 | 51.4695 | 3.0019 | 48.4676 |
| Property | 13.6500 | 22.1179 | 1.2900 | 20.8279 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.1994 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.5724 | 193.0403 | 11.2589 | 208.8132 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 207683-00 - 2013/01 222.20 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.94450% Occupancy: 95.04545% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.83409% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 46.0307 | 88.9167 | 50.0366 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.0307 | 88.9167 | 50.0366 | 10.5900 | | 195.5740 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.8906 | | 51.3593 | | | |
| 7 | Provider Target Rate | 53.3764 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.0307 | 88.9167 | 50.0366 | 10.5900 | | 195.5740 |
| 12/13 | Medicaid Adjustment Rate | | 2.2952 | 1.2916 | | | |
| 14 | Prospective Per Diem 11 | 46.0307 | 91.2119 | 51.3282 | 10.5900 | | 199.1608 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 207683-00 - 2013/01
222.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 5,297,662 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): | 4,238,130 | 14.0829 |
| | < 60% of Base: | False | 20% ROE(2): | 1,059,532 | 0.7786 |
| | 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: | 495,006 | Total FRVS PD: | 18.2168 | | |

(1) 80% Capital (\$4,238,130) amortized at 10.1250% for 20 years Principal & Interest of \$495,006 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$14.0829

(2) 20% ROE (\$1,059,532) times the ROE factor (0.025830) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.7786

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 97 | Effective PBS Limitation | 2,764,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.0307 | 46.0307 | 2.6847 | 43.3460 |
| Patient Care | | | | |
| Direct Care | 91.2119 | 91.2119 | 5.3199 | 85.8920 |
| Indirect Care | 51.3282 | 51.3282 | 2.9937 | 48.3345 |
| Property | 10.5900 | 18.2168 | 1.0625 | 17.1543 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.6444 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.1608 | 206.7876 | 12.0608 | 222.2036 |

***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 01/01/2013 through 06/30/2013

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| 0 207799-00 - 2013/01 234.27 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 59.81696% Occupancy: 83.07306% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.73920% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 46.6810 | 99.5984 | 62.0028 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.6810 | 99.5984 | 62.0028 | 15.9600 | | 224.2422 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.9359 | | 52.3715 | | | |
| 7 | Provider Target Rate | 49.3084 | | 53.8711 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.6810 | 96.2398 | 53.8711 | 13.6500 | | 210.4419 |
| 12/13 | Medicaid Adjustment Rate | | 1.0629 | 0.5950 | | | |
| 14 | Prospective Per Diem 11 | 46.6810 | 97.3027 | 54.4661 | 13.6500 | | 212.0998 |
| 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 01/01/2013 through 06/30/2013

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| 0 207799-00 - 2013/01 234.27 |
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|--------------------------------------|
| The Ponce Therapy Care Center |
|--------------------------------------|

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|-------------|
| FRVS |
|-------------|

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

| Began FRVS: 3/1/2004 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 5,880,287 FRVS Base Asset: 3,007,294 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information Amount: 3,600,000.00 Type: Fixed [2] < 60% of Base: False Interest Rate: 12.6180 % Chase Rate: 13.0000 % Amortization Rate: 12.6180 % Interest Only: False Yearly Payment: 646,062 | Calculation of FRVS Per Diem <table border="1"> <thead> <tr> <th></th> <th>Total Amount</th> <th>Per Diem</th> </tr> </thead> <tbody> <tr> <td>80% Capital(1):</td> <td>4,704,230</td> <td>16.3892</td> </tr> <tr> <td>20% ROE(2):</td> <td>1,176,057</td> <td>0.7706</td> </tr> <tr> <td>Insurance Cost(3):</td> <td>99,000</td> <td>2.7208</td> </tr> <tr> <td>Taxes Cost(3):</td> <td>34,434</td> <td>0.9464</td> </tr> <tr> <td>Home Office(3):</td> <td>64,059</td> <td>1.7605</td> </tr> <tr> <td>Replacement(3&4):</td> <td>40,381</td> <td>0.0000</td> </tr> <tr> <td>Total FRVS PD:</td> <td></td> <td>22.5875</td> </tr> </tbody> </table> | | Total Amount | Per Diem | 80% Capital(1): | 4,704,230 | 16.3892 | 20% ROE(2): | 1,176,057 | 0.7706 | Insurance Cost(3): | 99,000 | 2.7208 | Taxes Cost(3): | 34,434 | 0.9464 | Home Office(3): | 64,059 | 1.7605 | Replacement(3&4): | 40,381 | 0.0000 | Total FRVS PD: | | 22.5875 |
|--|---|--|--|--------------|----------|-----------------|------------------|----------------|-------------|------------------|---------------|--------------------|---------------|---------------|----------------|---------------|---------------|-----------------|---------------|---------------|-------------------|---------------|---------------|-----------------------|--|----------------|
| | Total Amount | Per Diem | | | | | | | | | | | | | | | | | | | | | | | | |
| 80% Capital(1): | 4,704,230 | 16.3892 | | | | | | | | | | | | | | | | | | | | | | | | |
| 20% ROE(2): | 1,176,057 | 0.7706 | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Cost(3): | 99,000 | 2.7208 | | | | | | | | | | | | | | | | | | | | | | | | |
| Taxes Cost(3): | 34,434 | 0.9464 | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Office(3): | 64,059 | 1.7605 | | | | | | | | | | | | | | | | | | | | | | | | |
| Replacement(3&4): | 40,381 | 0.0000 | | | | | | | | | | | | | | | | | | | | | | | | |
| Total FRVS PD: | | 22.5875 | | | | | | | | | | | | | | | | | | | | | | | | |

(1) 80% Capital (\$4,704,230) amortized at 12.6180% for 20 years Principal & Interest of \$646,062 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$16.3892

(2) 20% ROE (\$1,176,057) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7706

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

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

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

| |
|--|
| Comparison of Reimbursement under Cost vs. FRVS |
|--|

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.6810 | 46.6810 | 2.7226 | 43.9584 |
| Patient Care | | | | |
| Direct Care | 97.3027 | 97.3027 | 5.6751 | 91.6276 |
| Indirect Care | 54.4661 | 54.4661 | 3.1767 | 51.2894 |
| Property | 13.6500 | 22.5875 | 1.3174 | 21.2701 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.2924 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 212.0998 | 221.0373 | 12.8918 | 234.2703 |

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|-------------------------------------|
| *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 01/01/2013 through 06/30/2013

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| 0 208442-00 - 2013/01 238.37 |
|---|

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 St. Petersburg FL 33710 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: 7/1/1985 Acquired Date: 7/1/1985 Entered Medicaid 7/1/1985 Med # Active Date: 7/1/1985 Previous Med # | 07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 74.87084% Occupancy: 93.09589% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.37608% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,164 Medicare: 5,570 Medicaid: 45,794 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 46.3856 | 98.2308 | 63.0159 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.3856 | 98.2308 | 63.0159 | 27.2900 | | 234.9223 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.1082 | | 71.1285 | | | |
| 7 | Provider Target Rate | 53.6002 | | 73.1651 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.3856 | 98.1975 | 59.0236 | 13.6500 | | 217.2567 |
| 12/13 | Medicaid Adjustment Rate | | 2.7475 | 1.6515 | | | |
| 14 | Prospective Per Diem 11 | 46.3856 | 100.9450 | 60.6751 | 13.6500 | | 221.6557 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 208442-00 - 2013/01
238.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 7,185,204 | 8.6247 |
| Indexed Asset Value | 8,981,505 | < 60% of Base: False | 20% ROE(2): 1,796,301 | 0.7847 |
| FRVS Base Asset: | 3,420,000 | Interest Rate: 3.7227 % | Insurance Cost(3): 86,419 | 1.4129 |
| Occup Adj Factor: | 0.9000 | Chase Rate: 6.5086 % | Taxes Cost(3): 0 | 0.0000 |
| ROE Factor | 0.025830 | Amortization Rate: 3.7227 % | Home Office(3): 0 | 0.0000 |
| | | Interest Only: False | Replacement(3&4): 437,376 | 0.0000 |
| | | Yearly Payment: 509,978 | Total FRVS PD: | 10.8223 |

(1) 80% Capital (\$7,185,204) amortized at 3.7227% for 20 years Principal & Interest of \$509,978 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.6247

(2) 20% ROE (\$1,796,301) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7847

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.3856 | 46.3856 | 2.7054 | 43.6802 |
| Patient Care | | | | |
| Direct Care | 100.9450 | 100.9450 | 5.8875 | 95.0575 |
| Indirect Care | 60.6751 | 60.6751 | 3.5388 | 57.1363 |
| Property | 13.6500 | 10.8223 | 0.7961 | 12.8539 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.8055 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 221.6557 | 218.8280 | 12.9278 | 238.3658 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 208485-00 - 2013/01 225.35 |
|---|

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 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: 1/1/1974 Acquired Date: 6/1/1976 Entered Medicaid 1/1/1974 Med # Active Date: 9/5/1984 Previous Med # 204323 | 10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 34,854 Medicare: 14,014 Medicaid: 15,108 | Superior: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 43.34653% Occupancy: 79.57534% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 100.32924% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 43.2052 | 122.4014 | 73.0115 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.2052 | 122.4014 | 73.0115 | 11.2400 | | 249.8581 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 61.8708 | | 64.6176 | | | |
| 7 | Provider Target Rate | 63.6423 | | 66.4678 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.2052 | 100.1552 | 60.9022 | 11.2400 | | 215.5026 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.2052 | 100.1552 | 60.9022 | 11.2400 | | 215.5026 |
| 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 01/01/2013 through 06/30/2013

| |
|---|
| 0 208485-00 - 2013/01 225.35 |
|---|

Jupiter Medical Center Pavilion, 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: 1976/01 Indexed Asset Value 5,552,542 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.025420 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,566,518.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,442,034 | 9.4937 |
| | < 60% of Base: | False | 20% ROE(2): | 1,110,508 | 0.7161 |
| | Interest Rate: | 5.7500 % | Insurance Cost(3): | 31,384 | 0.9004 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 594 | 0.0170 |
| | Amortization Rate: | 5.7500 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 30,653 | 0.0000 |
| Yearly Payment: | 374,242 | Total FRVS PD: | 11.1272 | | |

(1) 80% Capital (\$4,442,034) amortized at 5.7500% for 20 years Principal & Interest of \$374,242 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4937

(2) 20% ROE (\$1,110,508) times the ROE factor (0.025420) divided by annual available days (43,800) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.2052 | 43.2052 | 2.5199 | 40.6853 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 11.2400 | 11.1272 | 0.6490 | 10.4782 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.6865 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.5026 | 215.3898 | 12.5625 | 225.3462 |

*Medicaid Trend Adjustment :



0 208507-00 - 2013/01

205.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.08501% Occupancy: 92.07649% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.09080% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 34.8522 | 92.1406 | 55.1386 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 34.8522 | 92.1406 | 55.1386 | 17.0300 | | 199.1614 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 57.5634 | | | |
| 7 | Provider Target Rate | 44.2100 | | 59.2116 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 34.8522 | 92.1406 | 55.1386 | 13.6500 | | 195.7814 |
| 12/13 | Medicaid Adjustment Rate | | 2.8076 | 1.6801 | | | |
| 14 | Prospective Per Diem 11 | 34.8522 | 94.9482 | 56.8187 | 13.6500 | | 200.2691 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 208507-00 - 2013/01
205.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Claridge House

FRVS

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

| | | | |
|--------------------------------------|-------------------------------------|-----------------------------------|----------------|
| Began FRVS: 8/1/2002 | Mortgage Information | Calculation of FRVS Per Diem | |
| Year of Phase-In/ Full: | Amount: 3,735,600.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1985/07 | Type: Fixed [2] | 80% Capital(1): 7,395,318 | 12.7886 |
| Indexed Asset Value 9,244,147 | < 60% of Base: False | 20% ROE(2): 1,848,829 | 0.6010 |
| FRVS Base Asset: 5,041,736 | Interest Rate: 12.5000 % | Insurance Cost(3): 201,645 | 2.5000 |
| Occup Adj Factor: 0.9000 | Chase Rate: 12.5000 % | Taxes Cost(3): 172,906 | 2.1437 |
| ROE Factor 0.025630 | Amortization Rate: 12.5000 % | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | Replacement(3&4): 46,956 | 0.0000 |
| | Yearly Payment: 1,008,255 | Total FRVS PD: 18.0333 | |

- (1) 80% Capital (\$7,395,318) amortized at 12.5000% for 20 years Principal & Interest of \$1,008,255 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$12.7886
- (2) 20% ROE (\$1,848,829) times the ROE factor (0.025630) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.6010
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | |
|-----------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 240 | Effective PBS Limitation 6,840,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 34.8522 | 34.8522 | 2.0327 | 32.8195 |
| Patient Care | | | | |
| Direct Care | 94.9482 | 94.9482 | 5.5378 | 89.4104 |
| Indirect Care | 56.8187 | 56.8187 | 3.3139 | 53.5048 |
| Property | 13.6500 | 18.0333 | 1.0518 | 16.9815 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.7107 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.2691 | 204.6524 | 11.9362 | 205.2593 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 208540-00 - 2013/01 191.33 |
|---|

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 # | 04/01/2011-03/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 39,016 Medicare: 4,649 Medicaid: 19,720 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 50.54337% Occupancy: 88.83424% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.00294% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 956,598 | 1,377,988 | 1,208,299 | 398,738 | 0 | 3,941,623 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 48.5090 | 69.8777 | 61.2728 | 20.2200 | | 199.8795 |
| 3 | Cost Per Diem Inflated | 50.4379 | 71.7259 | 63.7092 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.4379 | 71.7259 | 63.7092 | 20.2200 | | 206.0930 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.8118 | | 73.0959 | | | |
| 7 | Provider Target Rate | 48.1522 | | 75.1889 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1522 | 71.7259 | 59.0236 | 13.6500 | | 192.5517 |
| 12/13 | Medicaid Adjustment Rate | | 0.0438 | 0.0361 | | | |
| 14 | Prospective Per Diem 11 | 48.1522 | 71.7697 | 59.0597 | 13.6500 | | 192.6316 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 208540-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

191.33

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 4,694,919 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.020730 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 5,075,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 3,755,935 | 12.5894 |
| | < 60% of Base: | False | 20% ROE(2): | 938,984 | 0.4938 |
| | Interest Rate: | 12.0000 % | Insurance Cost(3): | 56,883 | 1.4579 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 12.0000 % | Home Office(3): | 10,654 | 0.2731 |
| | Interest Only: | False | Replacement(3&4): | 253,916 | 0.0000 |
| Yearly Payment: | 496,273 | Total FRVS PD: | 14.8142 | | |

(1) 80% Capital (\$3,755,935) amortized at 12.0000% for 20 years Principal & Interest of \$496,273 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.5894

(2) 20% ROE (\$938,984) times the ROE factor (0.020730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4938

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 48.1522 | 48.1522 | 2.8084 | 45.3438 |
| Patient Care | | | | |
| Direct Care | 71.7697 | 71.7697 | 4.1859 | 67.5838 |
| Indirect Care | 59.0597 | 59.0597 | 3.4446 | 55.6151 |
| Property | 13.6500 | 14.8142 | 0.8640 | 13.9502 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.6316 | 193.7958 | 11.3029 | 191.3253 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 208809-00 - 2013/01 |
| 211.76 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.22122% Occupancy: 89.60516% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.97493% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 42.6322 | 90.4064 | 56.2046 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.6322 | 90.4064 | 56.2046 | 5.6000 | | 194.8432 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 90.4064 | 48.7710 | 5.6000 | | 184.6148 |
| 12/13 | Medicaid Adjustment Rate | | 0.7345 | 0.3962 | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 91.1409 | 49.1672 | 5.6000 | | 185.7455 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 208809-00 - 2013/01 |
| 211.76 |

| |
|----------------------|
| Baptist Manor |
|----------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 2/1/2009 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 8,528,732 FRVS Base Asset: 2,972,345 Occup Adj Factor: 0.9000 ROE Factor 0.025420 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 5,619,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 6,822,986 | 14.4999 |
| | < 60% of Base: | False | 20% ROE(2): | 1,705,746 | 0.7764 |
| | Interest Rate: | 10.3600 % | Insurance Cost(3): | 30,208 | 0.5433 |
| | Chase Rate: | 9.7100 % | Taxes Cost(3): | 420 | 0.0076 |
| | Amortization Rate: | 10.3600 % | Home Office(3): | 11,730 | 0.2110 |
| | Interest Only: | False | Replacement(3&4): | 57,250 | 0.0000 |
| Yearly Payment: | 809,747 | Total FRVS PD: | 16.0382 | | |

(1) 80% Capital (\$6,822,986) amortized at 10.3600% for 20 years Principal & Interest of \$809,747 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$14.4999

(2) 20% ROE (\$1,705,746) times the ROE factor (0.025420) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$0.7764

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

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

| | | | |
|---------------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 170 | Effective PBS Limitation | 4,845,000 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 | |
| Patient Care | | | | | |
| Direct Care | 91.1409 | 91.1409 | 5.3157 | 85.8252 | |
| Indirect Care | 49.1672 | 49.1672 | 2.8676 | 46.2996 | |
| Property | 5.6000 | 16.0382 | 0.9354 | 15.1028 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$18.1827 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 185.7455 | 196.1837 | 11.4422 | 211.7566 | |

***Medicaid Trend Adjustment :**



0 209325-00 - 2013/01

207.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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. Courtenav Parkway Merritt Island FL 32952 | 10/01/2010-09/30/2011 | Number of Beds: 96 | Superior: 0 |
| County: Brevard [5] | Days In CR 365 | Maximum: 35,040 | Standard: 182 |
| Region: Central [3] Area: 7 | First Used: 2012/07 | Max Annualized: 35,040 | Conditional: 0 |
| Control Private Non-Profit [3] | Last Used: 2013/01 | Total Patient: 23,390 | Total: 182 |
| Current Class Central Small [5] | Unaudited [3] | Medicare: 4,544 | Inflation |
| Class at 1/94: North Small [1] | Initial CR? False | Medicaid: 13,356 | FY Index: 1.24527319 |
| Operating Ex > 18 months [1] | Medicaid Utilization 57.10133% | | Semester Index: 1.30828184 |
| Open Date: 6/1/1984 | Occupancy: 66.75228% | | Cost: 1.05059825 |
| Acquired Date: 6/1/1984 | Statewide Low Occupancy Threshold: 79.31420% | | Target: 1.02004310 |
| Entered Medicaid 6/1/1984 | Medicaid Low Occupancy Threshold: 40.85520% | | DC FY Index: 1.18500000 |
| Med # Active Date: 11/18/1986 | Low Occupancy Adjustment Factor: 84.16183% | | DC Sem Index: 1.22250000 |
| Previous Med # 207888 | Weighted Low Occ Adjustment Factor: 100.00000% | | DC Inflation: 1.03164557 |
| | | | PS Target: 1.02863299 |

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 | 43.5684 | 63.5524 | 58.8240 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.5684 | 63.5524 | 58.8240 | 9.5500 | | 175.4948 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.6322 | | 57.4579 | | | |
| 7 | Provider Target Rate | 57.2251 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.5684 | 63.5524 | 58.8240 | 9.5500 | | 175.4948 |
| 12/13 | Medicaid Adjustment Rate | | 0.5077 | 0.4699 | | | |
| 14 | Prospective Per Diem 11 | 43.5684 | 64.0601 | 59.2939 | 9.5500 | | 176.4724 |
| 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 01/01/2013 through 06/30/2013

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 4,662,165 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): | 3,729,732 | 18.0082 |
| | < 60% of Base: | False | 20% ROE(2): | 932,433 | 0.7516 |
| | 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: | 567,908 | Total FRVS PD: | 24.0380 | | |

(1) 80% Capital (\$3,729,732) amortized at 14.3480% for 20 years Principal & Interest of \$567,908 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$18.0082

(2) 20% ROE (\$932,433) times the ROE factor (0.025420) divided by annual available days (35,040) 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,710,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.5684 | 43.5684 | 2.5411 | 41.0273 |
| Patient Care | | | | |
| Direct Care | 64.0601 | 64.0601 | 3.7362 | 60.3239 |
| Indirect Care | 59.2939 | 59.2939 | 3.4583 | 55.8356 |
| Property | 9.5500 | 24.0380 | 1.4020 | 22.6360 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.4431 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 176.4724 | 190.9604 | 11.1376 | 207.0983 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 209422-00 - 2013/01

202.64

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 # | 04/01/2011-03/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 59 Maximum: 21,594 Max Annualized: 21,535 Total Patient: 20,190 Medicare: 3,290 Medicaid: 9,023 | Superior: 0 Standard: 152 Conditional: 30 Total: 182 |
| | Medicaid Utilization 44.69044% Occupancy: 93.49819% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.88330% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 455,440 | 703,811 | 609,603 | 138,142 | 0 | 1,906,996 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 50.4755 | 78.0019 | 67.5610 | 15.3100 | | 211.3484 |
| 3 | Cost Per Diem Inflated | 52.4826 | 80.0649 | 70.2474 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.4826 | 80.0649 | 70.2474 | 15.3100 | | 218.1049 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 64.1552 | | | |
| 7 | Provider Target Rate | 50.1452 | | 65.9922 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.1452 | 80.0649 | 65.9922 | 13.6500 | | 209.8523 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.1452 | 80.0649 | 65.9922 | 13.6500 | | 209.8523 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 209422-00 - 2013/01
202.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 1,864,210 FRVS Base Asset: 1,412,120 Occup Adj Factor: 0.9000 ROE Factor 0.020730 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,160,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 1,491,368 | 6.8356 |
| | < 60% of Base: | False | 20% ROE(2): | 372,842 | 0.3988 |
| | Interest Rate: | 6.4100 % | Insurance Cost(3): | 41,529 | 2.0569 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 6.4100 % | Home Office(3): | 6,516 | 0.3227 |
| | Interest Only: | False | Replacement(3&4): | 426,333 | 0.0000 |
| Yearly Payment: | 132,484 | Total FRVS PD: | | 9.6140 | |

(1) 80% Capital (\$1,491,368) amortized at 6.4100% for 20 years Principal & Interest of \$132,484 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$6.8356

(2) 20% ROE (\$372,842) times the ROE factor (0.020730) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.3988

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 17 | Effective PBS Limitation | 181,373 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 50.1452 | 50.1452 | 2.9247 | 47.2205 |
| Patient Care | | | | |
| Direct Care | 80.0649 | 80.0649 | 4.6697 | 75.3952 |
| Indirect Care | 65.9922 | 65.9922 | 3.8489 | 62.1433 |
| Property | 13.6500 | 9.6140 | 0.5607 | 9.0533 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.8523 | 205.8163 | 12.0040 | 202.6447 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 209473-00 - 2013/01 233.33 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 61.25550% Occupancy: 96.21420% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.30766% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 53.2354 | 91.6552 | 59.5640 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.2354 | 91.6552 | 59.5640 | 16.0600 | | 220.5146 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.0941 | | 56.5411 | | | |
| 7 | Provider Target Rate | 52.5571 | | 58.1600 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.5571 | 91.6552 | 58.1600 | 13.6500 | | 216.0223 |
| 12/13 | Medicaid Adjustment Rate | | 1.1606 | 0.7364 | | | |
| 14 | Prospective Per Diem 11 | 52.5571 | 92.8158 | 58.8964 | 13.6500 | | 217.9193 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 209473-00 - 2013/01
233.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 8,875,050 | 11.6502 |
| Indexed Asset Value 11,093,813 | < 60% of Base: False | 20% ROE(2): 2,218,763 | 0.7804 |
| 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: 841,960 | Total FRVS PD: | 14.9641 |

- (1) 80% Capital (\$8,875,050) amortized at 7.2532% for 20 years Principal & Interest of \$841,960 divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = \$11.6502
- (2) 20% ROE (\$2,218,763) times the ROE factor (0.025420) divided by annual available days (80,300) 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: 28,682 |
| Comparison Date: 7/1/1986 | Current RS PBS: 50,500 |
| Comparison Bed 180 | Effective PBS Limitation 5,162,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.5571 | 52.5571 | 3.0653 | 49.4918 |
| Patient Care | | | | |
| Direct Care | 92.8158 | 92.8158 | 5.4134 | 87.4024 |
| Indirect Care | 58.8964 | 58.8964 | 3.4351 | 55.4613 |
| Property | 13.6500 | 14.9641 | 0.7961 | 12.8539 |
| ROE | 0.0000 | 0.1783 | | |
| ROE Adjustment | 0.0000 | -0.1783 | | |
| Quality Assess-Medicaid Share | | | | \$19.2909 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.9193 | 219.2334 | 12.7099 | 233.3327 |

***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 01/01/2013 through 06/30/2013

| |
|---|
| 0 209511-00 - 2013/01 231.75 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 50.03531% Occupancy: 90.52055% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.12905% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 52.4324 | 89.9721 | 59.6540 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.4324 | 89.9721 | 59.6540 | 6.6800 | | 208.7385 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 75.5691 | | 67.7189 | | | |
| 7 | Provider Target Rate | 77.7329 | | 69.6579 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.8317 | 89.9721 | 59.6540 | 6.6800 | | 208.1378 |
| 12/13 | Medicaid Adjustment Rate | | 0.0036 | 0.0024 | | | |
| 14 | Prospective Per Diem 11 | 51.8317 | 89.9757 | 59.6564 | 6.6800 | | 208.1438 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 209511-00 - 2013/01
231.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Bishop's Glen Health Care 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: 2,700,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1986/01 | Type: Variable [3] | 80% Capital(1): 2,278,281 | 9.3468 |
| Indexed Asset Value 2,847,851 | < 60% of Base: False | 20% ROE(2): 569,570 | 0.7346 |
| FRVS Base Asset: 1,710,000 | Interest Rate: 5.2500 % | Insurance Cost(3): 45,109 | 2.2755 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.2500 % | Taxes Cost(3): 34,534 | 1.7420 |
| ROE Factor 0.025420 | Amortization Rate: 5.2500 % | Home Office(3): 17,883 | 0.9021 |
| | Interest Only: False | Replacement(3&4): 11,204 | 0.0000 |
| | Yearly Payment: 184,225 | Total FRVS PD: 15.0010 | |

(1) 80% Capital (\$2,278,281) amortized at 5.2500% for 20 years Principal & Interest of \$184,225 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.3468

(2) 20% ROE (\$569,570) times the ROE factor (0.025420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7346

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.8317 | 51.8317 | 3.0230 | 48.8087 |
| Patient Care | | | | |
| Direct Care | 89.9757 | 89.9757 | 5.2478 | 84.7279 |
| Indirect Care | 59.6564 | 59.6564 | 3.4794 | 56.1770 |
| Property | 6.6800 | 15.0010 | 0.8749 | 14.1261 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.0796 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 208.1438 | 216.4648 | 12.6251 | 231.7517 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 209848-00 - 2013/01 |
| 187.70 |

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 # | 04/01/2011-03/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 38,404 Medicare: 6,690 Medicaid: 16,745 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 43.60223% Occupancy: 87.44080% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.24609% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 775,140 | 1,183,163 | 1,254,939 | 254,189 | 0 | 3,467,431 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.2908 | 70.6577 | 74.9441 | 15.1800 | | 207.0726 |
| 3 | Cost Per Diem Inflated | 48.1315 | 72.5265 | 77.9241 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.1315 | 72.5265 | 77.9241 | 15.1800 | | 213.7621 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.3457 | | 75.7665 | | | |
| 7 | Provider Target Rate | 50.7586 | | 77.9359 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1315 | 72.5265 | 59.0236 | 13.6500 | | 193.3316 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1315 | 72.5265 | 59.0236 | 13.6500 | | 193.3316 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 209848-00 - 2013/01
187.70

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 0.020730 | 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 | 0.3269 |
| | Interest Rate: | 9.0000 % | Insurance Cost(3): | 108,283 | 2.8196 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 9.0000 % | Home Office(3): | 11,954 | 0.3113 |
| | Interest Only: | False | Replacement(3&4): | 1,515,731 | 0.0000 |
| Yearly Payment: | 268,477 | Total FRVS PD: | | 10.2685 | |

(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 (0.020730) divided by annual available days (43,800) 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: | 10,669 |
| Comparison Date: 1/1/1972 | Current RS PBS: | 50,500 |
| Comparison Bed 121 | Effective PBS Limitation | 1,290,949 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 48.1315 | 48.1315 | 2.8072 | 45.3243 |
| Patient Care | | | | |
| Direct Care | 72.5265 | 72.5265 | 4.2300 | 68.2965 |
| Indirect Care | 59.0236 | 59.0236 | 3.4425 | 55.5811 |
| Property | 13.6500 | 10.2685 | 0.5989 | 9.6696 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.3316 | 189.9501 | 11.0786 | 187.7039 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 209856-00 - 2013/01 217.71 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 33.80531% Occupancy: 93.90725% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.39904% 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 | 52.3293 | 95.6870 | 66.7295 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.3293 | 95.6870 | 66.7295 | 16.5000 | | 231.2458 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.5417 | | 49.3864 | | | |
| 7 | Provider Target Rate | 44.7884 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.7884 | 95.6870 | 50.8005 | 13.6500 | | 204.9259 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.7884 | 95.6870 | 50.8005 | 13.6500 | | 204.9259 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 209856-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

217.71

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): | 3,864,031 | 11.0340 |
| Indexed Asset Value | 4,830,039 | < 60% of Base: | False | 20% ROE(2): | 966,008 | 0.6915 |
| 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: | 395,089 | Total FRVS PD: | | 15.9568 |

(1) 80% Capital (\$3,864,031) amortized at 8.2500% for 20 years Principal & Interest of \$395,089 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$11.0340

(2) 20% ROE (\$966,008) times the ROE factor (0.025630) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.6915

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 2,975,520 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.7884 | 44.7884 | 2.6122 | 42.1762 |
| Patient Care | | | | |
| Direct Care | 95.6870 | 95.6870 | 5.5809 | 90.1061 |
| Indirect Care | 50.8005 | 50.8005 | 2.9629 | 47.8376 |
| Property | 13.6500 | 15.9568 | 0.9307 | 15.0261 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.7269 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 204.9259 | 207.2327 | 12.0867 | 217.7053 |

***Medicaid Trend Adjustment :**



0 210137-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

208.21

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.37542% Occupancy: 87.69407% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.56540% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 42.4600 | 90.2309 | 44.2424 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.4600 | 90.2309 | 44.2424 | 7.5600 | | 184.4933 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.4274 | | 49.3864 | | | |
| 7 | Provider Target Rate | 50.8427 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.4600 | 90.2309 | 44.2424 | 7.5600 | | 184.4933 |
| 12/13 | Medicaid Adjustment Rate | | 1.3577 | 0.6657 | | | |
| 14 | Prospective Per Diem 11 | 42.4600 | 91.5886 | 44.9081 | 7.5600 | | 186.5167 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 210137-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

208.21

Life Care Center of Altamonte Springs

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 8,819,074 FRVS Base Asset: 4,075,311 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,004,398.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 7,055,259 | 11.1259 |
| | < 60% of Base: | True | 20% ROE(2): | 1,763,815 | 0.5779 |
| | Interest Rate: | 10.6250 % | Insurance Cost(3): | 22,746 | 0.2961 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 99,534 | 1.2957 |
| | Amortization Rate: | 12.5000 % | Home Office(3): | 60,928 | 0.7931 |
| | Interest Only: | True | Replacement(3&4): | 183,630 | 0.0000 |
| Yearly Payment: | 877,162 | Total FRVS PD: | 14.0887 | | |

(1) 80% Capital (\$7,055,259) amortized at 12.5000% for 20 years Interest of \$877,162 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$11.1259

(2) 20% ROE (\$1,763,815) times the ROE factor (0.025830) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.5779

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 240 | Effective PBS Limitation | 6,840,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.4600 | 42.4600 | 2.4764 | 39.9836 |
| Patient Care | | | | |
| Direct Care | 91.5886 | 91.5886 | 5.3418 | 86.2468 |
| Indirect Care | 44.9081 | 44.9081 | 2.6192 | 42.2889 |
| Property | 7.5600 | 14.0887 | 0.8217 | 13.2670 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.5933 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 186.5167 | 193.0454 | 11.2591 | 208.2120 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 210188-00 - 2013/01 232.38 |
|---|

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 # | 02/01/2011-01/31/2012 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,515 Medicare: 3,829 Medicaid: 5,978 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 30.63285% Occupancy: 89.10959% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.35011% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25516245 Semester Index: 1.30828184 Cost: 1.04232073 Target: 1.02004310 DC FY Index: 1.18999979 DC Sem Index: 1.22250000 DC Inflation: 1.02731111 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 369,432 | 556,243 | 427,824 | 63,725 | 0 | 1,417,224 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 61.7986 | 93.0483 | 71.5664 | 10.6599 | | 237.0732 |
| 3 | Cost Per Diem Inflated | 64.4140 | 95.5896 | 74.5951 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 64.4140 | 95.5896 | 74.5951 | 10.6599 | | 245.2586 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 88.0740 | | 62.7314 | | | |
| 7 | Provider Target Rate | 90.5958 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 95.5896 | 64.5276 | 10.6599 | | 232.8086 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 95.5896 | 64.5276 | 10.6599 | | 232.8086 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 210188-00 - 2013/01 |
| 232.38 |

| |
|---------------------------------------|
| Covenant Village Center Center |
|---------------------------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 3/15/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/01 Indexed Asset Value 2,241,161 FRVS Base Asset: 1,765,380 Occup Adj Factor: 0.9000 ROE Factor 0.023020 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,364,442.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 1,792,929 | 9.7932 |
| | < 60% of Base: | False | 20% ROE(2): | 448,232 | 0.5235 |
| | Interest Rate: | 8.9600 % | Insurance Cost(3): | 10,757 | 0.5512 |
| | Chase Rate: | 8.7500 % | Taxes Cost(3): | 21,343 | 1.0937 |
| | Amortization Rate: | 8.9600 % | Home Office(3): | 64,087 | 3.2840 |
| | Interest Only: | False | Replacement(3&4): | 93,813 | 0.0000 |
| Yearly Payment: | 193,024 | Total FRVS PD: | 15.2456 | | |

(1) 80% Capital (\$1,792,929) amortized at 8.9600% for 20 years Principal & Interest of \$193,024 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.7932

(2) 20% ROE (\$448,232) times the ROE factor (0.023020) divided by annual available days (21,900) 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: | 29,423 |
| Comparison Date: 7/1/1987 | Current RS PBS: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,765,380 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 95.5896 | 95.5896 | 5.5752 | 90.0144 |
| Indirect Care | 64.5276 | 64.5276 | 3.7635 | 60.7641 |
| Property | 10.6599 | 15.2456 | 0.8892 | 14.3564 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 232.8086 | 237.3943 | 13.8458 | 232.3809 |

***Medicaid Trend Adjustment :**



0 210285-00 - 2013/01
213.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

John Knox Village of Tampa Bay, 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 |
|--|---|-------------------------------|-----------------------------------|
| 4100 E. FLETCHER AVENU Tampa FL 33613 | 01/01/2009-12/31/2009 | Number of Beds: 163 | Superior: 0 |
| County: Hillsborough[29] | Days In CR 365 | Maximum: 59,495 | Standard: 182 |
| Region: Central[3] Area: 6 | First Used: 2013/01 | Max Annualized: 59,495 | Conditional: 0 |
| Control Private Non-Profit [3] | Last Used: 2013/01 | Total Patient: 55,726 | Total: 182 |
| Current Class Central Large [6] | Unaudited [3] | Medicare: 12,365 | Inflation |
| Class at 1/94: North Large [2] | Initial CR? False | Medicaid: 14,930 | FY Index: 1.19387802 |
| Operating Ex > 18 months [1] | Medicaid Utilization 26.79180% | | Semester Index: 1.30828184 |
| Open Date: 11/1/1978 | Occupancy: 93.66502% | | Cost: 1.09582538 |
| Acquired Date: 11/1/1978 | Statewide Low Occupancy Threshold: 79.31420% | | Target: 1.02004310 |
| Entered Medicaid 12/1/1987 | Medicaid Low Occupancy Threshold: 40.85520% | | DC FY Index: 1.15950000 |
| Med # Active Date: 12/1/1987 | Low Occupancy Adjustment Factor: 118.09362% | | DC Sem Index: 1.22250000 |
| Previous Med # | Weighted Low Occ Adjustment Factor: 100.00000% | | DC Inflation: 1.05433376 |
| | | | PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 975,682 | 1,522,306 | 696,255 | 252,765 | 0 | 3,447,008 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 65.3504 | 101.9629 | 46.6346 | 16.9300 | | 230.8779 |
| 3 | Cost Per Diem Inflated | 71.6126 | 107.5029 | 51.1034 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 71.6126 | 107.5029 | 51.1034 | 16.9300 | | 247.1489 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 82.4973 | | 75.1926 | | | |
| 7 | Provider Target Rate | 84.8594 | | 77.3456 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 98.1975 | 51.1034 | 13.6500 | | 213.5569 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 98.1975 | 51.1034 | 13.6500 | | 213.5569 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 210285-00 - 2013/01
213.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

John Knox Village of Tampa Bay, Inc.

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): | 6,443,449 | 10.3564 |
| Indexed Asset Value | 8,054,311 | < 60% of Base: | False | 20% ROE(2): | 1,610,862 | 0.8775 |
| FRVS Base Asset: | 2,676,513 | Interest Rate: | 6.0131 % | Insurance Cost(3): | 50,016 | 0.8975 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.9765 % | Taxes Cost(3): | 28,013 | 0.5027 |
| ROE Factor | 0.029170 | Amortization Rate: | 6.0131 % | Home Office(3): | 243,644 | 4.3722 |
| | | Interest Only: | False | Replacement(3&4): | 4,005,676 | 0.0000 |
| | | Yearly Payment: | 554,540 | Total FRVS PD: | | 17.0063 |

(1) 80% Capital (\$6,443,449) amortized at 6.0131% for 20 years Principal & Interest of \$554,540 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$10.3564

(2) 20% ROE (\$1,610,862) times the ROE factor (0.029170) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$0.8775

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 50 | Effective PBS Limitation | 889,750 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 98.1975 | 98.1975 | 5.7273 | 92.4702 |
| Indirect Care | 51.1034 | 51.1034 | 2.9806 | 48.1228 |
| Property | 13.6500 | 17.0063 | 0.9919 | 16.0144 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 213.5569 | 216.9132 | 12.6513 | 213.0943 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 210374-00 - 2013/01 |
| 211.55 |

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 82 Maximum: 29,930 Max Annualized: 29,930 Total Patient: 26,022 Medicare: 1,637 Medicaid: 5,894 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 22.65007% Occupancy: 86.94287% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.61829% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|-----------------|----------------|-----|-----------------|
| 1 | Total Cost | 274,485 | 553,853 | 445,520 | 68,076 | 0 | 1,341,934 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.5702 | 93.9690 | 75.5887 | 11.5501 | | 227.6780 |
| 3 | Cost Per Diem Inflated | 48.6008 | 96.5760 | 78.8845 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.6008 | 96.5760 | 78.8845 | 11.5501 | | 235.6114 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 78.1894 | | 105.0231 | | | |
| 7 | Provider Target Rate | 80.4282 | | 108.0302 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.6008 | 94.1344 | 62.9999 | 11.5501 | | 217.2852 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.6008 | 94.1344 | 62.9999 | 11.5501 | | 217.2852 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 210374-00 - 2013/01
211.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 0.5557 |
| FRVS Base Asset: | 2,040,570 | Interest Rate: | 3.2900 % | Insurance Cost(3): | 10,284 | 0.3952 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.0000 % | Taxes Cost(3): | 9,945 | 0.3822 |
| ROE Factor | 0.024170 | Amortization Rate: | 3.2900 % | Home Office(3): | 50,054 | 1.9235 |
| | | Interest Only: | False | Replacement(3&4): | 4,410,921 | 0.0000 |
| | | Yearly Payment: | 169,225 | Total FRVS PD: | | 9.5389 |

(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 (0.024170) divided by annual available days (29,930) divided by Occup. Adj. (0.9000) = \$0.5557

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 90 | Effective PBS Limitation | 2,040,570 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 48.6008 | 48.6008 | 2.8346 | 45.7662 |
| Patient Care | | | | |
| Direct Care | 94.1344 | 94.1344 | 5.4903 | 88.6441 |
| Indirect Care | 62.9999 | 62.9999 | 3.6744 | 59.3255 |
| Property | 11.5501 | 9.5389 | 0.5563 | 8.9826 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.2852 | 215.2740 | 12.5556 | 211.5508 |

***Medicaid Trend Adjustment :**



0 210463-00 - 2013/01

249.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 21,208 Medicare: 1,967 Medicaid: 10,338 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 48.74576% Occupancy: 96.84018% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.09691% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 595,897 | 1,038,807 | 784,448 | 239,945 | 0 | 2,659,097 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 57.6414 | 100.4843 | 75.8801 | 23.2100 | | 257.2158 |
| 3 | Cost Per Diem Inflated | 60.1547 | 103.2720 | 79.1886 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 60.1547 | 103.2720 | 79.1886 | 23.2100 | | 265.8253 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.1376 | | 79.0414 | | | |
| 7 | Provider Target Rate | 58.7736 | | 81.3046 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 58.7736 | 103.2720 | 76.5172 | 13.6500 | | 252.2128 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 58.7736 | 103.2720 | 76.5172 | 13.6500 | | 252.2128 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 210463-00 - 2013/01
249.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,128,912 | 14.0060 |
| Indexed Asset Value | 2,661,140 | < 60% of Base: | False | 20% ROE(2): | 532,228 | 0.6527 |
| FRVS Base Asset: | 1,710,000 | Interest Rate: | 11.7050 % | Insurance Cost(3): | 33,152 | 1.5632 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 14,312 | 0.6748 |
| ROE Factor | 0.024170 | Amortization Rate: | 11.7050 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 51,699 | 0.0000 |
| | | Yearly Payment: | 276,058 | Total FRVS PD: | | 16.8967 |

- (1) 80% Capital (\$2,128,912) amortized at 11.7050% for 20 years Principal & Interest of \$276,058 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$14.0060
- (2) 20% ROE (\$532,228) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6527
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 58.7736 | 58.7736 | 3.4279 | 55.3457 |
| Patient Care | | | | |
| Direct Care | 103.2720 | 103.2720 | 6.0232 | 97.2488 |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 |
| Property | 13.6500 | 16.8967 | 0.9855 | 15.9112 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 252.2128 | 255.4595 | 14.8994 | 249.3925 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 210587-00 - 2013/01 234.97 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 27.72060% Occupancy: 95.78033% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.76063% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 57.0109 | 113.9181 | 65.7526 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 57.0109 | 113.9181 | 65.7526 | 12.3700 | | 249.0516 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 138.6208 | | 74.8595 | | | |
| 7 | Provider Target Rate | 142.5899 | | 77.0030 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 12.3700 | | 226.4749 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 100.1552 | 60.9022 | 12.3700 | | 226.4749 |
| 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 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 210587-00 - 2013/01 |
| 234.97 |

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|-------------------------------|
| HealthPark Care Center |
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| |
|-------------|
| 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 4,703,040 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): | 3,762,432 | 7.6909 |
| | < 60% of Base: | False | 20% ROE(2): | 940,608 | 0.6499 |
| | 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: | 282,962 | Total FRVS PD: | | 11.0758 | |

(1) 80% Capital (\$3,762,432) amortized at 4.3900% for 20 years Principal & Interest of \$282,962 divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = \$7.6909

(2) 20% ROE (\$940,608) times the ROE factor (0.025420) divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = \$0.6499

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 90 | Effective PBS Limitation | 2,844,810 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 | |
| Patient Care | | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 | |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 | |
| Property | 12.3700 | 11.0758 | 0.6460 | 10.4298 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$14.0894 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 226.4749 | 225.1807 | 13.1335 | 234.9690 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 210617-00 - 2013/01 |
| 249.01 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.46889% Occupancy: 76.97260% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 97.04769% Weighted Low Occ Adjustment Factor: 100.00000% Interim Component Effective date: 1/22/2012 | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 46.4432 | 97.5674 | 68.2948 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.4432 | 97.5674 | 68.2948 | 21.3100 | | 233.6154 |
| 5a | Interim Adjustment | 6.6738 | | | | | |
| 5b | Interim Adjusted Per Diem | 53.1170 | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.8368 | | 64.8978 | | | |
| 7 | Provider Target Rate | 47.1492 | | 66.7560 | | | |
| 7a | Interim Adjustment | 6.6738 | | | | | |
| 7b | Interim Adjusted Provider Target Rate | 53.8230 | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 97.5674 | 60.9022 | 13.6500 | | 225.1671 |
| 12/13 | Medicaid Adjustment Rate | | 3.1248 | 1.9505 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 100.6922 | 62.8527 | 13.6500 | | 230.2424 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 210617-00 - 2013/01
249.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,143,881 | 13.0206 |
| Indexed Asset Value | 5,179,851 | < 60% of Base: | False | 20% ROE(2): | 1,035,970 | 0.6788 |
| 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: | 513,272 | Total FRVS PD: | | 18.3059 |

- (1) 80% Capital (\$4,143,881) amortized at 11.0000% for 20 years Principal & Interest of \$513,272 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.0206
- (2) 20% ROE (\$1,035,970) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6788
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,718,320 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 100.6922 | 100.6922 | 5.8728 | 94.8194 |
| Indirect Care | 62.8527 | 62.8527 | 3.6658 | 59.1869 |
| Property | 13.6500 | 18.3059 | 1.0677 | 17.2382 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9833 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 230.2424 | 234.8983 | 13.7002 | 249.0138 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 210676-00 - 2013/01 |
| 240.28 |

Avante at 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 |
|--|--|---|---|
| 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 144 Maximum: 52,704 Max Annualized: 52,560 Total Patient: 42,436 Medicare: 3,936 Medicaid: 22,417 | Superior: 0 Standard: 151 Conditional: 31 Total: 182 |
| | Medicaid Utilization 52.82543% Occupancy: 80.51761% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 101.51726% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,085,891 | 2,024,943 | 1,646,516 | 263,176 | 0 | 5,020,526 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 48.4405 | 90.3307 | 73.4494 | 11.7400 | | 223.9606 |
| 3 | Cost Per Diem Inflated | 50.1436 | 92.5128 | 76.0318 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.1436 | 92.5128 | 76.0318 | 11.7400 | | 230.4282 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.6109 | | 62.3555 | | | |
| 7 | Provider Target Rate | 54.1173 | | 64.1409 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.1436 | 92.5128 | 60.9022 | 11.7400 | | 215.2986 |
| 12/13 | Medicaid Adjustment Rate | | 0.2440 | 0.1606 | | | |
| 14 | Prospective Per Diem 11 | 50.1436 | 92.7568 | 61.0628 | 11.7400 | | 215.7032 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 210676-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

240.28

Avante at Boca Raton

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): | 5,544,461 | 14.5178 |
| Indexed Asset Value | 6,930,576 | < 60% of Base: | False | 20% ROE(2): | 1,386,115 | 0.5494 |
| FRVS Base Asset: | 3,136,303 | Interest Rate: | 11.0000 % | Insurance Cost(3): | 51,985 | 1.2250 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 113,060 | 2.6642 |
| ROE Factor | 0.018750 | Amortization Rate: | 11.0000 % | Home Office(3): | 34,529 | 0.8137 |
| | | Interest Only: | False | Replacement(3&4): | 19,001 | 0.0000 |
| | | Yearly Payment: | 686,751 | Total FRVS PD: | | 19.7701 |

(1) 80% Capital (\$5,544,461) amortized at 11.0000% for 20 years Principal & Interest of \$686,751 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$14.5178

(2) 20% ROE (\$1,386,115) times the ROE factor (0.018750) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$0.5494

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.1436 | 50.1436 | 2.9246 | 47.2190 |
| Patient Care | | | | |
| Direct Care | 92.7568 | 92.7568 | 5.4100 | 87.3468 |
| Indirect Care | 61.0628 | 61.0628 | 3.5614 | 57.5014 |
| Property | 11.7400 | 19.7701 | 1.1531 | 18.6170 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.7669 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.7032 | 223.7333 | 13.0491 | 240.2835 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 210684-00 - 2013/01 |
| 222.82 |

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: 2013/01 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: 151 Conditional: 31 Total: 182 |
| | Medicaid Utilization 40.72903% Occupancy: 94.57763% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.24425% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 59.4448 | 95.2791 | 82.7092 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 59.4448 | 95.2791 | 82.7092 | 20.1600 | | 257.5931 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 72.3448 | | 78.9771 | | | |
| 7 | Provider Target Rate | 74.4162 | | 81.2385 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 95.2791 | 57.2593 | 13.6500 | | 214.3529 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 95.2791 | 57.2593 | 13.6500 | | 214.3529 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 210684-00 - 2013/01
222.82

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,422,338 | 8.1578 |
| Indexed Asset Value | 5,527,922 | < 60% of Base: | False | 20% ROE(2): | 1,105,584 | 0.7129 |
| 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: | 321,582 | Total FRVS PD: | | 11.2654 |

(1) 80% Capital (\$4,422,338) amortized at 4.0000% for 20 years Principal & Interest of \$321,582 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.1578

(2) 20% ROE (\$1,105,584) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7129

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,861,960 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 95.2791 | 95.2791 | 5.5571 | 89.7220 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 13.6500 | 11.2654 | 0.6570 | 10.6084 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.3799 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 214.3529 | 211.9683 | 12.3629 | 222.8177 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 210781-00 - 2013/01 228.45 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 41.09534% Occupancy: 90.71233% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.37085% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 52.1330 | 93.3207 | 70.7627 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.1330 | 93.3207 | 70.7627 | 28.4601 | | 244.6765 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 79.6427 | | 67.6829 | | | |
| 7 | Provider Target Rate | 81.9231 | | 69.6209 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.1330 | 93.3207 | 69.6209 | 13.6500 | | 228.7246 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.1330 | 93.3207 | 69.6209 | 13.6500 | | 228.7246 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 210781-00 - 2013/01
228.45

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 1,123,034 | 12.7466 |
| Indexed Asset Value 1,403,792 | < 60% of Base: False | 20% ROE(2): 280,758 | 0.6886 |
| 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: 125,618 | Total FRVS PD: | 18.1457 |

(1) 80% Capital (\$1,123,034) amortized at 9.5000% for 20 years Principal & Interest of \$125,618 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$12.7466

(2) 20% ROE (\$280,758) times the ROE factor (0.024170) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$0.6886

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 30 | Effective PBS Limitation | 982,590 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 52.1330 | 52.1330 | 3.0406 | 49.0924 |
| Patient Care | | | | |
| Direct Care | 93.3207 | 93.3207 | 5.4428 | 87.8779 |
| Indirect Care | 69.6209 | 69.6209 | 4.0606 | 65.5603 |
| Property | 13.6500 | 18.1457 | 1.0583 | 17.0874 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 228.7246 | 233.2203 | 13.6023 | 228.4504 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 210889-00 - 2013/01

227.96

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 36.45809% Occupancy: 77.57078% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 97.80188% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 61.7710 | 106.3666 | 70.9905 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 61.7710 | 106.3666 | 70.9905 | 11.9100 | | 251.0381 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 75.8075 | | 60.1696 | | | |
| 7 | Provider Target Rate | 77.9781 | | 61.8924 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 96.2398 | 57.2593 | 11.9100 | | 213.5736 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 96.2398 | 57.2593 | 11.9100 | | 213.5736 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 210889-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

227.96

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 5,009,498 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 | | | |
| | Type: | None [1] | 80% Capital(1): | 4,007,598 | 6.0260 |
| | < 60% of Base: | True | 20% ROE(2): | 1,001,900 | 0.6565 |
| | 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: | 237,545 | Total FRVS PD: | | 8.0437 | |

- (1) 80% Capital (\$4,007,598) amortized at 6.0000% for 20 years Interest of \$237,545 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.0260
- (2) 20% ROE (\$1,001,900) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6565
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,930,360 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 11.9100 | 8.0437 | 0.4691 | 7.5746 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.6497 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 213.5736 | 209.7073 | 12.2310 | 227.9584 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 210943-00 - 2013/01 234.72 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 30.12922% Occupancy: 91.87214% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.83316% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 52.4974 | 91.5211 | 69.8974 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.4974 | 91.5211 | 69.8974 | 13.0200 | | 226.9359 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.7838 | | 62.6294 | | | |
| 7 | Provider Target Rate | 64.5815 | | 64.4227 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.4974 | 91.5211 | 64.4227 | 13.0200 | | 221.4612 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.4974 | 91.5211 | 64.4227 | 13.0200 | | 221.4612 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 210943-00 - 2013/01
234.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,922,322 | 10.9093 |
| Indexed Asset Value | 2,402,903 | < 60% of Base: | False | 20% ROE(2): | 480,581 | 0.5893 |
| 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: | 215,023 | Total FRVS PD: | | 14.5352 |

(1) 80% Capital (\$1,922,322) amortized at 9.5000% for 20 years Principal & Interest of \$215,023 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.9093

(2) 20% ROE (\$480,581) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5893

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,859,160 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.4974 | 52.4974 | 3.0619 | 49.4355 |
| Patient Care | | | | |
| Direct Care | 91.5211 | 91.5211 | 5.3379 | 86.1832 |
| Indirect Care | 64.4227 | 64.4227 | 3.7574 | 60.6653 |
| Property | 13.0200 | 14.5352 | 0.8478 | 13.6874 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.9206 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 221.4612 | 222.9764 | 13.0050 | 234.7244 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 210951-00 - 2013/01 |
| 193.50 |

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 | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 69.79943% Occupancy: 95.41230% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.29662% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 244 Maximum: 89,304 Max Annualized: 89,060 Total Patient: 85,207 Medicare: 10,530 Medicaid: 59,474 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 | | |
| | | | Inflation | | |
| | | | FY Index: 1.26665332 | | |
| | | | Semester Index: 1.30828184 | | |
| | | | Cost: 1.03286497 | | |
| | | | Target: 1.02004310 | | |
| | | | DC FY Index: 1.19500000 | | |
| | | | DC Sem Index: 1.22250000 | | |
| | | | DC Inflation: 1.02301255 | | |
| | | | PS Target: 1.02863299 | | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 2,412,095 | 4,374,015 | 3,078,050 | 2,600,203 | 0 | 12,464,363 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.5571 | 73.5450 | 51.7545 | 43.7200 | | 209.5766 |
| 3 | Cost Per Diem Inflated | 41.8900 | 75.2375 | 53.4554 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.8900 | 75.2375 | 53.4554 | 43.7200 | | 214.3029 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.8233 | | 51.7092 | | | |
| 7 | Provider Target Rate | 44.0495 | | 53.1898 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.8900 | 75.2375 | 53.1898 | 13.6500 | | 183.9673 |
| 12/13 | Medicaid Adjustment Rate | | 1.6759 | 1.1848 | | | |
| 14 | Prospective Per Diem 11 | 41.8900 | 76.9134 | 54.3746 | 13.6500 | | 186.8280 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 210951-00 - 2013/01
193.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 9,226,747 | 13.6985 |
| Indexed Asset Value 11,533,434 | < 60% of Base: False | 20% ROE(2): 2,306,687 | 0.5125 |
| FRVS Base Asset: 3,602,760 | Interest Rate: 10.4000 % | Insurance Cost(3): 128,978 | 1.5137 |
| Occup Adj Factor: 0.9000 | Chase Rate: 7.9800 % | Taxes Cost(3): 243,720 | 2.8603 |
| ROE Factor 0.017810 | Amortization Rate: 10.4000 % | Home Office(3): 51,655 | 0.6062 |
| | Interest Only: False | Replacement(3&4): 1,904,304 | 0.0000 |
| | Yearly Payment: 1,097,988 | Total FRVS PD: 19.1912 | |

- (1) 80% Capital (\$9,226,747) amortized at 10.4000% for 20 years Principal & Interest of \$1,097,988 divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = \$13.6985
- (2) 20% ROE (\$2,306,687) times the ROE factor (0.017810) divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = \$0.5125
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,602,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 41.8900 | 41.8900 | 2.4432 | 39.4468 |
| Patient Care | | | | |
| Direct Care | 76.9134 | 76.9134 | 4.4859 | 72.4275 |
| Indirect Care | 54.3746 | 54.3746 | 3.1713 | 51.2033 |
| Property | 13.6500 | 19.1912 | 1.1193 | 18.0719 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.5144 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 186.8280 | 192.3692 | 11.2197 | 193.4963 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 211010-00 - 2013/01 |
| 233.12 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 36.99673% Occupancy: 89.36986% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.67827% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 54.9055 | 89.0723 | 60.8972 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.9055 | 89.0723 | 60.8972 | 17.3801 | | 222.2551 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 75.1416 | | 76.1810 | | | |
| 7 | Provider Target Rate | 77.2931 | | 78.3623 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 54.9055 | 89.0723 | 60.8972 | 13.6500 | | 218.5250 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 54.9055 | 89.0723 | 60.8972 | 13.6500 | | 218.5250 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 211010-00 - 2013/01
233.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,201,862 | 12.4957 |
| Indexed Asset Value | 2,752,327 | < 60% of Base: | False | 20% ROE(2): | 550,465 | 0.6750 |
| 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: | 246,291 | Total FRVS PD: | | 17.9453 |

(1) 80% Capital (\$2,201,862) amortized at 9.5000% for 20 years Principal & Interest of \$246,291 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.4957

(2) 20% ROE (\$550,465) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6750

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,995,300 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 54.9055 | 54.9055 | 3.2023 | 51.7032 |
| Patient Care | | | | |
| Direct Care | 89.0723 | 89.0723 | 5.1951 | 83.8772 |
| Indirect Care | 60.8972 | 60.8972 | 3.5518 | 57.3454 |
| Property | 13.6500 | 17.9453 | 1.0466 | 16.8987 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.4636 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 218.5250 | 222.8203 | 12.9958 | 233.1205 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 211052-00 - 2013/01 239.28 |
|---|

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 80.56643% Occupancy: 61.74053% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 77.84297% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 108.1066 | 142.5867 | 109.2960 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 108.1066 | 142.5867 | 109.2960 | 21.1500 | | 381.1393 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 73.9544 | | 75.0631 | | | |
| 7 | Provider Target Rate | 76.0719 | | 77.2124 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.8317 | 94.1344 | 62.9999 | 13.6500 | | 222.6160 |
| 12/13 | Medicaid Adjustment Rate | | 3.2370 | 2.1664 | | | |
| 14 | Prospective Per Diem 11 | 51.8317 | 97.3714 | 65.1663 | 13.6500 | | 228.0194 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 211052-00 - 2013/01
239.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 68 | Effective PBS Limitation | 1,938,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.8317 | 51.8317 | 3.0230 | 48.8087 |
| Patient Care | | | | |
| Direct Care | 97.3714 | 97.3714 | 5.6791 | 91.6923 |
| Indirect Care | 65.1663 | 65.1663 | 3.8008 | 61.3655 |
| Property | 13.6500 | 9.1094 | 0.5313 | 8.5781 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.0056 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 228.0194 | 223.4788 | 13.0342 | 239.2826 |

***Medicaid Trend Adjustment :**



0 211281-00 - 2013/01
187.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.56138% Occupancy: 97.07945% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.39858% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 38.7046 | 76.9521 | 44.1427 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.7046 | 76.9521 | 44.1427 | 25.3000 | | 185.0994 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 57.8390 | | | |
| 7 | Provider Target Rate | 50.1452 | | 59.4951 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.7046 | 76.9521 | 44.1427 | 13.6500 | | 173.4494 |
| 12/13 | Medicaid Adjustment Rate | | 1.0875 | 0.6238 | | | |
| 14 | Prospective Per Diem 11 | 38.7046 | 78.0396 | 44.7665 | 13.6500 | | 175.1607 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 211281-00 - 2013/01
187.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 100 | Effective PBS Limitation | 2,850,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 38.7046 | 38.7046 | 2.2574 | 36.4472 |
| Patient Care | | | | |
| Direct Care | 78.0396 | 78.0396 | 4.5516 | 73.4880 |
| Indirect Care | 44.7665 | 44.7665 | 2.6110 | 42.1555 |
| Property | 13.6500 | 9.0183 | 0.5260 | 8.4923 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.2570 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 175.1607 | 170.5290 | 9.9460 | 187.6724 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 211435-00 - 2013/01 |
| 194.52 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.82900% Occupancy: 91.14271% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.91348% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.22078676 Semester Index: 1.30828184 Cost: 1.07167106 Target: 1.02004310 DC FY Index: 1.17400000 DC Sem Index: 1.22250000 DC Inflation: 1.04131175 PS Target: 1.02863299 | |

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 | 54.9409 | 70.0936 | 40.5412 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.9409 | 70.0936 | 40.5412 | 21.8600 | | 187.4357 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 57.4579 | | | |
| 7 | Provider Target Rate | 50.1452 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.1452 | 70.0936 | 40.5412 | 13.6500 | | 174.4300 |
| 12/13 | Medicaid Adjustment Rate | | 1.8790 | 1.0868 | | | |
| 14 | Prospective Per Diem 11 | 50.1452 | 71.9726 | 41.6280 | 13.6500 | | 177.3958 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 211435-00 - 2013/01
194.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Hardee Manor Healthcare Center

FRVS

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

| | | | | | |
|--|----------------------|---------------------|------------------------------|------------------|---------------|
| Began FRVS: 10/1/1989 Year of Phase-In/ Full: RS to Start Calcs: 1980/07 Indexed Asset Value 2,420,969 FRVS Base Asset: 893,513 Occup Adj Factor: 0.9000 ROE Factor 0.027600 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 926,800.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 1,936,775 | 8.9412 |
| | < 60% of Base: | False | 20% ROE(2): | 484,194 | 0.5150 |
| | Interest Rate: | 10.5000 % | Insurance Cost(3): | 21,582 | 0.8212 |
| | Chase Rate: | 9.0000 % | Taxes Cost(3): | 35,038 | 1.3332 |
| | Amortization Rate: | 10.5000 % | Home Office(3): | 21,378 | 0.8134 |
| | Interest Only: | False | Replacement(3&4): | 44,606 | 0.0000 |
| Yearly Payment: | 232,037 | Total FRVS PD: | 12.4240 | | |

(1) 80% Capital (\$1,936,775) amortized at 10.5000% for 20 years Principal & Interest of \$232,037 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$8.9412

(2) 20% ROE (\$484,194) times the ROE factor (0.027600) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$0.5150

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.1452 | 50.1452 | 2.9247 | 47.2205 |
| Patient Care | | | | |
| Direct Care | 71.9726 | 71.9726 | 4.1977 | 67.7749 |
| Indirect Care | 41.6280 | 41.6280 | 2.4279 | 39.2001 |
| Property | 13.6500 | 12.4240 | 0.7246 | 11.6994 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.7937 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.3958 | 176.1698 | 10.2749 | 194.5210 |

***Medicaid Trend Adjustment :**



0 211516-00 - 2013/01
211.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 67.03635% Occupancy: 82.42223% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 103.91862% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 49.2927 | 84.0778 | 60.5323 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.2927 | 84.0778 | 60.5323 | 20.3800 | | 214.2828 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.2100 | 84.0778 | 52.8299 | 13.6500 | | 194.7677 |
| 12/13 | Medicaid Adjustment Rate | | 1.6114 | 1.0125 | | | |
| 14 | Prospective Per Diem 11 | 44.2100 | 85.6892 | 53.8424 | 13.6500 | | 197.3916 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 211516-00 - 2013/01
211.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,321,646 | 6.6761 |
| Indexed Asset Value | 2,902,058 | < 60% of Base: | False | 20% ROE(2): | 580,412 | 0.4232 |
| 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: | 234,663 | Total FRVS PD: | | 9.7854 |

(1) 80% Capital (\$2,321,646) amortized at 8.0940% for 20 years Principal & Interest of \$234,663 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$6.6761

(2) 20% ROE (\$580,412) times the ROE factor (0.025630) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.4232

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 107 | Effective PBS Limitation | 3,049,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.2100 | 44.2100 | 2.5785 | 41.6315 |
| Patient Care | | | | |
| Direct Care | 85.6892 | 85.6892 | 4.9977 | 80.6915 |
| Indirect Care | 53.8424 | 53.8424 | 3.1403 | 50.7021 |
| Property | 13.6500 | 9.7854 | 0.5707 | 9.2147 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.5910 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 197.3916 | 193.5270 | 11.2872 | 211.6632 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 211532-00 - 2013/01 210.15 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 32.52111% Occupancy: 82.45434% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 103.95911% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 47.4823 | 90.5079 | 61.3307 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.4823 | 90.5079 | 61.3307 | 23.4800 | | 222.8009 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.5393 | | 48.7177 | | | |
| 7 | Provider Target Rate | 50.9578 | | 50.1126 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.4823 | 90.5079 | 50.1126 | 13.6500 | | 201.7528 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 47.4823 | 90.5079 | 50.1126 | 13.6500 | | 201.7528 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 211532-00 - 2013/01
210.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 5,686,340 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): | 4,549,072 | 9.3314 |
| | < 60% of Base: | False | 20% ROE(2): | 1,137,268 | 0.7452 |
| | 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: | 367,844 | Total FRVS PD: | 14.0207 | | |

(1) 80% Capital (\$4,549,072) amortized at 5.2500% for 20 years Principal & Interest of \$367,844 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.3314

(2) 20% ROE (\$1,137,268) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7452

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 111 | Effective PBS Limitation | 3,754,020 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.4823 | 47.4823 | 2.7694 | 44.7129 |
| Patient Care | | | | |
| Direct Care | 90.5079 | 90.5079 | 5.2788 | 85.2291 |
| Indirect Care | 50.1126 | 50.1126 | 2.9228 | 47.1898 |
| Property | 13.6500 | 14.0207 | 0.8177 | 13.2030 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$10.9845 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.7528 | 202.1235 | 11.7887 | 210.1517 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 211885-00 - 2013/01 209.79 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 26.36664% Occupancy: 91.09952% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.85903% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 55.2871 | 87.2088 | 68.2538 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.2871 | 87.2088 | 68.2538 | 58.2300 | | 268.9797 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.1634 | | 56.5245 | | | |
| 7 | Provider Target Rate | 50.5711 | | 58.1430 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.5711 | 87.2088 | 58.1430 | 13.6500 | | 209.5729 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.5711 | 87.2088 | 58.1430 | 13.6500 | | 209.5729 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 211885-00 - 2013/01
209.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Plaza West

FRVS

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

| | | | |
|--------------------------------------|------------------------------------|------------------------------------|----------------|
| Began FRVS: 6/10/1994 | Mortgage Information | Calculation of FRVS Per Diem | |
| Year of Phase-In/ Full: | Amount: 5,755,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1994/01 | Type: Variable [3] | 80% Capital(1): 3,590,878 | 10.1220 |
| Indexed Asset Value 4,488,598 | < 60% of Base: False | 20% ROE(2): 897,720 | 0.5845 |
| FRVS Base Asset: 1,396,710 | Interest Rate: 8.5654 % | Insurance Cost(3): 43,597 | 1.1603 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.8462 % | Taxes Cost(3): 80,303 | 2.1372 |
| ROE Factor 0.024170 | Amortization Rate: 8.5654 % | Home Office(3): 130,536 | 3.4741 |
| | Interest Only: False | Replacement(3&4): 1,003,275 | 0.0000 |
| | Yearly Payment: 375,734 | Total FRVS PD: 17.4781 | |

(1) 80% Capital (\$3,590,878) amortized at 8.5654% for 20 years Principal & Interest of \$375,734 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$10.1220

(2) 20% ROE (\$897,720) times the ROE factor (0.024170) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.5845

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 42 | Effective PBS Limitation | 1,396,710 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 50.5711 | 50.5711 | 2.9495 | 47.6216 |
| Patient Care | | | | |
| Direct Care | 87.2088 | 87.2088 | 5.0864 | 82.1224 |
| Indirect Care | 58.1430 | 58.1430 | 3.3911 | 54.7519 |
| Property | 13.6500 | 17.4781 | 1.0194 | 16.4587 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.5729 | 213.4010 | 12.4464 | 209.7870 |

***Medicaid Trend Adjustment :**



0 211923-00 - 2013/01

183.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 # | 09/01/2011-08/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 38,261 Medicare: 3,956 Medicaid: 32,781 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 85.67732% Occupancy: 87.11521% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.83558% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.27343864 Semester Index: 1.30828184 Cost: 1.02736151 Target: 1.02004310 DC FY Index: 1.19833101 DC Sem Index: 1.22250000 DC Inflation: 1.02016888 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,282,627 | 2,114,778 | 1,245,130 | 900,494 | 0 | 5,543,029 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.1271 | 64.5123 | 37.9833 | 27.4700 | | 169.0927 |
| 3 | Cost Per Diem Inflated | 40.1977 | 65.8134 | 39.0226 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.1977 | 65.8134 | 39.0226 | 27.4700 | | 172.5037 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.8879 | | 47.4134 | | | |
| 7 | Provider Target Rate | 41.0300 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.1977 | 65.8134 | 39.0226 | 13.6500 | | 158.6837 |
| 12/13 | Medicaid Adjustment Rate | | 2.6416 | 1.5662 | | | |
| 14 | Prospective Per Diem 11 | 40.1977 | 68.4550 | 40.5888 | 13.6500 | | 162.8915 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 211923-00 - 2013/01
183.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,009,223 | 11.0226 |
| Indexed Asset Value 5,011,529 | < 60% of Base: False | 20% ROE(2): 1,002,306 | 0.4053 |
| FRVS Base Asset: 2,757,416 | Interest Rate: 9.0532 % | Insurance Cost(3): 35,016 | 0.9152 |
| Occup Adj Factor: 0.9000 | Chase Rate: 7.6489 % | Taxes Cost(3): 47,579 | 1.2435 |
| ROE Factor 0.015940 | Amortization Rate: 9.0532 % | Home Office(3): 14,407 | 0.3765 |
| | Interest Only: False | Replacement(3&4): 11,475 | 0.0000 |
| | Yearly Payment: 434,512 | Total FRVS PD: 13.9631 | |

(1) 80% Capital (\$4,009,223) amortized at 9.0532% for 20 years Principal & Interest of \$434,512 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.0226

(2) 20% ROE (\$1,002,306) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4053

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 79 | Effective PBS Limitation | 2,757,416 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 40.1977 | 40.1977 | 2.3445 | 37.8532 |
| Patient Care | | | | |
| Direct Care | 68.4550 | 68.4550 | 3.9926 | 64.4624 |
| Indirect Care | 40.5888 | 40.5888 | 2.3673 | 38.2215 |
| Property | 13.6500 | 13.9631 | 0.8144 | 13.1487 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.5233 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 162.8915 | 163.2046 | 9.5188 | 183.0415 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 212032-00 - 2013/01 229.59 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.99989% Occupancy: 48.35755% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 60.96960% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 96.0772 | 177.5069 | 145.1565 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 96.0772 | 177.5069 | 145.1565 | 9.0800 | | 427.8206 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 99.3446 | | 102.2020 | | | |
| 7 | Provider Target Rate | 102.1891 | | 105.1283 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 9.0800 | | 223.1849 |
| 12/13 | Medicaid Adjustment Rate | | 2.5915 | 1.5758 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 102.7467 | 62.4780 | 9.0800 | | 227.3522 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 212032-00 - 2013/01 |
| 229.59 |

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: | 50,500 |
| Comparison Bed 196 | Effective PBS Limitation | 5,586,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 102.7467 | 102.7467 | 5.9926 | 96.7541 |
| Indirect Care | 62.4780 | 62.4780 | 3.6440 | 58.8340 |
| Property | 9.0800 | 16.1582 | 0.9424 | 15.2158 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 227.3522 | 234.4304 | 13.6729 | 229.5899 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 212083-00 - 2013/01 |
| 193.34 |

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 # | 04/01/2011-03/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,960 Max Annualized: 21,900 Total Patient: 20,576 Medicare: 2,821 Medicaid: 4,447 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 21.61256% Occupancy: 93.69763% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.13475% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 221,285 | 328,648 | 317,059 | 88,406 | 0 | 955,398 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.7605 | 73.9033 | 71.2973 | 19.8799 | | 214.8410 |
| 3 | Cost Per Diem Inflated | 51.7391 | 75.8579 | 74.1323 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.7391 | 75.8579 | 74.1323 | 19.8799 | | 221.6092 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.4626 | | 82.0493 | | | |
| 7 | Provider Target Rate | 59.1079 | | 84.3986 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.7391 | 75.8579 | 62.9999 | 13.6500 | | 204.2469 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.7391 | 75.8579 | 62.9999 | 13.6500 | | 204.2469 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212083-00 - 2013/01
193.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Westminster Woods on Julington Creek

FRVS

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

| | | | | | | |
|-------------------------|-----------------|----------------------|-----------------|------------------------------|----------------|---------------|
| Began FRVS: | 1/1/1996 | 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): | 611,213 | 2.6122 |
| Indexed Asset Value | 764,016 | < 60% of Base: | True | 20% ROE(2): | 152,803 | 0.1607 |
| FRVS Base Asset: | 584,877 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 46,399 | 2.2550 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.020730 | Amortization Rate: | 8.5000 % | Home Office(3): | 6,432 | 0.3126 |
| | | Interest Only: | True | Replacement(3&4): | 422,322 | 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 (0.020730) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.1607
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 57 | Effective PBS Limitation | 584,877 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 51.7391 | 51.7391 | 3.0176 | 48.7215 |
| Patient Care | | | | |
| Direct Care | 75.8579 | 75.8579 | 4.4243 | 71.4336 |
| Indirect Care | 62.9999 | 62.9999 | 3.6744 | 59.3255 |
| Property | 13.6500 | 5.3405 | 0.3115 | 5.0290 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 204.2469 | 195.9374 | 11.4278 | 193.3420 |

***Medicaid Trend Adjustment :**



0 212164-00 - 2013/01
212.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.82566% Occupancy: 92.56164% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.70249% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 43.1539 | 84.3767 | 50.4650 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.1539 | 84.3767 | 50.4650 | 9.8700 | | 187.8656 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 57.4579 | | | |
| 7 | Provider Target Rate | 50.1452 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.1539 | 84.3767 | 50.4650 | 9.8700 | | 187.8656 |
| 12/13 | Medicaid Adjustment Rate | | 2.7362 | 1.6365 | | | |
| 14 | Prospective Per Diem 11 | 43.1539 | 87.1129 | 52.1015 | 9.8700 | | 192.2383 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 212164-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

212.54

Ybor City Healthcare 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 2,532,928 FRVS Base Asset: 924,242 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 235,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 2,026,342 | 9.5864 |
| | < 60% of Base: | True | 20% ROE(2): | 506,586 | 0.4979 |
| | Interest Rate: | 13.0000 % | Insurance Cost(3): | 30,703 | 1.1360 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 10,383 | 0.3842 |
| | 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: | 50,500 |
| Comparison Bed 80 | Effective PBS Limitation | 2,280,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.1539 | 43.1539 | 2.5169 | 40.6370 |
| Patient Care | | | | |
| Direct Care | 87.1129 | 87.1129 | 5.0808 | 82.0321 |
| Indirect Care | 52.1015 | 52.1015 | 3.0388 | 49.0627 |
| Property | 9.8700 | 11.7869 | 0.6875 | 11.0994 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.8812 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.2383 | 194.1552 | 11.3240 | 212.5448 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 212393-00 - 2013/01 |
| 205.03 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 51 Maximum: 18,615 Max Annualized: 18,615 Total Patient: 15,156 Medicare: 1,262 Medicaid: 6,690 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 44.14093% Occupancy: 81.41821% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 102.65275% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 315,970 | 410,191 | 399,189 | 69,308 | 0 | 1,194,658 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 47.2302 | 61.3141 | 59.6695 | 10.3599 | | 178.5737 |
| 3 | Cost Per Diem Inflated | 49.2895 | 63.0151 | 62.2712 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.2895 | 63.0151 | 62.2712 | 10.3599 | | 184.9357 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.6202 | | 62.7314 | | | |
| 7 | Provider Target Rate | 60.2987 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.2895 | 63.0151 | 62.2712 | 10.3599 | | 184.9357 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 49.2895 | 63.0151 | 62.2712 | 10.3599 | | 184.9357 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212393-00 - 2013/01
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 01/01/2013 through 06/30/2013

The Fountains Nursing Home

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|-------------------|------------------------------|----------------|----------------|
| Began FRVS: | 3/1/1986 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 450,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1971/07 | Type: | Fixed [2] | 80% Capital(1): | 949,404 | 6.0095 |
| Indexed Asset Value | 1,186,755 | < 60% of Base: | False | 20% ROE(2): | 237,351 | 0.3424 |
| FRVS Base Asset: | 728,314 | Interest Rate: | 8.7500 % | Insurance Cost(3): | 18,693 | 1.2334 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 53,559 | 3.5338 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.7500 % | Home Office(3): | 5,582 | 0.3683 |
| | | Interest Only: | False | Replacement(3&4): | 27,215 | 0.0000 |
| | | Yearly Payment: | 100,680 | Total FRVS PD: | | 11.4874 |

(1) 80% Capital (\$949,404) amortized at 8.7500% for 20 years Principal & Interest of \$100,680 divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = \$6.0095

(2) 20% ROE (\$237,351) times the ROE factor (0.024170) divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = \$0.3424

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 51 | Effective PBS Limitation | 1,453,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.2895 | 49.2895 | 2.8748 | 46.4147 |
| Patient Care | | | | |
| Direct Care | 63.0151 | 63.0151 | 3.6753 | 59.3398 |
| Indirect Care | 62.2712 | 62.2712 | 3.6319 | 58.6393 |
| Property | 10.3599 | 11.4874 | 0.6700 | 10.8174 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.9840 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.9357 | 186.0632 | 10.8520 | 205.0276 |

***Medicaid Trend Adjustment :**



0 212636-00 - 2013/01
171.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,243 Medicare: 4,203 Medicaid: 26,459 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 61.18678% Occupancy: 98.72831% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 124.47747% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,297,858 | 1,616,756 | 781,403 | 774,190 | 0 | 4,470,207 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.0517 | 61.1042 | 29.5326 | 29.2600 | | 168.9485 |
| 3 | Cost Per Diem Inflated | 51.1905 | 62.7994 | 30.8203 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.1905 | 62.7994 | 30.8203 | 29.2600 | | 174.0702 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.1020 | | 47.4134 | | | |
| 7 | Provider Target Rate | 42.2789 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.2789 | 62.7994 | 30.8203 | 13.6500 | | 149.5486 |
| 12/13 | Medicaid Adjustment Rate | | 0.7903 | 0.3879 | | | |
| 14 | Prospective Per Diem 11 | 42.2789 | 63.5897 | 31.2082 | 13.6500 | | 150.7268 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212636-00 - 2013/01
171.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Woodland Terrace

FRVS

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 9/27/1996 Year of Phase-In/ Full: RS to Start Calcs: 1996/07 Indexed Asset Value 5,374,138 FRVS Base Asset: 4,325,640 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,750,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,299,310 | 10.3442 |
| | < 60% of Base: | False | 20% ROE(2): | 1,074,828 | 0.6590 |
| | Interest Rate: | 8.1900 % | Insurance Cost(3): | 48,812 | 1.1288 |
| | Chase Rate: | 5.2500 % | Taxes Cost(3): | 73,830 | 1.7073 |
| | Amortization Rate: | 7.2500 % | Home Office(3): | 11,102 | 0.2567 |
| | Interest Only: | False | Replacement(3&4): | 63,019 | 0.0000 |
| Yearly Payment: | 407,769 | Total FRVS PD: | 14.0960 | | |

- (1) 80% Capital (\$4,299,310) amortized at 7.2500% for 20 years Principal & Interest of \$407,769 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.3442
- (2) 20% ROE (\$1,074,828) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6590
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,325,640 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 42.2789 | 42.2789 | 2.4659 | 39.8130 |
| Patient Care | | | | |
| Direct Care | 63.5897 | 63.5897 | 3.7088 | 59.8809 |
| Indirect Care | 31.2082 | 31.2082 | 1.8202 | 29.3880 |
| Property | 13.6500 | 14.0960 | 0.8221 | 13.2739 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6652 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 150.7268 | 151.1728 | 8.8170 | 171.8534 |

***Medicaid Trend Adjustment :**



0 212709-00 - 2013/01
178.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 # | 04/01/2011-03/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 38,222 Medicare: 5,759 Medicaid: 18,156 | Superior: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 47.50144% Occupancy: 87.02641% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.72362% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 788,409 | 1,276,300 | 1,147,772 | 315,007 | 0 | 3,527,488 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.4242 | 70.2963 | 63.2172 | 17.3500 | | 194.2877 |
| 3 | Cost Per Diem Inflated | 45.1509 | 72.1555 | 65.7309 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.1509 | 72.1555 | 65.7309 | 17.3500 | | 200.3873 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.2003 | | 56.7449 | | | |
| 7 | Provider Target Rate | 48.5518 | | 58.3697 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.1509 | 72.1555 | 58.3697 | 13.6500 | | 189.3261 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 45.1509 | 72.1555 | 58.3697 | 13.6500 | | 189.3261 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 212709-00 - 2013/01
178.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Suncoast Manor

FRVS

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

| | | | | | |
|--|-----------------------------|-----------------|-------------------------------------|------------------|---------------|
| Began FRVS: 8/23/1996 Year of Phase-In/ Full: RS to Start Calcs: 1996/07 Indexed Asset Value 1,742,579 FRVS Base Asset: 1,652,021 Occup Adj Factor: 0.9000 ROE Factor 0.020730 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 0.00 | | | |
| | Type: | None [1] | 80% Capital(1): | 1,394,063 | 2.8905 |
| | < 60% of Base: | True | 20% ROE(2): | 348,516 | 0.1833 |
| | Interest Rate: | 8.2500 % | Insurance Cost(3): | 37,559 | 0.9827 |
| | Chase Rate: | 8.2500 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 8.2500 % | Home Office(3): | 11,272 | 0.2949 |
| | Interest Only: | True | Replacement(3&4): | 786,889 | 0.0000 |
| Yearly Payment: | 113,945 | Total FRVS PD: | | 4.3514 | |

- (1) 80% Capital (\$1,394,063) amortized at 8.2500% for 20 years Interest of \$113,945 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$2.8905
- (2) 20% ROE (\$348,516) times the ROE factor (0.020730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.1833
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 161 | Effective PBS Limitation | 1,652,021 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 45.1509 | 45.1509 | 2.6334 | 42.5175 |
| Patient Care | | | | |
| Direct Care | 72.1555 | 72.1555 | 4.2084 | 67.9471 |
| Indirect Care | 58.3697 | 58.3697 | 3.4044 | 54.9653 |
| Property | 13.6500 | 4.3514 | 0.2538 | 4.0976 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.3261 | 180.0275 | 10.5000 | 178.3599 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 212733-00 - 2013/01

151.39

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 196 Maximum: 71,540 Max Annualized: 71,540 Total Patient: 71,399 Medicare: 18,330 Medicaid: 53,000 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.23073% Occupancy: 99.80291% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 125.83233% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,471,341 | 3,460,582 | 1,938,318 | 1,100,280 | 0 | 7,970,521 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 27.7612 | 65.2940 | 36.5720 | 20.7600 | | 150.3872 |
| 3 | Cost Per Diem Inflated | 28.9716 | 67.1054 | 38.1666 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 28.9716 | 67.1054 | 38.1666 | 20.7600 | | 155.0036 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 28.9716 | 67.1054 | 38.1666 | 13.6500 | | 147.8936 |
| 12/13 | Medicaid Adjustment Rate | | 1.8293 | 1.0404 | | | |
| 14 | Prospective Per Diem 11 | 28.9716 | 68.9347 | 39.2070 | 13.6500 | | 150.7633 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 212733-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

151.39

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 6,129,851 FRVS Base Asset: 3,339,389 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 6,150,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,903,881 | 7.9316 |
| | < 60% of Base: | False | 20% ROE(2): | 1,225,970 | 0.4602 |
| | Interest Rate: | 8.5000 % | Insurance Cost(3): | 113,453 | 1.5890 |
| | Chase Rate: | 9.0000 % | Taxes Cost(3): | 71,944 | 1.0076 |
| | Amortization Rate: | 8.5000 % | Home Office(3): | 8,669 | 0.1214 |
| | Interest Only: | False | Replacement(3&4): | 215,371 | 0.0000 |
| Yearly Payment: | 510,684 | Total FRVS PD: | | 11.1098 | |

(1) 80% Capital (\$4,903,881) amortized at 8.5000% for 20 years Principal & Interest of \$510,684 divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = \$7.9316

(2) 20% ROE (\$1,225,970) times the ROE factor (0.024170) divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = \$0.4602

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 196 | Effective PBS Limitation | 5,586,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|-----------------|
| Operating | 28.9716 | 28.9716 | 1.6897 | 27.2819 |
| Patient Care | | | | |
| Direct Care | 68.9347 | 68.9347 | 4.0206 | 64.9141 |
| Indirect Care | 39.2070 | 39.2070 | 2.2867 | 36.9203 |
| Property | 13.6500 | 11.1098 | 0.6480 | 10.4618 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$2.9805 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 150.7633 | 148.2231 | 8.6450 | 151.3910 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 212792-00 - 2013/01 193.55 |
|---|

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 | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,960 Max Annualized: 21,900 Total Patient: 20,501 Medicare: 2,933 Medicaid: 10,907 | Superior: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 53.20228% Occupancy: 93.35610% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.70414% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 478,382 | 857,965 | 598,703 | 208,760 | 0 | 2,143,810 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.8601 | 78.6619 | 54.8916 | 19.1400 | | 196.5536 |
| 3 | Cost Per Diem Inflated | 45.3016 | 80.4721 | 56.6956 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.3016 | 80.4721 | 56.6956 | 19.1400 | | 201.6093 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 58.6052 | | | |
| 7 | Provider Target Rate | 45.1836 | | 60.2832 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.1836 | 80.4721 | 56.6956 | 13.6500 | | 196.0013 |
| 12/13 | Medicaid Adjustment Rate | | 0.2899 | 0.2042 | | | |
| 14 | Prospective Per Diem 11 | 45.1836 | 80.7620 | 56.8998 | 13.6500 | | 196.4954 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212792-00 - 2013/01
193.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Florida Lutheran Retirement Center

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 1/17/1997 | 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: | 1997/01 | Type: | Variable [3] | 80% Capital(1): | 2,416,806 | 10.9792 |
| Indexed Asset Value | 3,021,007 | < 60% of Base: | False | 20% ROE(2): | 604,201 | 0.5460 |
| FRVS Base Asset: | 2,191,560 | Interest Rate: | 6.5100 % | Insurance Cost(3): | 23,732 | 1.1576 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 9.0000 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.017810 | Amortization Rate: | 6.5100 % | Home Office(3): | 13,023 | 0.6352 |
| | | Interest Only: | False | Replacement(3&4): | 78,235 | 0.0000 |
| | | Yearly Payment: | 216,400 | Total FRVS PD: | | 13.3180 |

(1) 80% Capital (\$2,416,806) amortized at 6.5100% for 20 years Principal & Interest of \$216,400 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.9792

(2) 20% ROE (\$604,201) times the ROE factor (0.017810) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5460

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 2,191,560 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 45.1836 | 45.1836 | 2.6353 | 42.5483 |
| Patient Care | | | | |
| Direct Care | 80.7620 | 80.7620 | 4.7104 | 76.0516 |
| Indirect Care | 56.8998 | 56.8998 | 3.3186 | 53.5812 |
| Property | 13.6500 | 13.3180 | 0.7768 | 12.5412 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 196.4954 | 196.1634 | 11.4411 | 193.5547 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 212806-00 - 2013/01 254.67 |
|---|

Palmetto Subacute 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 | 08/01/2011-07/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 95 Maximum: 34,770 Max Annualized: 34,675 Total Patient: 32,739 Medicare: 22,465 Medicaid: 9,829 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 30.02230% Occupancy: 94.15876% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.71614% Weighted Low Occ Adjustment Factor: 100.00000% |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 559,074 | 999,598 | 699,253 | 232,063 | 0 | 2,489,988 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 56.8800 | 101.6989 | 71.1418 | 23.6100 | | 253.3307 |
| 3 | Cost Per Diem Inflated | 58.5926 | 103.8946 | 73.2838 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.5926 | 103.8946 | 73.2838 | 23.6100 | | 259.3810 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 63.4947 | | 71.3933 | | | |
| 7 | Provider Target Rate | 65.3127 | | 73.4375 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 58.5926 | 103.8946 | 73.2838 | 13.6500 | | 249.4210 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 58.5926 | 103.8946 | 73.2838 | 13.6500 | | 249.4210 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212806-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

254.67

Palmetto Subacute 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): | 3,434,679 | 12.2265 |
| Indexed Asset Value | 4,293,349 | < 60% of Base: | False | 20% ROE(2): | 858,670 | 0.4614 |
| FRVS Base Asset: | 3,104,710 | Interest Rate: | 9.4022 % | Insurance Cost(3): | 86,979 | 2.6567 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.6957 % | Taxes Cost(3): | 75,991 | 2.3211 |
| ROE Factor | 0.016770 | Amortization Rate: | 9.4022 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 82,595 | 0.0000 |
| | | Yearly Payment: | 381,560 | Total FRVS PD: | | 17.6657 |

(1) 80% Capital (\$3,434,679) amortized at 9.4022% for 20 years Principal & Interest of \$381,560 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$12.2265

(2) 20% ROE (\$858,670) times the ROE factor (0.016770) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$0.4614

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 85 | Effective PBS Limitation | 3,104,710 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 58.5926 | 58.5926 | 3.4174 | 55.1752 |
| Patient Care | | | | |
| Direct Care | 103.8946 | 103.8946 | 6.0596 | 97.8350 |
| Indirect Care | 73.2838 | 73.2838 | 4.2742 | 69.0096 |
| Property | 13.6500 | 17.6657 | 1.0303 | 16.6354 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$7.1832 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 249.4210 | 253.4367 | 14.7815 | 254.6708 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 212849-00 - 2013/01

198.52

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.16462% Occupancy: 83.32420% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.05584% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 37.4802 | 81.7086 | 43.8846 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.4802 | 81.7086 | 43.8846 | 18.0400 | | 181.1134 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.4802 | 81.7086 | 43.8846 | 13.6500 | | 176.7234 |
| 12/13 | Medicaid Adjustment Rate | | 2.4970 | 1.3411 | | | |
| 14 | Prospective Per Diem 11 | 37.4802 | 84.2056 | 45.2257 | 13.6500 | | 180.5615 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212849-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

198.52

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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.4802 | 37.4802 | 2.1860 | 35.2942 |
| Patient Care | | | | |
| Direct Care | 84.2056 | 84.2056 | 4.9112 | 79.2944 |
| Indirect Care | 45.2257 | 45.2257 | 2.6377 | 42.5880 |
| Property | 13.6500 | 13.1458 | 0.7667 | 12.3791 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1347 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.5615 | 180.0573 | 10.5016 | 198.5228 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 212865-00 - 2013/01 190.88 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.52843% Occupancy: 83.43835% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.19977% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 36.6686 | 79.8035 | 44.0461 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.6686 | 79.8035 | 44.0461 | 16.9900 | | 177.5082 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.6686 | 79.8035 | 44.0461 | 13.6500 | | 174.1682 |
| 12/13 | Medicaid Adjustment Rate | | 2.5613 | 1.4136 | | | |
| 14 | Prospective Per Diem 11 | 36.6686 | 82.3648 | 45.4597 | 13.6500 | | 178.1431 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 212865-00 - 2013/01
190.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Lakeland Hills 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: 4,583,333.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1972/07 | Type: Variable [3] | 80% Capital(1): 2,127,861 | 4.9253 |
| Indexed Asset Value: 2,659,826 | < 60% of Base: False | 20% ROE(2): 531,965 | 0.3459 |
| FRVS Base Asset: 1,403,125 | Interest Rate: 6.7500 % | Insurance Cost(3): 55,255 | 1.5119 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.7500 % | Taxes Cost(3): 33,335 | 0.9121 |
| ROE Factor: 0.025630 | 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: 50,500 |
| Comparison Bed: 120 | Effective PBS Limitation: 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.6686 | 36.6686 | 2.1387 | 34.5299 |
| Patient Care | | | | |
| Direct Care | 82.3648 | 82.3648 | 4.8039 | 77.5609 |
| Indirect Care | 45.4597 | 45.4597 | 2.6514 | 42.8083 |
| Property | 13.6500 | 7.6952 | 0.4488 | 7.2464 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.9068 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.1431 | 172.1883 | 10.0428 | 190.8847 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 212881-00 - 2013/01

181.31

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.51397% Occupancy: 92.60502% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.75718% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 33.4512 | 75.3826 | 42.9756 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 33.4512 | 75.3826 | 42.9756 | 15.0400 | | 166.8494 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 33.4512 | 75.3826 | 42.9756 | 13.6500 | | 165.4594 |
| 12/13 | Medicaid Adjustment Rate | | 1.9941 | 1.1368 | | | |
| 14 | Prospective Per Diem 11 | 33.4512 | 77.3767 | 44.1124 | 13.6500 | | 168.5903 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212881-00 - 2013/01
181.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 33.4512 | 33.4512 | 1.9510 | 31.5002 |
| Patient Care | | | | |
| Direct Care | 77.3767 | 77.3767 | 4.5129 | 72.8638 |
| Indirect Care | 44.1124 | 44.1124 | 2.5728 | 41.5396 |
| Property | 13.6500 | 8.4471 | 0.4927 | 7.9544 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.6157 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 168.5903 | 163.3874 | 9.5294 | 181.3061 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 212890-00 - 2013/01 196.76 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.63936% Occupancy: 89.98402% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.45259% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 36.5665 | 82.3771 | 47.0232 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.5665 | 82.3771 | 47.0232 | 16.3500 | | 182.3168 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.5665 | 82.3771 | 47.0232 | 13.6500 | | 179.6168 |
| 12/13 | Medicaid Adjustment Rate | | 2.5615 | 1.4622 | | | |
| 14 | Prospective Per Diem 11 | 36.5665 | 84.9386 | 48.4854 | 13.6500 | | 183.6405 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212890-00 - 2013/01
196.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | | Total Amount | Per Diem |
| | 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.5665 | 36.5665 | 2.1327 | 34.4338 |
| Patient Care | | | | |
| Direct Care | 84.9386 | 84.9386 | 4.9540 | 79.9846 |
| Indirect Care | 48.4854 | 48.4854 | 2.8279 | 45.6575 |
| Property | 13.6500 | 7.9050 | 0.4611 | 7.4439 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.4043 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.6405 | 177.8955 | 10.3757 | 196.7565 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 212903-00 - 2013/01 187.79 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.03297% Occupancy: 83.10502% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.77949% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 36.5875 | 79.2268 | 42.1444 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.5875 | 79.2268 | 42.1444 | 16.8500 | | 174.8087 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.5875 | 79.2268 | 42.1444 | 13.6500 | | 171.6087 |
| 12/13 | Medicaid Adjustment Rate | | 1.6964 | 0.9024 | | | |
| 14 | Prospective Per Diem 11 | 36.5875 | 80.9232 | 43.0468 | 13.6500 | | 174.2075 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212903-00 - 2013/01
187.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | | |
| | Type: | Variable [3] | | |
| | < 60% of Base: | False | | |
| | Interest Rate: | 11.5000 % | 80% Capital(1): | 2,030,955 |
| | Chase Rate: | 9.5000 % | 20% ROE(2): | 507,739 |
| | Amortization Rate: | 11.5000 % | Insurance Cost(3): | 54,451 |
| | Interest Only: | False | Taxes Cost(3): | 17,058 |
| Yearly Payment: | 259,905 | Home Office(3): | 0 | |
| | | Replacement(3&4): | 62,144 | |
| | | 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 36.5875 | 36.5875 | 2.1339 | 34.4536 |
| Patient Care | | | | |
| Direct Care | 80.9232 | 80.9232 | 4.7198 | 76.2034 |
| Indirect Care | 43.0468 | 43.0468 | 2.5107 | 40.5361 |
| Property | 13.6500 | 8.8904 | 0.5185 | 8.3719 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.3936 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.2075 | 169.4479 | 9.8829 | 187.7910 |

***Medicaid Trend Adjustment :**



0 212911-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

201.67

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 85.87453% Occupancy: 85.89041% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.29134% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 37.6883 | 84.7464 | 46.3963 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.6883 | 84.7464 | 46.3963 | 16.9100 | | 185.7410 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.6883 | 84.7464 | 46.3963 | 13.6500 | | 182.4810 |
| 12/13 | Medicaid Adjustment Rate | | 3.4203 | 1.8725 | | | |
| 14 | Prospective Per Diem 11 | 37.6883 | 88.1667 | 48.2688 | 13.6500 | | 187.7738 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 212911-00 - 2013/01
201.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 2,404,955 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 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 1,923,964 | 5.6520 |
| | < 60% of Base: | False | 20% ROE(2): | 480,991 | 0.3127 |
| | Interest Rate: | 10.0000 % | Insurance Cost(3): | 63,534 | 1.6888 |
| | Chase Rate: | 8.0000 % | Taxes Cost(3): | 32,889 | 0.8742 |
| | Amortization Rate: | 10.0000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 56,470 | 0.0000 |
| Yearly Payment: | 222,800 | Total FRVS PD: | | 8.5277 | |

(1) 80% Capital (\$1,923,964) amortized at 10.0000% for 20 years Principal & Interest of \$222,800 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.6520

(2) 20% ROE (\$480,991) 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.6883 | 37.6883 | 2.1981 | 35.4902 |
| Patient Care | | | | |
| Direct Care | 88.1667 | 88.1667 | 5.1422 | 83.0245 |
| Indirect Care | 48.2688 | 48.2688 | 2.8152 | 45.4536 |
| Property | 13.6500 | 8.5277 | 0.4974 | 8.0303 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.8401 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.7738 | 182.6515 | 10.6529 | 201.6711 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 212971-00 - 2013/01 |
| 200.99 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 48 Maximum: 17,520 Max Annualized: 17,520 Total Patient: 16,546 Medicare: 2,157 Medicaid: 4,830 | Superior: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 29.19135% Occupancy: 94.44064% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.07154% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 203,622 | 394,241 | 301,390 | 52,212 | 0 | 951,465 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.1578 | 81.6234 | 62.3996 | 10.8099 | | 196.9907 |
| 3 | Cost Per Diem Inflated | 43.9960 | 83.8879 | 65.1203 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.9960 | 83.8879 | 65.1203 | 10.8099 | | 203.8141 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 67.4540 | | 66.6199 | | | |
| 7 | Provider Target Rate | 69.3854 | | 68.5274 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.9960 | 83.8879 | 65.1203 | 10.8099 | | 203.8141 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.9960 | 83.8879 | 65.1203 | 10.8099 | | 203.8141 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 212971-00 - 2013/01
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 01/01/2013 through 06/30/2013

Florida Presbyterian Homes, Inc.

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|-----------------|------------------------------|------------------|----------------|
| Began FRVS: | 3/20/1997 | 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): | 1,778,229 | 9.2177 |
| Indexed Asset Value | 2,222,786 | < 60% of Base: | True | 20% ROE(2): | 444,557 | 0.6814 |
| FRVS Base Asset: | 1,461,040 | Interest Rate: | 8.2500 % | Insurance Cost(3): | 19,114 | 1.1552 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.2500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | True | Replacement(3&4): | 125,274 | 0.0000 |
| | | Yearly Payment: | 145,345 | Total FRVS PD: | | 11.0543 |

- (1) 80% Capital (\$1,778,229) amortized at 8.2500% for 20 years Interest of \$145,345 divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = \$9.2177
- (2) 20% ROE (\$444,557) times the ROE factor (0.024170) divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = \$0.6814
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 40 | Effective PBS Limitation | 1,461,040 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 43.9960 | 43.9960 | 2.5660 | 41.4300 |
| Patient Care | | | | |
| Direct Care | 83.8879 | 83.8879 | 4.8927 | 78.9952 |
| Indirect Care | 65.1203 | 65.1203 | 3.7981 | 61.3222 |
| Property | 10.8099 | 11.0543 | 0.6447 | 10.4096 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 203.8141 | 204.0585 | 11.9015 | 200.9894 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 212989-00 - 2013/01 |
| 196.61 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.27262% Occupancy: 74.79966% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 94.30802% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 35.6175 | 83.3724 | 44.8837 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 35.6175 | 83.3724 | 44.8837 | 18.5000 | | 182.3736 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 35.6175 | 83.3724 | 44.8837 | 13.6500 | | 177.5236 |
| 12/13 | Medicaid Adjustment Rate | | 2.5580 | 1.3771 | | | |
| 14 | Prospective Per Diem 11 | 35.6175 | 85.9304 | 46.2608 | 13.6500 | | 181.4587 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212989-00 - 2013/01
196.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Bay 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 4,214,809 FRVS Base Asset: 2,287,922 Occup Adj Factor: 0.9000 ROE Factor 0.025630 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 7,375,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 3,371,847 | 8.2097 |
| | < 60% of Base: | False | 20% ROE(2): | 842,962 | 0.4111 |
| | Interest Rate: | 11.5000 % | Insurance Cost(3): | 75,796 | 1.7351 |
| | Chase Rate: | 9.5000 % | Taxes Cost(3): | 11,558 | 0.2646 |
| | 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: | 50,500 |
| Comparison Bed | 160 | Effective PBS Limitation | 4,560,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 35.6175 | 35.6175 | 2.0774 | 33.5401 |
| Patient Care | | | | |
| Direct Care | 85.9304 | 85.9304 | 5.0118 | 80.9186 |
| Indirect Care | 46.2608 | 46.2608 | 2.6981 | 43.5627 |
| Property | 13.6500 | 10.6205 | 0.6194 | 10.0011 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.7575 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 181.4587 | 178.4292 | 10.4067 | 196.6124 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 212997-00 - 2013/01 198.35 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,894 Medicare: 3,818 Medicaid: 29,151 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 39.9104 | 80.1813 | 46.1863 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.9104 | 80.1813 | 46.1863 | 18.1500 | | 184.4280 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.0811 | | 49.3864 | | | |
| 7 | Provider Target Rate | 43.2860 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.9104 | 80.1813 | 46.1863 | 13.6500 | | 179.9280 |
| 12/13 | Medicaid Adjustment Rate | | 2.8156 | 1.6219 | | | |
| 14 | Prospective Per Diem 11 | 39.9104 | 82.9969 | 47.8082 | 13.6500 | | 184.3655 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 212997-00 - 2013/01
198.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Bartow 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: | 4,833,333.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1972/07 | Type: | Variable [3] | 80% Capital(1): | 1,964,497 | 6.3775 |
| Indexed Asset Value | 2,455,621 | < 60% of Base: | False | 20% ROE(2): | 491,124 | 0.3193 |
| FRVS Base Asset: | 1,301,763 | Interest Rate: | 11.5000 % | Insurance Cost(3): | 56,117 | 1.5634 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 9.5000 % | Taxes Cost(3): | 20,060 | 0.5589 |
| ROE Factor | 0.025630 | 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.9104 | 39.9104 | 2.3277 | 37.5827 |
| Patient Care | | | | |
| Direct Care | 82.9969 | 82.9969 | 4.8407 | 78.1562 |
| Indirect Care | 47.8082 | 47.8082 | 2.7884 | 45.0198 |
| Property | 13.6500 | 8.8191 | 0.5144 | 8.3047 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.4552 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.3655 | 179.5346 | 10.4712 | 198.3510 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 213004-00 - 2013/01 |
| 198.62 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 88.57017% Occupancy: 82.93607% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.56649% Weighted Low Occ Adjustment Factor: 100.00000% |

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 | 37.6558 | 87.2038 | 40.2605 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.6558 | 87.2038 | 40.2605 | 16.0200 | | 181.1401 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.6558 | 87.2038 | 40.2605 | 13.6500 | | 178.7701 |
| 12/13 | Medicaid Adjustment Rate | | 3.7839 | 1.7470 | | | |
| 14 | Prospective Per Diem 11 | 37.6558 | 90.9877 | 42.0075 | 13.6500 | | 184.3010 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 213004-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

198.62

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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.6558 | 37.6558 | 2.1962 | 35.4596 |
| Patient Care | | | | |
| Direct Care | 90.9877 | 90.9877 | 5.3068 | 85.6809 |
| Indirect Care | 42.0075 | 42.0075 | 2.4500 | 39.5575 |
| Property | 13.6500 | 8.3387 | 0.4863 | 7.8524 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.2328 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.3010 | 178.9897 | 10.4393 | 198.6156 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 213098-00 - 2013/01 226.87 |
|---|

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 | 02/01/2011-01/31/2012 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 30,450 Medicare: 1,507 Medicaid: 15,516 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 50.95567% Occupancy: 69.52055% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 87.65208% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25516245 Semester Index: 1.30828184 Cost: 1.04232073 Target: 1.02004310 DC FY Index: 1.18999979 DC Sem Index: 1.22250000 DC Inflation: 1.02731111 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 733,211 | 1,253,403 | 933,321 | 232,275 | 0 | 3,152,210 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 47.2552 | 80.7813 | 60.1522 | 14.9700 | | 203.1587 |
| 3 | Cost Per Diem Inflated | 49.2551 | 82.9875 | 62.6979 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.2551 | 82.9875 | 62.6979 | 14.9700 | | 209.9105 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.2584 | | 63.1139 | | | |
| 7 | Provider Target Rate | 64.0410 | | 64.9210 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.2551 | 82.9875 | 60.9022 | 13.6500 | | 206.7948 |
| 12/13 | Medicaid Adjustment Rate | | 0.0892 | 0.0655 | | | |
| 14 | Prospective Per Diem 11 | 49.2551 | 83.0767 | 60.9677 | 13.6500 | | 206.9495 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 213098-00 - 2013/01

226.87

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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): | 3,376,934 | 9.9203 |
| Indexed Asset Value | 4,221,167 | < 60% of Base: | False | 20% ROE(2): | 844,233 | 0.4930 |
| FRVS Base Asset: | 2,529,788 | Interest Rate: | 10.0000 % | Insurance Cost(3): | 46,982 | 1.5429 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 9.2500 % | Taxes Cost(3): | 87,281 | 2.8664 |
| ROE Factor | 0.023020 | Amortization Rate: | 10.0000 % | Home Office(3): | 9,665 | 0.3174 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 391,058 | Total FRVS PD: | | 15.1400 |

(1) 80% Capital (\$3,376,934) amortized at 10.0000% for 20 years Principal & Interest of \$391,058 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9203

(2) 20% ROE (\$844,233) times the ROE factor (0.023020) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4930

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.2551 | 49.2551 | 2.8728 | 46.3823 |
| Patient Care | | | | |
| Direct Care | 83.0767 | 83.0767 | 4.8454 | 78.2313 |
| Indirect Care | 60.9677 | 60.9677 | 3.5559 | 57.4118 |
| Property | 13.6500 | 15.1400 | 0.8830 | 14.2570 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.7572 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 206.9495 | 208.4395 | 12.1571 | 226.8720 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 213152-00 - 2013/01 256.71 |
|---|

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: 2013/01 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 | Superior: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 15.89691% Occupancy: 89.47489% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.81067% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 83.0917 | 118.3301 | 121.5113 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 83.0917 | 118.3301 | 121.5113 | 16.3703 | | 339.3034 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 93.6646 | | 119.4770 | | | |
| 7 | Provider Target Rate | 96.3465 | | 122.8980 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 106.7147 | 76.5172 | 13.6500 | | 258.9134 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 106.7147 | 76.5172 | 13.6500 | | 258.9134 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 213152-00 - 2013/01
256.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Water's Edge Extended Care

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 4/21/1997 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 3,616,800.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1997/01 | Type: | Variable [3] | 80% Capital(1): | 1,208,966 | 10.2610 |
| Indexed Asset Value | 1,511,208 | < 60% of Base: | False | 20% ROE(2): | 302,242 | 0.6177 |
| FRVS Base Asset: | 1,375,626 | Interest Rate: | 8.0000 % | Insurance Cost(3): | 52,017 | 4.4243 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 31,368 | 2.6680 |
| ROE Factor | 0.024170 | 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: | 50,500 |
| Comparison Bed 42 | Effective PBS Limitation | 1,375,626 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 106.7147 | 106.7147 | 6.2240 | 100.4907 |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 |
| Property | 13.6500 | 17.9710 | 1.0481 | 16.9229 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 258.9134 | 263.2344 | 15.3528 | 256.7140 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 213161-00 - 2013/01 |
| 203.36 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 40.17960% Occupancy: 87.46119% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.27179% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 44.8249 | 85.6438 | 56.1758 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.8249 | 85.6438 | 56.1758 | 19.8300 | | 206.4745 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.8517 | | 47.4134 | | | |
| 7 | Provider Target Rate | 52.3077 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.8249 | 85.6438 | 48.7710 | 13.6500 | | 192.8897 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.8249 | 85.6438 | 48.7710 | 13.6500 | | 192.8897 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 213161-00 - 2013/01
203.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,300,045 | 9.0044 |
| Indexed Asset Value | 5,375,056 | < 60% of Base: | False | 20% ROE(2): | 1,075,011 | 0.7044 |
| 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: | 354,954 | Total FRVS PD: | | 13.1462 |

(1) 80% Capital (\$4,300,045) amortized at 5.5000% for 20 years Principal & Interest of \$354,954 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.0044

(2) 20% ROE (\$1,075,011) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7044

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 111 | Effective PBS Limitation | 4,054,386 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.8249 | 44.8249 | 2.6144 | 42.2105 |
| Patient Care | | | | |
| Direct Care | 85.6438 | 85.6438 | 4.9951 | 80.6487 |
| Indirect Care | 48.7710 | 48.7710 | 2.8445 | 45.9265 |
| Property | 13.6500 | 13.1462 | 0.7667 | 12.3795 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.3583 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.8897 | 192.3859 | 11.2207 | 203.3559 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 213322-00 - 2013/01 |
| 211.53 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 28.04593% Occupancy: 85.89954% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.30286% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 57.2069 | 86.2219 | 59.5629 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 57.2069 | 86.2219 | 59.5629 | 33.8800 | | 236.8717 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 62.7314 | | | |
| 7 | Provider Target Rate | 55.1063 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 55.1063 | 86.2219 | 59.5629 | 13.6500 | | 214.5411 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 55.1063 | 86.2219 | 59.5629 | 13.6500 | | 214.5411 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 213322-00 - 2013/01
211.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,617,216 | 11.3348 |
| Indexed Asset Value | 2,021,520 | < 60% of Base: | False | 20% ROE(2): | 404,304 | 0.6611 |
| 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: | 167,556 | Total FRVS PD: | | 14.3571 |

(1) 80% Capital (\$1,617,216) amortized at 8.4300% for 20 years Principal & Interest of \$167,556 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$11.3348

(2) 20% ROE (\$404,304) times the ROE factor (0.024170) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$0.6611

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 45 | Effective PBS Limitation | 1,643,670 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 55.1063 | 55.1063 | 3.2140 | 51.8923 |
| Patient Care | | | | |
| Direct Care | 86.2219 | 86.2219 | 5.0288 | 81.1931 |
| Indirect Care | 59.5629 | 59.5629 | 3.4740 | 56.0889 |
| Property | 13.6500 | 14.3571 | 0.8374 | 13.5197 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 214.5411 | 215.2482 | 12.5542 | 211.5264 |

***Medicaid Trend Adjustment :**



0 213403-00 - 2013/01
209.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 21.03687% Occupancy: 93.00913% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.26668% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 51.8948 | 86.6261 | 59.6655 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.8948 | 86.6261 | 59.6655 | 22.0100 | | 220.1964 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 56.6511 | | 49.9665 | | | |
| 7 | Provider Target Rate | 58.2732 | | 51.3972 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 86.6261 | 51.3972 | 13.6500 | | 202.2793 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 86.6261 | 51.3972 | 13.6500 | | 202.2793 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 213403-00 - 2013/01 |
| 209.43 |

| |
|------------------------------------|
| Life Care Center Of Orlando |
|------------------------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| Began FRVS: 10/2/1997 | Mortgage Information | | Calculation of FRVS Per Diem | |
|--------------------------------------|------------------------------------|----------------------------------|------------------------------|----------|
| | Year of Phase-In/ Full: | Amount: 6,962,559.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1997/07 | Type: Variable [3] | 80% Capital(1): 4,520,195 | 8.4841 | |
| Indexed Asset Value 5,650,244 | < 60% of Base: False | 20% ROE(2): 1,130,049 | 0.7405 | |
| FRVS Base Asset: 2,222,460 | Interest Rate: 4.2000 % | Insurance Cost(3): 24,716 | 0.6067 | |
| Occup Adj Factor: 0.9000 | Chase Rate: 3.2500 % | Taxes Cost(3): 105,838 | 2.5980 | |
| ROE Factor 0.025830 | Amortization Rate: 4.2000 % | Home Office(3): 45,985 | 1.1288 | |
| | Interest Only: False | Replacement(3&4): 111,255 | 0.0000 | |
| | Yearly Payment: 334,442 | 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: 50,500 |
| Comparison Bed 60 | Effective PBS Limitation 2,222,460 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 | |
| Patient Care | | | | | |
| Direct Care | 86.6261 | 86.6261 | 5.0524 | 81.5737 | |
| Indirect Care | 51.3972 | 51.3972 | 2.9977 | 48.3995 | |
| Property | 13.6500 | 13.5581 | 0.7908 | 12.7673 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$10.2010 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 202.2793 | 202.1874 | 11.7924 | 209.4284 | |

| |
|-------------------------------------|
| *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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 213462-00 - 2013/01 |
| 226.27 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 74.08035% Occupancy: 91.60731% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.49925% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 49.3606 | 84.2445 | 60.6919 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.3606 | 84.2445 | 60.6919 | 17.6900 | | 211.9870 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.4445 | | 52.9855 | | | |
| 7 | Provider Target Rate | 45.7171 | | 54.5026 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.7171 | 84.2445 | 54.5026 | 13.6500 | | 198.1142 |
| 12/13 | Medicaid Adjustment Rate | | 2.2822 | 1.4765 | | | |
| 14 | Prospective Per Diem 11 | 45.7171 | 86.5267 | 55.9791 | 13.6500 | | 201.8729 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 213462-00 - 2013/01
226.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Madison Nursing Center

FRVS

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

| | | | |
|---------------------------------------|-------------------------------------|----------------------------------|----------------|
| Began FRVS: 9/1/1996 | Mortgage Information | Calculation of FRVS Per Diem | |
| Year of Phase-In/ Full: | Amount: 1,950,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1985/01 | Type: Fixed [2] | 80% Capital(1): 2,388,344 | 17.8059 |
| Indexed Asset Value: 2,985,430 | < 60% of Base: False | 20% ROE(2): 597,086 | 0.7825 |
| FRVS Base Asset: 1,710,000 | Interest Rate: 13.7380 % | Insurance Cost(3): 25,691 | 1.2806 |
| Occup Adj Factor: 0.9000 | Chase Rate: 13.0000 % | Taxes Cost(3): 24,209 | 1.2067 |
| ROE Factor: 0.025830 | Amortization Rate: 13.7380 % | Home Office(3): 3,614 | 0.1801 |
| | Interest Only: False | Replacement(3&4): 38,006 | 0.0000 |
| | Yearly Payment: 350,954 | Total FRVS PD: 21.2558 | |

(1) 80% Capital (\$2,388,344) amortized at 13.7380% for 20 years Principal & Interest of \$350,954 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$17.8059

(2) 20% ROE (\$597,086) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7825

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.7171 | 45.7171 | 2.6664 | 43.0507 |
| Patient Care | | | | |
| Direct Care | 86.5267 | 86.5267 | 5.0466 | 81.4801 |
| Indirect Care | 55.9791 | 55.9791 | 3.2649 | 52.7142 |
| Property | 13.6500 | 21.2558 | 1.2397 | 20.0161 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1756 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.8729 | 209.4787 | 12.2176 | 226.2691 |

***Medicaid Trend Adjustment :**



0 213837-00 - 2013/01

239.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 14,177 Medicare: 6,378 Medicaid: 334 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 2.35593% Occupancy: 64.73516% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 81.61863% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 40,236 | 31,102 | 31,484 | 3,417 | 0 | 106,239 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 120.4671 | 93.1198 | 94.2635 | 10.2305 | | 318.0809 |
| 3 | Cost Per Diem Inflated | 125.7197 | 95.7032 | 98.3736 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 125.7197 | 95.7032 | 98.3736 | 10.2305 | | 330.0270 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 145.1045 | | 86.6418 | | | |
| 7 | Provider Target Rate | 149.2593 | | 89.1226 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 95.7032 | 76.5172 | 10.2305 | | 244.4824 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 95.7032 | 76.5172 | 10.2305 | | 244.4824 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 213837-00 - 2013/01
239.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 0.5493 |
| FRVS Base Asset: | 2,222,460 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 12,444 | 0.8778 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 24,190 | 1.7063 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | True | Replacement(3&4): | 67,310 | 0.0000 |
| | | Yearly Payment: | 150,940 | Total FRVS PD: | | 10.7914 |

- (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 (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5493
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 2,222,460 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 95.7032 | 95.7032 | 5.5818 | 90.1214 |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 |
| Property | 10.2305 | 10.7914 | 0.6294 | 10.1620 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 244.4824 | 245.0433 | 14.2919 | 239.5838 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 213900-00 - 2013/01 |
| 236.29 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.11562% Occupancy: 91.91629% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.88881% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 49.3473 | 101.5976 | 67.5484 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.3473 | 101.5976 | 67.5484 | 7.0900 | | 225.5833 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.3053 | | 61.6893 | | | |
| 7 | Provider Target Rate | 46.6025 | | 63.4556 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.6025 | 100.1552 | 60.9022 | 7.0900 | | 214.7499 |
| 12/13 | Medicaid Adjustment Rate | | 1.3651 | 0.8301 | | | |
| 14 | Prospective Per Diem 11 | 46.6025 | 101.5203 | 61.7323 | 7.0900 | | 216.9451 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 213900-00 - 2013/01
236.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 105 | Effective PBS Limitation | 2,992,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.6025 | 46.6025 | 2.7180 | 43.8845 |
| Patient Care | | | | |
| Direct Care | 101.5203 | 101.5203 | 5.9211 | 95.5992 |
| Indirect Care | 61.7323 | 61.7323 | 3.6005 | 58.1318 |
| Property | 7.0900 | 10.6958 | 0.6238 | 10.0720 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.7693 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 216.9451 | 220.5509 | 12.8634 | 236.2892 |

*Medicaid Trend Adjustment :



0 213934-00 - 2013/01
210.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 6.46283% Occupancy: 34.17626% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 43.08971% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 127.7359 | 222.5954 | 356.2877 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 127.7359 | 222.5954 | 356.2877 | 18.2097 | | 724.8287 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 113.5584 | | 375.6156 | | | |
| 7 | Provider Target Rate | 116.8099 | | 386.3706 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 96.2398 | 57.2593 | 13.6500 | | 215.3136 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 96.2398 | 57.2593 | 13.6500 | | 215.3136 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 213934-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

210.02

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 | | Total Amount | Per Diem |
| | 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: | 50,500 |
| Comparison Bed 113 | Effective PBS Limitation | 4,326,883 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 13.6500 | 11.9870 | 0.6991 | 11.2879 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.3136 | 213.6506 | 12.4610 | 210.0220 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 214035-00 - 2013/01 |
| 254.26 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 72.68027% Occupancy: 91.53175% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.40399% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 64.1262 | 107.6000 | 69.4826 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 64.1262 | 107.6000 | 69.4826 | 14.7200 | | 255.9288 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 63.2643 | | | |
| 7 | Provider Target Rate | 55.1063 | | 65.0757 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 55.1063 | 106.7147 | 65.0757 | 13.6500 | | 240.5467 |
| 12/13 | Medicaid Adjustment Rate | | 2.7229 | 1.6604 | | | |
| 14 | Prospective Per Diem 11 | 55.1063 | 109.4376 | 66.7361 | 13.6500 | | 244.9300 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 214035-00 - 2013/01
254.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 2,034,223 | 8.1343 |
| Indexed Asset Value 2,542,779 | < 60% of Base: False | 20% ROE(2): 508,556 | 0.4039 |
| 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: 264,540 | Total FRVS PD: | 11.3039 |

(1) 80% Capital (\$2,034,223) amortized at 11.7500% for 20 years Principal & Interest of \$264,540 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$8.1343

(2) 20% ROE (\$508,556) times the ROE factor (0.025830) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.4039

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 99 | Effective PBS Limitation | 2,821,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 55.1063 | 55.1063 | 3.2140 | 51.8923 |
| Patient Care | | | | |
| Direct Care | 109.4376 | 109.4376 | 6.3828 | 103.0548 |
| Indirect Care | 66.7361 | 66.7361 | 3.8923 | 62.8438 |
| Property | 13.6500 | 11.3039 | 0.6593 | 10.6446 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.9909 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 244.9300 | 242.5839 | 14.1484 | 254.2588 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 214060-00 - 2013/01

200.00

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.97443% Occupancy: 90.00456% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.47849% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 44.1588 | 81.5130 | 45.4034 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.1588 | 81.5130 | 45.4034 | 31.8000 | | 202.8752 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.2938 | | 47.4134 | | | |
| 7 | Provider Target Rate | 54.8198 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.1588 | 81.5130 | 45.4034 | 13.6500 | | 184.7252 |
| 12/13 | Medicaid Adjustment Rate | | 1.2815 | 0.7138 | | | |
| 14 | Prospective Per Diem 11 | 44.1588 | 82.7945 | 46.1172 | 13.6500 | | 186.7205 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 214060-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

200.00

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): | 4,153,413 | 8.0853 |
| Indexed Asset Value | 5,191,766 | < 60% of Base: | True | 20% ROE(2): | 1,038,353 | 0.6804 |
| 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: | 318,722 | Total FRVS PD: | | 10.9539 |

- (1) 80% Capital (\$4,153,413) amortized at 7.7500% for 20 years Interest of \$318,722 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.0853
- (2) 20% ROE (\$1,038,353) times the ROE factor (0.025830) 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: | 30,023 |
| Comparison Date: 7/1/1989 | Current RS PBS: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,801,380 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.1588 | 44.1588 | 2.5755 | 41.5833 |
| Patient Care | | | | |
| Direct Care | 82.7945 | 82.7945 | 4.8289 | 77.9656 |
| Indirect Care | 46.1172 | 46.1172 | 2.6897 | 43.4275 |
| Property | 13.6500 | 10.9539 | 0.6389 | 10.3150 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.8768 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 186.7205 | 184.0244 | 10.7330 | 200.0006 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 214914-00 - 2013/01 222.28 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 53.16871% Occupancy: 99.39498% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 125.31801% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 45.6483 | 102.5573 | 48.0468 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.6483 | 102.5573 | 48.0468 | 8.9300 | | 205.1824 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 60.9155 | | 59.9101 | | | |
| 7 | Provider Target Rate | 62.6597 | | 61.6255 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.6483 | 98.1975 | 48.0468 | 8.9300 | | 200.8226 |
| 12/13 | Medicaid Adjustment Rate | | 0.3501 | 0.1713 | | | |
| 14 | Prospective Per Diem 11 | 45.6483 | 98.5476 | 48.2181 | 8.9300 | | 201.3440 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 214914-00 - 2013/01 |
| 222.28 |

Baldomero Lopez State Veterans Nursing Home

FRVS

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|------------------|---------------|
| Began FRVS: 5/7/1999 Year of Phase-In/ Full: RS to Start Calcs: 1999/01 Indexed Asset Value 5,555,169 FRVS Base Asset: 886,642 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): | 4,444,135 | 8.6512 |
| | < 60% of Base: | True | 20% ROE(2): | 1,111,034 | 0.7280 |
| | Interest Rate: | 7.7500 % | Insurance Cost(3): | 6,212 | 0.1427 |
| | Chase Rate: | 7.7500 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 7.7500 % | Home Office(3): | 42,935 | 0.9862 |
| | Interest Only: | True | Replacement(3&4): | 63,822 | 0.0000 |
| Yearly Payment: | 341,031 | Total FRVS PD: | 10.5081 | | |

- (1) 80% Capital (\$4,444,135) amortized at 7.7500% for 20 years Interest of \$341,031 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6512
- (2) 20% ROE (\$1,111,034) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7280
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,594,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.6483 | 45.6483 | 2.6624 | 42.9859 |
| Patient Care | | | | |
| Direct Care | 98.5476 | 98.5476 | 5.7477 | 92.7999 |
| Indirect Care | 48.2181 | 48.2181 | 2.8123 | 45.4058 |
| Property | 8.9300 | 10.5081 | 0.6129 | 9.8952 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$22.3626 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.3440 | 202.9221 | 11.8353 | 222.2818 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 215597-00 - 2013/01 197.03 |
|---|

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,929 Medicare: 8,924 Medicaid: 9,379 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 47.06207% Occupancy: 91.00000% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.73355% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 396,879 | 659,207 | 528,594 | 154,847 | 0 | 1,739,527 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.3157 | 70.2854 | 56.3593 | 16.5100 | | 185.4704 |
| 3 | Cost Per Diem Inflated | 44.1607 | 72.2353 | 58.8167 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.1607 | 72.2353 | 58.8167 | 16.5100 | | 191.7227 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.6405 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.9187 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.1607 | 72.2353 | 53.6785 | 13.6500 | | 183.7245 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.1607 | 72.2353 | 53.6785 | 13.6500 | | 183.7245 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 215597-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

197.03

Osprey Point Nursing Center

FRVS

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

| | | | | | | |
|--------------------------------|------------------|-----------------------------|---------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: | 7/2/1999 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 2,725,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1999/07 | Type: | Variable [3] | 80% Capital(1): | 2,262,874 | 12.7253 |
| Indexed Asset Value | 2,828,593 | < 60% of Base: | False | 20% ROE(2): | 565,719 | 0.6937 |
| FRVS Base Asset: | 2,330,760 | Interest Rate: | 9.3700 % | Insurance Cost(3): | 12,300 | 0.6172 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 9.5000 % | Taxes Cost(3): | 40,584 | 2.0364 |
| ROE Factor | 0.024170 | Amortization Rate: | 9.3700 % | Home Office(3): | 5,631 | 0.2826 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 250,815 | Total FRVS PD: | | 16.3552 |

(1) 80% Capital (\$2,262,874) amortized at 9.3700% for 20 years Principal & Interest of \$250,815 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.7253

(2) 20% ROE (\$565,719) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6937

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 2,330,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 44.1607 | 44.1607 | 2.5756 | 41.5851 |
| Patient Care | | | | |
| Direct Care | 72.2353 | 72.2353 | 4.2131 | 68.0222 |
| Indirect Care | 53.6785 | 53.6785 | 3.1308 | 50.5477 |
| Property | 13.6500 | 16.3552 | 0.9539 | 15.4013 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.6401 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.7245 | 186.4297 | 10.8734 | 197.0288 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 216399-00 - 2013/01 |
| 248.88 |

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 54 Maximum: 19,710 Max Annualized: 19,710 Total Patient: 14,422 Medicare: 5,798 Medicaid: 568 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 3.93843% Occupancy: 73.17098% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 92.25457% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|-----------------|----------------|-----|-----------------|
| 1 | Total Cost | 37,093 | 72,719 | 69,860 | 10,979 | 0 | 190,651 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 65.3046 | 128.0264 | 122.9930 | 19.3292 | | 335.6532 |
| 3 | Cost Per Diem Inflated | 68.1520 | 131.5782 | 128.3557 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 68.1520 | 131.5782 | 128.3557 | 19.3292 | | 347.4151 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 110.6145 | | 110.9704 | | | |
| 7 | Provider Target Rate | 113.7817 | | 114.1478 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 106.7147 | 76.5172 | 13.6500 | | 258.9134 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 106.7147 | 76.5172 | 13.6500 | | 258.9134 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 216399-00 - 2013/01 |
| 248.88 |

| |
|-----------------------|
| Harbour's Edge |
|-----------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 1/1/1999 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 984,329 FRVS Base Asset: 0 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): | 787,463 | 3.4065 |
| | < 60% of Base: | True | 20% ROE(2): | 196,866 | 0.2682 |
| | Interest Rate: | 0.0000 % | Insurance Cost(3): | 51,804 | 3.5920 |
| | Chase Rate: | 7.7500 % | Taxes Cost(3): | 31,984 | 2.2177 |
| | Amortization Rate: | 7.7500 % | Home Office(3): | 2,430 | 0.1685 |
| | Interest Only: | True | Replacement(3&4): | 4,498,601 | 0.0000 |
| Yearly Payment: | 60,428 | Total FRVS PD: | | 9.6529 | |

- (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 (0.024170) divided by annual available days (19,710) divided by Occup. Adj. (0.9000) = \$0.2682
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 54 | Effective PBS Limitation | 1,576,530 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|--------------------------|-----------------|-----------------|----------------|-----------------|--|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 | |
| Patient Care | | | | | |
| Direct Care | 106.7147 | 106.7147 | 6.2240 | 100.4907 | |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 | |
| Property | 13.6500 | 9.6529 | 0.5630 | 9.0899 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 258.9134 | 254.9163 | 14.8677 | 248.8810 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



0 217263-00 - 2013/01
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 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 72.86970% Occupancy: 68.78356% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 86.72289% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 49.2423 | 87.9037 | 44.1754 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.2423 | 87.9037 | 44.1754 | 17.6500 | | 198.9714 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.0170 | | 47.4134 | | | |
| 7 | Provider Target Rate | 52.4778 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 87.9037 | 44.1754 | 13.6500 | | 193.8936 |
| 12/13 | Medicaid Adjustment Rate | | 2.2616 | 1.1366 | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 90.1653 | 45.3120 | 13.6500 | | 197.2918 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 217263-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 4,104,330 | 7.4817 |
| Indexed Asset Value | 5,130,413 | < 60% of Base: | False | 20% ROE(2): | 1,026,083 | 0.5379 |
| 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: | 368,661 | Total FRVS PD: | | 11.7092 |

(1) 80% Capital (\$4,104,330) amortized at 6.5500% for 20 years Principal & Interest of \$368,661 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$7.4817

(2) 20% ROE (\$1,026,083) times the ROE factor (0.025830) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.5379

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 150 | Effective PBS Limitation | 4,275,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 90.1653 | 90.1653 | 5.2588 | 84.9065 |
| Indirect Care | 45.3120 | 45.3120 | 2.6428 | 42.6692 |
| Property | 13.6500 | 11.7092 | 0.6829 | 11.0263 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1640 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 197.2918 | 195.3510 | 11.3937 | 211.9537 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 217395-00 - 2013/01 195.97 |
|---|

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: 2013/01 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 Medicaid Utilization 70.14928% Occupancy: 87.38052% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.17008% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 36.4381 | 86.4652 | 38.0426 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.4381 | 86.4652 | 38.0426 | 16.7000 | | 177.6459 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.3073 | | 47.4134 | | | |
| 7 | Provider Target Rate | 43.5187 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.4381 | 86.4652 | 38.0426 | 13.6500 | | 174.5959 |
| 12/13 | Medicaid Adjustment Rate | | 1.9600 | 0.8623 | | | |
| 14 | Prospective Per Diem 11 | 36.4381 | 88.4252 | 38.9049 | 13.6500 | | 177.4182 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 217395-00 - 2013/01
195.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,362,742 | 9.6654 |
| Indexed Asset Value | 7,953,427 | < 60% of Base: | False | 20% ROE(2): | 1,590,685 | 0.6949 |
| 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: | 571,517 | Total FRVS PD: | | 13.8248 |

(1) 80% Capital (\$6,362,742) amortized at 6.5500% for 20 years Principal & Interest of \$571,517 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.6654

(2) 20% ROE (\$1,590,685) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6949

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.4381 | 36.4381 | 2.1252 | 34.3129 |
| Patient Care | | | | |
| Direct Care | 88.4252 | 88.4252 | 5.1573 | 83.2679 |
| Indirect Care | 38.9049 | 38.9049 | 2.2691 | 36.6358 |
| Property | 13.6500 | 13.8248 | 0.8063 | 13.0185 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.8984 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.4182 | 177.5930 | 10.3579 | 195.9659 |

*Medicaid Trend Adjustment :



0 217727-00 - 2013/01
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 01/01/2013 through 06/30/2013

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 | 07/01/2011-06/30/2012 | Number of Beds: 180 | Superior: 0 |
| County: Brevard[5] | Days In CR 366 | Maximum: 65,880 | Standard: 182 |
| Region: Central[3] Area: 7 | First Used: 2013/01 | Max Annualized: 65,700 | Conditional: 0 |
| Control Private For profit [1] | Last Used: 2013/01 | Total Patient: 55,270 | Total: 182 |
| Current Class Central Large [6] | Unaudited [3] | Medicare: 6,068 | Inflation |
| Class at 1/94: North Large [2] | Initial CR? False | Medicaid: 35,989 | FY Index: 1.26665332 |
| Operating Ex > 18 months [1] | Medicaid Utilization 65.11489% | | Semester Index: 1.30828184 |
| Open Date: 1/1/1979 | Occupancy: 83.89496% | | Cost: 1.03286497 |
| Acquired Date: 9/11/1980 | Statewide Low Occupancy Threshold: 79.31420% | | Target: 1.02004310 |
| Entered Medicaid 9/11/1980 | Medicaid Low Occupancy Threshold: 40.85520% | | DC FY Index: 1.19500000 |
| Med # Active Date: 7/1/1999 | Low Occupancy Adjustment Factor: 105.77546% | | DC Sem Index: 1.22250000 |
| Previous Med # 206911 | Weighted Low Occ Adjustment Factor: 100.00000% | | DC Inflation: 1.02301255 |
| | | | PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,383,698 | 3,068,973 | 1,489,839 | 391,920 | 0 | 6,334,430 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.4478 | 85.2753 | 41.3971 | 10.8900 | | 176.0102 |
| 3 | Cost Per Diem Inflated | 39.7114 | 87.2377 | 42.7576 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.7114 | 87.2377 | 42.7576 | 10.8900 | | 180.5967 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.0434 | | 49.3864 | | | |
| 7 | Provider Target Rate | 50.4477 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.7114 | 87.2377 | 42.7576 | 10.8900 | | 180.5967 |
| 12/13 | Medicaid Adjustment Rate | | 1.4834 | 0.7271 | | | |
| 14 | Prospective Per Diem 11 | 39.7114 | 88.7211 | 43.4847 | 10.8900 | | 182.8072 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 217727-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 4,637,532 | 6.7028 |
| Indexed Asset Value | 5,796,915 | < 60% of Base: | False | 20% ROE(2): | 1,159,383 | 0.3492 |
| FRVS Base Asset: | 2,055,416 | Interest Rate: | 5.9264 % | Insurance Cost(3): | 11,509 | 0.2082 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 5.3347 % | Taxes Cost(3): | 61,347 | 1.1100 |
| ROE Factor | 0.017810 | Amortization Rate: | 5.9264 % | Home Office(3): | 80,736 | 1.4608 |
| | | Interest Only: | False | Replacement(3&4): | 51,938 | 0.0000 |
| | | Yearly Payment: | 396,338 | Total FRVS PD: | | 9.8310 |

(1) 80% Capital (\$4,637,532) amortized at 5.9264% for 20 years Principal & Interest of \$396,338 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$6.7028

(2) 20% ROE (\$1,159,383) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.3492

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.7114 | 39.7114 | 2.3161 | 37.3953 |
| Patient Care | | | | |
| Direct Care | 88.7211 | 88.7211 | 5.1746 | 83.5465 |
| Indirect Care | 43.4847 | 43.4847 | 2.5362 | 40.9485 |
| Property | 10.8900 | 9.8310 | 0.5734 | 9.2576 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.3769 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 182.8072 | 181.7482 | 10.6003 | 200.3572 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 217735-00 - 2013/01 216.91 |
|---|

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 | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 39,072 Medicare: 7,352 Medicaid: 26,258 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.20414% Occupancy: 88.96175% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.16371% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,222,507 | 2,402,649 | 1,153,548 | 460,565 | 0 | 5,239,269 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.5575 | 91.5016 | 43.9313 | 17.5400 | | 199.5304 |
| 3 | Cost Per Diem Inflated | 48.0876 | 93.6073 | 45.3751 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.0876 | 93.6073 | 45.3751 | 17.5400 | | 204.6100 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 56.5452 | | 47.4134 | | | |
| 7 | Provider Target Rate | 58.1643 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.0876 | 93.6073 | 45.3751 | 13.6500 | | 200.7200 |
| 12/13 | Medicaid Adjustment Rate | | 1.8117 | 0.8782 | | | |
| 14 | Prospective Per Diem 11 | 48.0876 | 95.4190 | 46.2533 | 13.6500 | | 203.4099 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 217735-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 3,379,372 | 7.7002 |
| Indexed Asset Value | 4,224,215 | < 60% of Base: | False | 20% ROE(2): | 844,843 | 0.3817 |
| FRVS Base Asset: | 2,002,828 | Interest Rate: | 6.5500 % | Insurance Cost(3): | 31,194 | 0.7984 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 5.7500 % | Taxes Cost(3): | 39,781 | 1.0181 |
| ROE Factor | 0.017810 | Amortization Rate: | 6.5500 % | Home Office(3): | 61,663 | 1.5782 |
| | | Interest Only: | False | Replacement(3&4): | 95,438 | 0.0000 |
| | | Yearly Payment: | 303,543 | Total FRVS PD: | | 11.4766 |

(1) 80% Capital (\$3,379,372) amortized at 6.5500% for 20 years Principal & Interest of \$303,543 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.7002

(2) 20% ROE (\$844,843) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3817

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.0876 | 48.0876 | 2.8047 | 45.2829 |
| Patient Care | | | | |
| Direct Care | 95.4190 | 95.4190 | 5.5652 | 89.8538 |
| Indirect Care | 46.2533 | 46.2533 | 2.6977 | 43.5556 |
| Property | 13.6500 | 11.4766 | 0.6694 | 10.8072 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5829 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 203.4099 | 201.2365 | 11.7370 | 216.9148 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 217743-00 - 2013/01 207.74 |
|---|

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 | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 53,222 Medicare: 5,942 Medicaid: 40,708 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 76.48717% Occupancy: 80.78628% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 101.85601% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,724,457 | 3,599,918 | 1,545,657 | 470,992 | 0 | 7,341,024 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.3616 | 88.4327 | 37.9694 | 11.5700 | | 180.3337 |
| 3 | Cost Per Diem Inflated | 43.7538 | 90.4678 | 39.2173 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.7538 | 90.4678 | 39.2173 | 11.5700 | | 185.0089 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 60.5525 | | 47.4134 | | | |
| 7 | Provider Target Rate | 62.2863 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.7538 | 90.4678 | 39.2173 | 11.5700 | | 185.0089 |
| 12/13 | Medicaid Adjustment Rate | | 2.6958 | 1.1686 | | | |
| 14 | Prospective Per Diem 11 | 43.7538 | 93.1636 | 40.3859 | 11.5700 | | 188.8733 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 217743-00 - 2013/01

207.74

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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): | 4,708,584 | 8.1721 |
| Indexed Asset Value | 5,885,730 | < 60% of Base: | False | 20% ROE(2): | 1,177,146 | 0.3546 |
| FRVS Base Asset: | 3,068,148 | Interest Rate: | 8.3000 % | Insurance Cost(3): | 50,089 | 0.9411 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.0000 % | Taxes Cost(3): | 76,019 | 1.4283 |
| ROE Factor | 0.017810 | Amortization Rate: | 8.3000 % | Home Office(3): | 76,128 | 1.4304 |
| | | Interest Only: | False | Replacement(3&4): | 45,217 | 0.0000 |
| | | Yearly Payment: | 483,218 | Total FRVS PD: | | 12.3265 |

(1) 80% Capital (\$4,708,584) amortized at 8.3000% for 20 years Principal & Interest of \$483,218 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.1721

(2) 20% ROE (\$1,177,146) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.3546

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.7538 | 43.7538 | 2.5519 | 41.2019 |
| Patient Care | | | | |
| Direct Care | 93.1636 | 93.1636 | 5.4337 | 87.7299 |
| Indirect Care | 40.3859 | 40.3859 | 2.3555 | 38.0304 |
| Property | 11.5700 | 12.3265 | 0.7189 | 11.6076 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.3344 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.8733 | 189.6298 | 11.0600 | 207.7366 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 217824-00 - 2013/01 221.34 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 37.95990% Occupancy: 90.20604% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.73252% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 52.0235 | 92.5644 | 61.2577 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.0235 | 92.5644 | 61.2577 | 25.2500 | | 231.0956 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.3530 | | 52.6704 | | | |
| 7 | Provider Target Rate | 56.9379 | | 54.1785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.0235 | 92.5644 | 54.1785 | 13.6500 | | 212.4164 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.0235 | 92.5644 | 54.1785 | 13.6500 | | 212.4164 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 217824-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

221.34

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): | 4,644,940 | 9.2957 |
| Indexed Asset Value | 5,806,175 | < 60% of Base: | False | 20% ROE(2): | 1,161,235 | 0.7423 |
| 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: | 375,596 | Total FRVS PD: | | 14.0815 |

(1) 80% Capital (\$4,644,940) amortized at 5.2500% for 20 years Principal & Interest of \$375,596 divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = \$9.2957

(2) 20% ROE (\$1,161,235) times the ROE factor (0.025830) divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = \$0.7423

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 123 | Effective PBS Limitation | 4,778,058 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.0235 | 52.0235 | 3.0342 | 48.9893 |
| Patient Care | | | | |
| Direct Care | 92.5644 | 92.5644 | 5.3987 | 87.1657 |
| Indirect Care | 54.1785 | 54.1785 | 3.1599 | 51.0186 |
| Property | 13.6500 | 14.0815 | 0.8213 | 13.2602 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.0786 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 212.4164 | 212.8479 | 12.4141 | 221.3448 |

***Medicaid Trend Adjustment :**



0 218057-00 - 2013/01

196.35

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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 | 02/01/2011-01/31/2012 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 179 Maximum: 65,335 Max Annualized: 65,335 Total Patient: 58,309 Medicare: 9,009 Medicaid: 35,400 | Superior: 0 Standard: 152 Conditional: 30 Total: 182 |
| | Medicaid Utilization 60.71104% Occupancy: 89.24620% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.52234% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25516245 Semester Index: 1.30828184 Cost: 1.04232073 Target: 1.02004310 DC FY Index: 1.18999979 DC Sem Index: 1.22250000 DC Inflation: 1.02731111 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,464,202 | 2,436,412 | 1,694,718 | 835,794 | 0 | 6,431,126 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.3616 | 68.8252 | 47.8734 | 23.6100 | | 181.6702 |
| 3 | Cost Per Diem Inflated | 43.1121 | 70.7049 | 49.8994 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.1121 | 70.7049 | 49.8994 | 23.6100 | | 187.3264 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.9012 | | 49.3864 | | | |
| 7 | Provider Target Rate | 54.4159 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.1121 | 70.7049 | 49.8994 | 13.6500 | | 177.3664 |
| 12/13 | Medicaid Adjustment Rate | | 0.7116 | 0.5022 | | | |
| 14 | Prospective Per Diem 11 | 43.1121 | 71.4165 | 50.4016 | 13.6500 | | 178.5802 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 218057-00 - 2013/01
196.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 6,196,170 | 10.0818 |
| Indexed Asset Value | 7,745,212 | < 60% of Base: False | 20% ROE(2): 1,549,042 | 0.6064 |
| FRVS Base Asset: | 2,801,043 | Interest Rate: 7.3640 % | Insurance Cost(3): 32,518 | 0.5577 |
| Occup Adj Factor: | 0.9000 | Chase Rate: 7.7500 % | Taxes Cost(3): 714 | 0.0122 |
| ROE Factor | 0.023020 | Amortization Rate: 7.3640 % | Home Office(3): 72,662 | 1.2462 |
| | | Interest Only: False | Replacement(3&4): 49,776 | 0.0000 |
| | | Yearly Payment: 592,823 | Total FRVS PD: | 12.5043 |

(1) 80% Capital (\$6,196,170) amortized at 7.3640% for 20 years Principal & Interest of \$592,823 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$10.0818

(2) 20% ROE (\$1,549,042) times the ROE factor (0.023020) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.6064

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,448,440 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.1121 | 43.1121 | 2.5145 | 40.5976 |
| Patient Care | | | | |
| Direct Care | 71.4165 | 71.4165 | 4.1653 | 67.2512 |
| Indirect Care | 50.4016 | 50.4016 | 2.9396 | 47.4620 |
| Property | 13.6500 | 12.5043 | 0.7961 | 12.8539 |
| ROE | 0.0000 | 0.0896 | | |
| ROE Adjustment | 0.0000 | -0.0896 | | |
| Quality Assess-Medicaid Share | | | | \$19.3534 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.5802 | 177.4345 | 10.4155 | 196.3505 |

***Medicaid Trend Adjustment :**



0 218171-00 - 2013/01
203.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| Medicaid Utilization 62.46850% Occupancy: 91.49086% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.35244% Weighted Low Occ Adjustment Factor: 100.00000% | | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 48.9773 | 78.0493 | 52.3448 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.9773 | 78.0493 | 52.3448 | 14.4700 | | 193.8414 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.2536 | | 48.6916 | | | |
| 7 | Provider Target Rate | 42.4348 | | 50.0858 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.4348 | 78.0493 | 50.0858 | 13.6500 | | 184.2199 |
| 12/13 | Medicaid Adjustment Rate | | 1.0948 | 0.7026 | | | |
| 14 | Prospective Per Diem 11 | 42.4348 | 79.1441 | 50.7884 | 13.6500 | | 186.0173 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 218171-00 - 2013/01
203.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,614,433 | 9.8622 |
| Indexed Asset Value | 5,768,041 | < 60% of Base: | False | 20% ROE(2): | 1,153,608 | 0.7501 |
| 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: | 388,766 | Total FRVS PD: | | 13.5901 |

(1) 80% Capital (\$4,614,433) amortized at 5.7500% for 20 years Principal & Interest of \$388,766 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8622

(2) 20% ROE (\$1,153,608) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7501

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,620,880 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.4348 | 42.4348 | 2.4750 | 39.9598 |
| Patient Care | | | | |
| Direct Care | 79.1441 | 79.1441 | 4.6160 | 74.5281 |
| Indirect Care | 50.7884 | 50.7884 | 2.9622 | 47.8262 |
| Property | 13.6500 | 13.5901 | 0.7926 | 12.7975 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.3251 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 186.0173 | 185.9574 | 10.8458 | 203.2691 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 219380-00 - 2013/01 |
| 208.83 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 45.37674% Occupancy: 92.42164% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.52597% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 44.1083 | 89.7731 | 62.3423 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.1083 | 89.7731 | 62.3423 | 28.3300 | | 224.5537 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.0606 | | 49.3864 | | | |
| 7 | Provider Target Rate | 51.4940 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.1083 | 89.7731 | 50.8005 | 13.6500 | | 198.3319 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.1083 | 89.7731 | 50.8005 | 13.6500 | | 198.3319 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 219380-00 - 2013/01
208.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Life Care Center of Winter Haven

FRVS

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

| | | | | | | |
|--------------------------------|------------------|-----------------------------|----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: | 11/3/1999 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 13,959,827.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1999/07 | Type: | Fixed [2] | 80% Capital(1): | 6,564,262 | 9.7450 |
| Indexed Asset Value | 8,205,327 | < 60% of Base: | False | 20% ROE(2): | 1,641,065 | 0.7290 |
| FRVS Base Asset: | 6,875,742 | Interest Rate: | 6.0500 % | Insurance Cost(3): | 30,080 | 0.5038 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 155,632 | 2.6065 |
| ROE Factor | 0.025830 | Amortization Rate: | 6.0500 % | Home Office(3): | 60,009 | 1.0050 |
| | | Interest Only: | False | Replacement(3&4): | 22,911 | 0.0000 |
| | | Yearly Payment: | 566,616 | Total FRVS PD: | | 14.5893 |

(1) 80% Capital (\$6,564,262) amortized at 6.0500% for 20 years Principal & Interest of \$566,616 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$9.7450

(2) 20% ROE (\$1,641,065) times the ROE factor (0.025830) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$0.7290

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 177 | Effective PBS Limitation | 6,875,742 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 44.1083 | 44.1083 | 2.5726 | 41.5357 |
| Patient Care | | | | |
| Direct Care | 89.7731 | 89.7731 | 5.2359 | 84.5372 |
| Indirect Care | 50.8005 | 50.8005 | 2.9629 | 47.8376 |
| Property | 13.6500 | 14.5893 | 0.8509 | 13.7384 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.3495 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.3319 | 199.2712 | 11.6223 | 208.8308 |

***Medicaid Trend Adjustment :**



0 220604-00 - 2013/01
223.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.31506% Occupancy: 93.12578% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.41375% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 46.9131 | 89.8274 | 54.0596 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.9131 | 89.8274 | 54.0596 | 14.9300 | | 205.7301 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.9198 | | 52.1843 | | | |
| 7 | Provider Target Rate | 46.2060 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.2060 | 89.8274 | 53.6785 | 13.6500 | | 203.3619 |
| 12/13 | Medicaid Adjustment Rate | | 2.3561 | 1.4080 | | | |
| 14 | Prospective Per Diem 11 | 46.2060 | 92.1835 | 55.0865 | 13.6500 | | 207.1260 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 220604-00 - 2013/01
223.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 2,716,082 | 10.1442 |
| Indexed Asset Value 3,395,102 | < 60% of Base: False | 20% ROE(2): 679,020 | 0.6067 |
| 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: 293,248 | Total FRVS PD: 13.2060 | |

(1) 80% Capital (\$2,716,082) amortized at 9.0000% for 20 years Principal & Interest of \$293,248 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$10.1442

(2) 20% ROE (\$679,020) times the ROE factor (0.025830) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$0.6067

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 70 | Effective PBS Limitation | 2,367,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.2060 | 46.2060 | 2.6949 | 43.5111 |
| Patient Care | | | | |
| Direct Care | 92.1835 | 92.1835 | 5.3765 | 86.8070 |
| Indirect Care | 55.0865 | 55.0865 | 3.2129 | 51.8736 |
| Property | 13.6500 | 13.2060 | 0.7702 | 12.4358 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.2277 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.1260 | 206.6820 | 12.0545 | 223.6876 |

***Medicaid Trend Adjustment :**



0 220612-00 - 2013/01
213.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 80.51727% Occupancy: 90.52304% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.13220% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 40.2950 | 90.2263 | 48.9650 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.2950 | 90.2263 | 48.9650 | 14.4700 | | 193.9563 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 90.2263 | 48.7710 | 13.6500 | | 192.4847 |
| 12/13 | Medicaid Adjustment Rate | | 3.0976 | 1.6744 | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 93.3239 | 50.4454 | 13.6500 | | 197.2567 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 220612-00 - 2013/01
213.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Santa Rosa Health & 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 3,294,047 FRVS Base Asset: 1,673,412 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 815,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 2,635,238 | 9.0669 |
| | < 60% of Base: | True | 20% ROE(2): | 658,809 | 0.4709 |
| | Interest Rate: | 8.2700 % | Insurance Cost(3): | 49,512 | 1.3623 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 21,095 | 0.5804 |
| | 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 |
| Patient Care | | | | |
| Direct Care | 93.3239 | 93.3239 | 5.4430 | 87.8809 |
| Indirect Care | 50.4454 | 50.4454 | 2.9422 | 47.5032 |
| Property | 13.6500 | 11.6613 | 0.6801 | 10.9812 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6750 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 197.2567 | 195.2680 | 11.3888 | 213.3866 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 220621-00 - 2013/01 228.64 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.10017% Occupancy: 93.81735% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.28569% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 46.7446 | 91.4858 | 56.0060 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.7446 | 91.4858 | 56.0060 | 14.8000 | | 209.0364 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 52.6723 | | | |
| 7 | Provider Target Rate | 45.1836 | | 54.1805 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.1836 | 91.4858 | 54.1805 | 13.6500 | | 204.4999 |
| 12/13 | Medicaid Adjustment Rate | | 2.7892 | 1.6518 | | | |
| 14 | Prospective Per Diem 11 | 45.1836 | 94.2750 | 55.8323 | 13.6500 | | 208.9409 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 220621-00 - 2013/01
228.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 2,267,749 | 13.7204 | |
| Indexed Asset Value 2,834,686 | < 60% of Base: False | | 20% ROE(2): 566,937 | 0.7430 | |
| 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: 270,429 | | Total FRVS PD: | 16.8163 | |

(1) 80% Capital (\$2,267,749) amortized at 10.4310% for 20 years Principal & Interest of \$270,429 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$13.7204

(2) 20% ROE (\$566,937) times the ROE factor (0.025830) divided by annual available days (21,900) 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: 28,259 |
| Comparison Date: 1/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 60 | Effective PBS Limitation 1,695,540 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.1836 | 45.1836 | 2.6353 | 42.5483 |
| Patient Care | | | | |
| Direct Care | 94.2750 | 94.2750 | 5.4985 | 88.7765 |
| Indirect Care | 55.8323 | 55.8323 | 3.2564 | 52.5759 |
| Property | 13.6500 | 16.8163 | 0.9808 | 15.8355 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.0714 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 208.9409 | 212.1072 | 12.3710 | 228.6400 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 221465-00 - 2013/01

180.84

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 Avenue 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 182 Maximum: 66,430 Max Annualized: 66,430 Total Patient: 62,331 Medicare: 12,289 Medicaid: 44,659 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 71.64814% Occupancy: 93.82960% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.30113% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,541,314 | 3,327,426 | 1,619,629 | 782,872 | 0 | 7,271,241 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 34.5130 | 74.5074 | 36.2666 | 17.5300 | | 162.8170 |
| 3 | Cost Per Diem Inflated | 36.0178 | 76.5744 | 37.8479 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.0178 | 76.5744 | 37.8479 | 17.5300 | | 167.9701 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.0178 | 76.5744 | 37.8479 | 13.6500 | | 164.0901 |
| 12/13 | Medicaid Adjustment Rate | | 1.8649 | 0.9218 | | | |
| 14 | Prospective Per Diem 11 | 36.0178 | 78.4393 | 38.7697 | 13.6500 | | 166.8768 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 221465-00 - 2013/01
180.84

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 5,557,271 | 8.1594 |
| Indexed Asset Value | 6,946,589 | < 60% of Base: | False | 20% ROE(2): | 1,389,318 | 0.5617 |
| FRVS Base Asset: | 2,631,593 | Interest Rate: | 6.2600 % | Insurance Cost(3): | 74,765 | 1.1995 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2600 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 342,731 | 0.0000 |
| | | Yearly Payment: | 487,825 | Total FRVS PD: | | 9.9206 |

(1) 80% Capital (\$5,557,271) amortized at 6.2600% for 20 years Principal & Interest of \$487,825 divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = \$8.1594

(2) 20% ROE (\$1,389,318) times the ROE factor (0.024170) divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = \$0.5617

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 142 | Effective PBS Limitation | 4,047,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 36.0178 | 36.0178 | 2.1007 | 33.9171 |
| Patient Care | | | | |
| Direct Care | 78.4393 | 78.4393 | 4.5749 | 73.8644 |
| Indirect Care | 38.7697 | 38.7697 | 2.2612 | 36.5085 |
| Property | 13.6500 | 9.9206 | 0.5786 | 9.3420 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.3771 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 166.8768 | 163.1474 | 9.5154 | 180.8415 |

*Medicaid Trend Adjustment :



0 221473-00 - 2013/01
245.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.26440% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 63.9743 | 96.3632 | 66.6187 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 63.9743 | 96.3632 | 66.6187 | 16.4500 | 8.7081 | 252.1143 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 87.6358 | | 64.9208 | | | |
| 7 | Provider Target Rate | 90.1451 | | 66.7797 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 96.3632 | 66.6187 | 13.6500 | 8.7081 | 247.3715 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 96.3632 | 66.6187 | 13.6500 | 8.7081 | 247.3715 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 221473-00 - 2013/01
245.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Calusa Harbour

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: 1984/01 | Amount: 2,120,000.00 | 80% Capital(1): 1,564,145 | 8.1226 |
| Indexed Asset Value 1,955,181 | Type: Variable [3] | 20% ROE(2): 391,036 | 0.4795 |
| FRVS Base Asset: 1,177,008 | < 60% of Base: False | Insurance Cost(3): 14,987 | 0.7235 |
| Occup Adj Factor: 0.9000 | Interest Rate: 8.2640 % | Taxes Cost(3): 16,654 | 0.8039 |
| ROE Factor 0.024170 | Chase Rate: 8.0000 % | Home Office(3): 42,762 | 2.0642 |
| | Amortization Rate: 8.2640 % | Replacement(3&4): 91,008 | 0.0000 |
| | Interest Only: False | Total FRVS PD: | 12.1937 |
| | Yearly Payment: 160,096 | | |

(1) 80% Capital (\$1,564,145) amortized at 8.2640% for 20 years Principal & Interest of \$160,096 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.1226

(2) 20% ROE (\$391,036) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.4795

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 96.3632 | 96.3632 | 5.6203 | 90.7429 |
| Indirect Care | 66.6187 | 66.6187 | 3.8855 | 62.7332 |
| Property | 13.6500 | 12.1937 | 0.7961 | 12.8539 |
| ROE | 8.7081 | 8.4131 | 0.5079 | 8.2002 |
| ROE Adjustment | -8.4131 | -8.4131 | -0.4907 | -7.9224 |
| Quality Assess-Medicaid Share | | | | \$11.2163 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 238.9584 | 237.2071 | 13.9370 | 245.0701 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 221589-00 - 2013/01

188.11

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 Street 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,164 Medicare: 6,254 Medicaid: 9,704 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 48.12537% Occupancy: 92.07306% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.08647% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 | Semester Index: 1.30828184 |
| | | Cost: 1.04360197 | Target: 1.02004310 |
| | | DC FY Index: 1.18950000 | DC Sem Index: 1.22250000 |
| | | DC Inflation: 1.02774275 | PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 360,609 | 676,424 | 473,296 | 185,540 | 0 | 1,695,869 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 37.1609 | 69.7057 | 48.7733 | 19.1200 | | 174.7599 |
| 3 | Cost Per Diem Inflated | 38.7812 | 71.6395 | 50.8999 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.7812 | 71.6395 | 50.8999 | 19.1200 | | 180.4406 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 57.4579 | | | |
| 7 | Provider Target Rate | 50.1452 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.7812 | 71.6395 | 50.8999 | 13.6500 | | 174.9706 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 38.7812 | 71.6395 | 50.8999 | 13.6500 | | 174.9706 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 221589-00 - 2013/01
188.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,335,765 | 9.9826 |
| Indexed Asset Value | 2,919,706 | < 60% of Base: | True | 20% ROE(2): | 583,941 | 0.7161 |
| FRVS Base Asset: | 1,896,540 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 29,863 | 1.4810 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 2,365 | 0.1173 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | True | Replacement(3&4): | 172,603 | 0.0000 |
| | | Yearly Payment: | 196,757 | Total FRVS PD: | | 12.2970 |

- (1) 80% Capital (\$2,335,765) amortized at 8.5000% for 20 years Interest of \$196,757 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.9826
- (2) 20% ROE (\$583,941) times the ROE factor (0.024170) divided by annual available days (21,900) 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: | 31,609 |
| Comparison Date: 1/1/1992 | Current RS PBS: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,896,540 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.7812 | 38.7812 | 2.2619 | 36.5193 |
| Patient Care | | | | |
| Direct Care | 71.6395 | 71.6395 | 4.1783 | 67.4612 |
| Indirect Care | 50.8999 | 50.8999 | 2.9687 | 47.9312 |
| Property | 13.6500 | 12.2970 | 0.7172 | 11.5798 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.7905 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.9706 | 173.6176 | 10.1261 | 188.1144 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 223239-00 - 2013/01 217.73 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 52.65182% Occupancy: 90.25723% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.79706% 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 | 43.2419 | 82.6185 | 64.4921 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.2419 | 82.6185 | 64.4921 | 22.1500 | | 212.5025 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.6702 | | 58.8246 | | | |
| 7 | Provider Target Rate | 46.9779 | | 60.5089 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.2419 | 82.6185 | 60.5089 | 13.6500 | | 200.0193 |
| 12/13 | Medicaid Adjustment Rate | | 0.2465 | 0.1805 | | | |
| 14 | Prospective Per Diem 11 | 43.2419 | 82.8650 | 60.6894 | 13.6500 | | 200.4463 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 223239-00 - 2013/01
217.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Regents Park at Aventura

FRVS

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

| | | | | | | |
|-------------------------|-------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 11/21/1988 | 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: | 1988/01 | Type: | Variable [3] | 80% Capital(1): | 7,262,041 | 10.0549 |
| Indexed Asset Value | 9,077,551 | < 60% of Base: | False | 20% ROE(2): | 1,815,510 | 0.7869 |
| FRVS Base Asset: | 5,296,140 | Interest Rate: | 5.4000 % | Insurance Cost(3): | 264,794 | 4.4654 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 5.7500 % | Taxes Cost(3): | 116,673 | 1.9675 |
| ROE Factor | 0.025630 | Amortization Rate: | 5.4000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 8,905 | 0.0000 |
| | | Yearly Payment: | 594,545 | Total FRVS PD: | | 17.2747 |

(1) 80% Capital (\$7,262,041) amortized at 5.4000% for 20 years Principal & Interest of \$594,545 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.0549

(2) 20% ROE (\$1,815,510) times the ROE factor (0.025630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7869

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,296,140 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.2419 | 43.2419 | 2.5220 | 40.7199 |
| Patient Care | | | | |
| Direct Care | 82.8650 | 82.8650 | 4.8330 | 78.0320 |
| Indirect Care | 60.6894 | 60.6894 | 3.5397 | 57.1497 |
| Property | 13.6500 | 17.2747 | 1.0075 | 16.2672 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.7285 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.4463 | 204.0710 | 11.9022 | 217.7297 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 223654-00 - 2013/01 176.48 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 82.68581% Occupancy: 83.44684% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.21046% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 31.3561 | 80.2773 | 45.0587 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 31.3561 | 80.2773 | 45.0587 | 12.0100 | | 168.7021 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 31.3561 | 80.2773 | 45.0587 | 12.0100 | | 168.7021 |
| 12/13 | Medicaid Adjustment Rate | | 2.9519 | 1.6569 | | | |
| 14 | Prospective Per Diem 11 | 31.3561 | 83.2292 | 46.7156 | 12.0100 | | 173.3109 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 223654-00 - 2013/01
176.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 420 | Effective PBS Limitation | 11,970,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 31.3561 | 31.3561 | 1.8288 | 29.5273 |
| Patient Care | | | | |
| Direct Care | 83.2292 | 83.2292 | 4.8543 | 78.3749 |
| Indirect Care | 46.7156 | 46.7156 | 2.7246 | 43.9910 |
| Property | 12.0100 | 12.8730 | 0.7508 | 12.1222 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.6316 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 173.3109 | 174.1739 | 10.1585 | 176.4794 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 223786-00 - 2013/01

226.58

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 33.39615% Occupancy: 83.59589% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.39839% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25516245 Semester Index: 1.30828184 Cost: 1.04232073 Target: 1.02004310 DC FY Index: 1.18999979 DC Sem Index: 1.22250000 DC Inflation: 1.02731111 PS Target: 1.02863299 | |

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 | 51.0402 | 103.9329 | 61.8888 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.0402 | 103.9329 | 61.8888 | 50.7000 | | 267.5619 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.2375 | | 51.4826 | | | |
| 7 | Provider Target Rate | 58.8764 | | 52.9567 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.0402 | 100.1552 | 52.9567 | 13.6500 | | 217.8021 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.0402 | 100.1552 | 52.9567 | 13.6500 | | 217.8021 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 223786-00 - 2013/01
226.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,838,742 | 11.5686 |
| Indexed Asset Value | 6,048,428 | < 60% of Base: | True | 20% ROE(2): | 1,209,686 | 0.7064 |
| 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: | 456,034 | Total FRVS PD: | 16.6289 | |

- (1) 80% Capital (\$4,838,742) amortized at 9.5000% for 20 years Interest of \$456,034 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5686
- (2) 20% ROE (\$1,209,686) times the ROE factor (0.023020) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7064
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,718,880 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 51.0402 | 51.0402 | 2.9769 | 48.0633 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 52.9567 | 52.9567 | 3.0887 | 49.8680 |
| Property | 13.6500 | 16.6289 | 0.9699 | 15.6590 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$9.8424 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.8021 | 220.7810 | 12.8770 | 226.5788 |

***Medicaid Trend Adjustment :**



0 223808-00 - 2013/01
230.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Avante at 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 |
|---|--|--|--|
| 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 118 Maximum: 43,188 Max Annualized: 43,070 Total Patient: 36,016 Medicare: 3,611 Medicaid: 28,167 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.20691% Occupancy: 83.39354% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.14326% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,198,086 | 2,567,554 | 1,616,284 | 156,327 | 0 | 5,538,251 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.5351 | 91.1547 | 57.3822 | 5.5500 | | 196.6220 |
| 3 | Cost Per Diem Inflated | 44.0306 | 93.3567 | 59.3997 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.0306 | 93.3567 | 59.3997 | 5.5500 | | 202.3370 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.3969 | | 66.6913 | | | |
| 7 | Provider Target Rate | 46.6967 | | 68.6009 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.0306 | 93.3567 | 59.0236 | 5.5500 | | 201.9609 |
| 12/13 | Medicaid Adjustment Rate | | 2.9625 | 1.8730 | | | |
| 14 | Prospective Per Diem 11 | 44.0306 | 96.3192 | 60.8966 | 5.5500 | | 206.7964 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 223808-00 - 2013/01
230.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Avante at Orlando

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 3,573,512 FRVS Base Asset: 1,773,104 Occup Adj Factor: 0.9000 ROE Factor 0.018750 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 450,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 2,858,810 | 9.1693 |
| | < 60% of Base: | True | 20% ROE(2): | 714,702 | 0.3457 |
| | Interest Rate: | 7.2000 % | Insurance Cost(3): | 43,556 | 1.2094 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 36,371 | 1.0099 |
| | Amortization Rate: | 12.5000 % | Home Office(3): | 26,244 | 0.7287 |
| | Interest Only: | True | Replacement(3&4): | 25,921 | 0.0000 |
| Yearly Payment: | 355,428 | Total FRVS PD: | | 12.4630 | |

(1) 80% Capital (\$2,858,810) amortized at 12.5000% for 20 years Interest of \$355,428 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$9.1693

(2) 20% ROE (\$714,702) times the ROE factor (0.018750) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$0.3457

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 118 | Effective PBS Limitation | 3,363,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.0306 | 44.0306 | 2.5680 | 41.4626 |
| Patient Care | | | | |
| Direct Care | 96.3192 | 96.3192 | 5.6177 | 90.7015 |
| Indirect Care | 60.8966 | 60.8966 | 3.5517 | 57.3449 |
| Property | 5.5500 | 12.4630 | 0.7269 | 11.7361 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.5950 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 206.7964 | 213.7094 | 12.4643 | 230.6725 |

***Medicaid Trend Adjustment :**



0 223883-00 - 2013/01
212.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.28067% Occupancy: 91.25342% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.05307% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 49.2578 | 84.5356 | 44.9316 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.2578 | 84.5356 | 44.9316 | 18.3000 | | 197.0250 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.4053 | | 52.1879 | | | |
| 7 | Provider Target Rate | 45.6768 | | 53.6822 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.6768 | 84.5356 | 44.9316 | 13.6500 | | 188.7940 |
| 12/13 | Medicaid Adjustment Rate | | 2.6896 | 1.4295 | | | |
| 14 | Prospective Per Diem 11 | 45.6768 | 87.2252 | 46.3611 | 13.6500 | | 192.9131 |
| 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 01/01/2013 through 06/30/2013

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 5,520,646 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 | | Total Amount | Per Diem |
| | Type: | None [1] | 80% Capital(1): | 4,416,517 | 9.7179 |
| | < 60% of Base: | True | 20% ROE(2): | 1,104,129 | 0.7120 |
| | 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: | 383,079 | Total FRVS PD: | 13.9684 | | |

- (1) 80% Capital (\$4,416,517) amortized at 8.7500% for 20 years Interest of \$383,079 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7179
- (2) 20% ROE (\$1,104,129) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7120
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,503,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.6768 | 45.6768 | 2.6641 | 43.0127 |
| Patient Care | | | | |
| Direct Care | 87.2252 | 87.2252 | 5.0873 | 82.1379 |
| Indirect Care | 46.3611 | 46.3611 | 2.7040 | 43.6571 |
| Property | 13.6500 | 13.9684 | 0.8147 | 13.1537 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.3042 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.9131 | 193.2315 | 11.2701 | 212.0980 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 224243-00 - 2013/01 212.51 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 83.26788% Occupancy: 79.81658% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 100.63341% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 49.9905 | 86.6857 | 54.0008 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.9905 | 86.6857 | 54.0008 | 14.0900 | | 204.7670 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.7847 | | 52.9432 | | | |
| 7 | Provider Target Rate | 40.9239 | | 54.4591 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.9239 | 86.6857 | 54.0008 | 13.6500 | | 195.2604 |
| 12/13 | Medicaid Adjustment Rate | | 3.2443 | 2.0211 | | | |
| 14 | Prospective Per Diem 11 | 40.9239 | 89.9300 | 56.0219 | 13.6500 | | 200.5258 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 224243-00 - 2013/01
212.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 2,400,338 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): | 1,920,270 | 5.0411 |
| | < 60% of Base: | True | 20% ROE(2): | 480,068 | 0.3199 |
| | 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: | 195,408 | Total FRVS PD: | | 7.5113 | |

(1) 80% Capital (\$1,920,270) amortized at 10.2500% for 20 years Interest of \$195,408 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$5.0411

(2) 20% ROE (\$480,068) times the ROE factor (0.025830) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$0.3199

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 118 | Effective PBS Limitation | 3,363,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.9239 | 40.9239 | 2.3868 | 38.5371 |
| Patient Care | | | | |
| Direct Care | 89.9300 | 89.9300 | 5.2451 | 84.6849 |
| Indirect Care | 56.0219 | 56.0219 | 3.2674 | 52.7545 |
| Property | 13.6500 | 7.5113 | 0.4381 | 7.0732 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6261 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.5258 | 194.3871 | 11.3374 | 212.5082 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 224341-00 - 2013/01 207.99 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.64744% Occupancy: 75.50685% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 95.19966% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25083252 Semester Index: 1.30828184 Cost: 1.04592887 Target: 1.02004310 DC FY Index: 1.18799810 DC Sem Index: 1.22250000 DC Inflation: 1.02904205 PS Target: 1.02863299 |

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 | 38.8262 | 86.6788 | 49.7909 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.8262 | 86.6788 | 49.7909 | 17.1200 | | 192.4159 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.8262 | 86.6788 | 49.7909 | 13.6500 | | 188.9459 |
| 12/13 | Medicaid Adjustment Rate | | 0.4532 | 0.2603 | | | |
| 14 | Prospective Per Diem 11 | 38.8262 | 87.1320 | 50.0512 | 13.6500 | | 189.6594 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 224341-00 - 2013/01 |
| 207.99 |

| |
|------------------------------|
| 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 4,335,755 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): | 3,468,604 | 11.9890 |
| | < 60% of Base: | False | 20% ROE(2): | 867,151 | 0.5431 |
| | 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: | 472,605 | Total FRVS PD: | 15.1745 | | |

(1) 80% Capital (\$3,468,604) amortized at 12.4900% for 20 years Principal & Interest of \$472,605 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.9890

(2) 20% ROE (\$867,151) times the ROE factor (0.024690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5431

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.8262 | 38.8262 | 2.2645 | 36.5617 |
| Patient Care | | | | |
| Direct Care | 87.1320 | 87.1320 | 5.0819 | 82.0501 |
| Indirect Care | 50.0512 | 50.0512 | 2.9192 | 47.1320 |
| Property | 13.6500 | 15.1745 | 0.8850 | 14.2895 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1234 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.6594 | 191.1839 | 11.1506 | 207.9891 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 224910-00 - 2013/01 |
| 212.00 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 76.41071% Occupancy: 85.54986% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 107.86197% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 42.8078 | 90.7394 | 46.9710 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.8078 | 90.7394 | 46.9710 | 14.4600 | | 194.9782 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.0043 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.1784 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.1784 | 90.7394 | 46.9710 | 13.6500 | | 193.5388 |
| 12/13 | Medicaid Adjustment Rate | | 2.6961 | 1.3956 | | | |
| 14 | Prospective Per Diem 11 | 42.1784 | 93.4355 | 48.3666 | 13.6500 | | 197.6305 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 224910-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

212.00

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): | 4,150,826 | 8.1746 |
| Indexed Asset Value | 5,188,533 | < 60% of Base: | False | 20% ROE(2): | 1,037,707 | 0.4558 |
| 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: | 480,676 | Total FRVS PD: | | 10.2598 |

(1) 80% Capital (\$4,150,826) amortized at 10.0000% for 20 years Principal & Interest of \$480,676 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$8.1746

(2) 20% ROE (\$1,037,707) times the ROE factor (0.025830) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.4558

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 179 | Effective PBS Limitation | 5,101,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.1784 | 42.1784 | 2.4600 | 39.7184 |
| Patient Care | | | | |
| Direct Care | 93.4355 | 93.4355 | 5.4495 | 87.9860 |
| Indirect Care | 48.3666 | 48.3666 | 2.8209 | 45.5457 |
| Property | 13.6500 | 10.2598 | 0.5984 | 9.6614 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.2543 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 197.6305 | 194.2403 | 11.3288 | 211.9982 |

***Medicaid Trend Adjustment :**



0 225053-00 - 2013/01

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 01/01/2013 through 06/30/2013

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 33,767 Medicare: 7,215 Medicaid: 18,820 Medicaid Utilization 55.73489% Occupancy: 76.88297% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 96.93468% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 731,996 | 1,785,788 | 1,039,717 | 395,032 | 0 | 3,952,533 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.8946 | 94.8878 | 55.2453 | 20.9900 | | 210.0177 |
| 3 | Cost Per Diem Inflated | 40.4909 | 97.4383 | 57.5126 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.4909 | 97.4383 | 57.5126 | 20.9900 | | 216.4318 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.4909 | 97.4383 | 52.8299 | 13.6500 | | 204.4091 |
| 12/13 | Medicaid Adjustment Rate | | 0.6286 | 0.3408 | | | |
| 14 | Prospective Per Diem 11 | 40.4909 | 98.0669 | 53.1707 | 13.6500 | | 205.3785 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 225053-00 - 2013/01
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 01/01/2013 through 06/30/2013

MK of North Port LLC

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: 3,615,000.00 | | | Total Amount | Per Diem |
| RS to Start Calcs: 1985/07 | Type: Fixed [2] | | 80% Capital(1): 4,150,261 | 14.9071 | |
| Indexed Asset Value 5,187,826 | < 60% of Base: False | | 20% ROE(2): 1,037,565 | 0.5759 | |
| FRVS Base Asset: 3,158,034 | Interest Rate: 13.1170 % | | Insurance Cost(3): 24,689 | 0.7312 | |
| Occup Adj Factor: 0.9000 | Chase Rate: 13.0000 % | | Taxes Cost(3): 61,962 | 1.8350 | |
| ROE Factor 0.021880 | Amortization Rate: 13.1170 % | | Home Office(3): 5,857 | 0.1735 | |
| | Interest Only: False | | Replacement(3&4): 113,388 | 0.0000 | |
| | Yearly Payment: 587,638 | | Total FRVS PD: | 18.2227 | |

(1) 80% Capital (\$4,150,261) amortized at 13.1170% for 20 years Principal & Interest of \$587,638 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.9071

(2) 20% ROE (\$1,037,565) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5759

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.4909 | 40.4909 | 2.3616 | 38.1293 |
| Patient Care | | | | |
| Direct Care | 98.0669 | 98.0669 | 5.7197 | 92.3472 |
| Indirect Care | 53.1707 | 53.1707 | 3.1011 | 50.0696 |
| Property | 13.6500 | 18.2227 | 1.0628 | 17.1599 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.9991 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.3785 | 209.9512 | 12.2452 | 224.5375 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 225274-00 - 2013/01

207.48

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 59.84357% Occupancy: 75.31050% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 94.95211% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 41.5980 | 87.1536 | 60.1106 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.5980 | 87.1536 | 60.1106 | 14.4600 | | 203.3222 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.8107 | | 47.4134 | | | |
| 7 | Provider Target Rate | 40.9506 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.9506 | 87.1536 | 48.7710 | 13.6500 | | 190.5252 |
| 12/13 | Medicaid Adjustment Rate | | 0.9651 | 0.5401 | | | |
| 14 | Prospective Per Diem 11 | 40.9506 | 88.1187 | 49.3111 | 13.6500 | | 192.0304 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 225274-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

207.48

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): | 3,278,487 | 11.5174 |
| Indexed Asset Value | 4,098,109 | < 60% of Base: | False | 20% ROE(2): | 819,622 | 0.5025 |
| 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: | 454,014 | Total FRVS PD: | | 12.9665 |

(1) 80% Capital (\$3,278,487) amortized at 12.7530% for 20 years Principal & Interest of \$454,014 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5174

(2) 20% ROE (\$819,622) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5025

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 40.9506 | 40.9506 | 2.3884 | 38.5622 |
| Patient Care | | | | |
| Direct Care | 88.1187 | 88.1187 | 5.1394 | 82.9793 |
| Indirect Care | 49.3111 | 49.3111 | 2.8760 | 46.4351 |
| Property | 13.6500 | 12.9665 | 0.7563 | 12.2102 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.4620 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.0304 | 191.3469 | 11.1601 | 207.4812 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 225410-00 - 2013/01 |
| 225.99 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 68.68904% Occupancy: 93.24932% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.56951% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 45.1462 | 96.7036 | 46.6530 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.1462 | 96.7036 | 46.6530 | 17.0500 | | 205.5528 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.3442 | | 56.9758 | | | |
| 7 | Provider Target Rate | 45.6139 | | 58.6072 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.1462 | 96.7036 | 46.6530 | 13.6500 | | 202.1528 |
| 12/13 | Medicaid Adjustment Rate | | 2.0332 | 0.9809 | | | |
| 14 | Prospective Per Diem 11 | 45.1462 | 98.7368 | 47.6339 | 13.6500 | | 205.1669 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 225410-00 - 2013/01
225.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,953,910 | 17.0247 | |
| Indexed Asset Value 4,942,388 | < 60% of Base: False | | 20% ROE(2): 988,478 | 0.7273 | |
| 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: 559,260 | | Total FRVS PD: | 18.7084 | |

(1) 80% Capital (\$3,953,910) amortized at 13.1000% for 20 years Principal & Interest of \$559,260 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$17.0247

(2) 20% ROE (\$988,478) times the ROE factor (0.024170) divided by annual available days (36,500) 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: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.1462 | 45.1462 | 2.6331 | 42.5131 |
| Patient Care | | | | |
| Direct Care | 98.7368 | 98.7368 | 5.7587 | 92.9781 |
| Indirect Care | 47.6339 | 47.6339 | 2.7782 | 44.8557 |
| Property | 13.6500 | 18.7084 | 1.0912 | 17.6172 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1978 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.1669 | 210.2253 | 12.2612 | 225.9943 |

***Medicaid Trend Adjustment :**



0 225631-00 - 2013/01
214.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 37.98565% Occupancy: 90.58281% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.20755% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 45.5956 | 79.0652 | 57.0354 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.5956 | 79.0652 | 57.0354 | 14.4300 | | 196.1262 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.9935 | | 63.3991 | | | |
| 7 | Provider Target Rate | 50.3963 | | 65.2144 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.5956 | 79.0652 | 57.0354 | 13.6500 | | 195.3462 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 45.5956 | 79.0652 | 57.0354 | 13.6500 | | 195.3462 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 225631-00 - 2013/01
214.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,830,245 | 11.5016 |
| Indexed Asset Value | 4,787,806 | < 60% of Base: | False | 20% ROE(2): | 957,561 | 0.6792 |
| 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: | 415,612 | Total FRVS PD: | | 16.1709 |

(1) 80% Capital (\$3,830,245) amortized at 9.0700% for 20 years Principal & Interest of \$415,612 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$11.5016

(2) 20% ROE (\$957,561) times the ROE factor (0.025630) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.6792

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 85 | Effective PBS Limitation | 2,534,785 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.5956 | 45.5956 | 2.6593 | 42.9363 |
| Patient Care | | | | |
| Direct Care | 79.0652 | 79.0652 | 4.6114 | 74.4538 |
| Indirect Care | 57.0354 | 57.0354 | 3.3265 | 53.7089 |
| Property | 13.6500 | 16.1709 | 0.9432 | 15.2277 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.6040 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 195.3462 | 197.8671 | 11.5404 | 214.7631 |

*Medicaid Trend Adjustment :



0 225754-00 - 2013/01
242.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 79.33410% Occupancy: 68.79178% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 86.73325% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 55.7692 | 88.3087 | 66.2751 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.7692 | 88.3087 | 66.2751 | 12.4100 | | 222.7630 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 62.7314 | | | |
| 7 | Provider Target Rate | 55.1063 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 55.1063 | 88.3087 | 64.5276 | 12.4100 | | 220.3526 |
| 12/13 | Medicaid Adjustment Rate | | 2.9143 | 2.1295 | | | |
| 14 | Prospective Per Diem 11 | 55.1063 | 91.2230 | 66.6571 | 12.4100 | | 225.3964 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 225754-00 - 2013/01
242.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Pinecrest Convalescent 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: | 0.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1971/07 | Type: | None [1] | 80% Capital(1): | 1,837,369 | 6.9539 |
| Indexed Asset Value | 2,296,711 | < 60% of Base: | True | 20% ROE(2): | 459,342 | 0.3584 |
| FRVS Base Asset: | 1,306,769 | Interest Rate: | 12.5000 % | Insurance Cost(3): | 55,019 | 2.1912 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 44,667 | 1.7789 |
| ROE Factor | 0.025630 | 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: | 50,500 |
| Comparison Bed 100 | Effective PBS Limitation | 2,850,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 55.1063 | 55.1063 | 3.2140 | 51.8923 |
| Patient Care | | | | |
| Direct Care | 91.2230 | 91.2230 | 5.3205 | 85.9025 |
| Indirect Care | 66.6571 | 66.6571 | 3.8877 | 62.7694 |
| Property | 12.4100 | 11.6324 | 0.6784 | 10.9540 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.7723 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 225.3964 | 224.6188 | 13.1006 | 242.1229 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 225991-00 - 2013/01 210.67 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 65.50864% Occupancy: 82.41096% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 103.90443% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 48.9323 | 89.4523 | 42.5917 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.9323 | 89.4523 | 42.5917 | 11.0300 | | 192.0063 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.4157 | | 51.3593 | | | |
| 7 | Provider Target Rate | 46.7161 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.7161 | 89.4523 | 42.5917 | 11.0300 | | 189.7901 |
| 12/13 | Medicaid Adjustment Rate | | 1.5607 | 0.7431 | | | |
| 14 | Prospective Per Diem 11 | 46.7161 | 91.0130 | 43.3348 | 11.0300 | | 192.0939 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 225991-00 - 2013/01
210.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Stuart 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: | 2,000,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1973/01 | Type: | Variable [3] | 80% Capital(1): | 3,653,641 | 8.8380 |
| Indexed Asset Value | 4,567,051 | < 60% of Base: | False | 20% ROE(2): | 913,410 | 0.5600 |
| FRVS Base Asset: | 2,626,513 | Interest Rate: | 7.3200 % | Insurance Cost(3): | 15,679 | 0.4344 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 74,113 | 2.0532 |
| ROE Factor | 0.024170 | 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: | 50,500 |
| Comparison Bed 182 | Effective PBS Limitation | 5,187,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.7161 | 46.7161 | 2.7247 | 43.9914 |
| Patient Care | | | | |
| Direct Care | 91.0130 | 91.0130 | 5.3083 | 85.7047 |
| Indirect Care | 43.3348 | 43.3348 | 2.5275 | 40.8073 |
| Property | 11.0300 | 12.0327 | 0.7018 | 11.3309 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.0066 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.0939 | 193.0966 | 11.2623 | 210.6733 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 226009-00 - 2013/01 218.35 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 75.47937% Occupancy: 66.99544% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 84.46840% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 46.8796 | 94.1264 | 44.2513 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.8796 | 94.1264 | 44.2513 | 12.6200 | | 197.8773 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.2100 | 94.1264 | 44.2513 | 12.6200 | | 195.2077 |
| 12/13 | Medicaid Adjustment Rate | | 2.6981 | 1.2684 | | | |
| 14 | Prospective Per Diem 11 | 44.2100 | 96.8245 | 45.5197 | 12.6200 | | 199.1742 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 226009-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

218.35

Port St. Lucie 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: 1982/01 Indexed Asset Value 8,862,590 FRVS Base Asset: 5,130,000 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,800,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 7,090,072 | 11.4337 |
| | < 60% of Base: | False | 20% ROE(2): | 1,772,518 | 0.7245 |
| | Interest Rate: | 7.3200 % | Insurance Cost(3): | 15,963 | 0.3627 |
| | Chase Rate: | 8.2500 % | Taxes Cost(3): | 101,664 | 2.3097 |
| | Amortization Rate: | 7.3200 % | Home Office(3): | 6,653 | 0.1511 |
| | Interest Only: | False | Replacement(3&4): | 254,266 | 0.0000 |
| Yearly Payment: | 676,072 | Total FRVS PD: | | 14.9817 | |

(1) 80% Capital (\$7,090,072) amortized at 7.3200% for 20 years Principal & Interest of \$676,072 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.4337

(2) 20% ROE (\$1,772,518) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7245

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.2100 | 44.2100 | 2.5785 | 41.6315 |
| Patient Care | | | | |
| Direct Care | 96.8245 | 96.8245 | 5.6472 | 91.1773 |
| Indirect Care | 45.5197 | 45.5197 | 2.6549 | 42.8648 |
| Property | 12.6200 | 14.9817 | 0.8738 | 14.1079 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.7313 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.1742 | 201.5359 | 11.7544 | 218.3452 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 226017-00 - 2013/01 236.82 |
|---|

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 | 09/01/2011-08/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 152 Maximum: 55,632 Max Annualized: 55,480 Total Patient: 39,131 Medicare: 1,232 Medicaid: 32,741 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 83.67024% Occupancy: 70.33901% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 88.68401% Weighted Low Occ Adjustment Factor: 100.00000% |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,412,930 | 3,047,277 | 1,878,265 | 377,504 | 0 | 6,715,976 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.1548 | 93.0722 | 57.3674 | 11.5300 | | 205.1244 |
| 3 | Cost Per Diem Inflated | 44.3356 | 94.9494 | 58.9371 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.3356 | 94.9494 | 58.9371 | 11.5300 | | 209.7521 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.1838 | | 58.5163 | | | |
| 7 | Provider Target Rate | 47.5062 | | 60.1918 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.3356 | 94.9494 | 58.9371 | 11.5300 | | 209.7521 |
| 12/13 | Medicaid Adjustment Rate | | 3.5966 | 2.2325 | | | |
| 14 | Prospective Per Diem 11 | 44.3356 | 98.5460 | 61.1696 | 11.5300 | | 215.5812 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 226017-00 - 2013/01
236.82

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Plantation Nursing & 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: 1974/01 Indexed Asset Value 5,185,983 FRVS Base Asset: 2,107,125 Occup Adj Factor: 0.9000 ROE Factor 0.015940 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 1,030,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,148,786 | 10.3302 |
| | < 60% of Base: | True | 20% ROE(2): | 1,037,197 | 0.3311 |
| | Interest Rate: | 13.1250 % | Insurance Cost(3): | 64,383 | 1.6453 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 67,341 | 1.7209 |
| | Amortization Rate: | 12.5000 % | Home Office(3): | 18,951 | 0.4843 |
| | Interest Only: | True | Replacement(3&4): | 31,552 | 0.0000 |
| Yearly Payment: | 515,808 | Total FRVS PD: | | 14.5118 | |

(1) 80% Capital (\$4,148,786) amortized at 12.5000% for 20 years Interest of \$515,808 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$10.3302

(2) 20% ROE (\$1,037,197) times the ROE factor (0.015940) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$0.3311

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

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

| | | | |
|--------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 152 | Effective PBS Limitation | 4,332,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.3356 | 44.3356 | 2.5858 | 41.7498 |
| Patient Care | | | | |
| Direct Care | 98.5460 | 98.5460 | 5.7476 | 92.7984 |
| Indirect Care | 61.1696 | 61.1696 | 3.5677 | 57.6019 |
| Property | 11.5300 | 14.5118 | 0.8464 | 13.6654 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$22.1693 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.5812 | 218.5630 | 12.7475 | 236.8172 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 226033-00 - 2013/01 218.69 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 52.88000% Occupancy: 83.19863% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.89752% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 47.2696 | 92.6863 | 51.8412 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.2696 | 92.6863 | 51.8412 | 24.8400 | | 216.6371 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.6297 | | 51.3593 | | | |
| 7 | Provider Target Rate | 45.9076 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.9076 | 92.6863 | 51.8412 | 13.6500 | | 204.0851 |
| 12/13 | Medicaid Adjustment Rate | | 0.3003 | 0.1680 | | | |
| 14 | Prospective Per Diem 11 | 45.9076 | 92.9866 | 52.0092 | 13.6500 | | 204.5534 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 226033-00 - 2013/01
218.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,344,455 | 10.6541 |
| Indexed Asset Value 5,430,569 | < 60% of Base: False | 20% ROE(2): 1,086,114 | 0.6659 |
| 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: 419,984 | Total FRVS PD: 14.7742 | |

(1) 80% Capital (\$4,344,455) amortized at 7.5000% for 20 years Principal & Interest of \$419,984 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6541

(2) 20% ROE (\$1,086,114) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6659

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,444,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.9076 | 45.9076 | 2.6775 | 43.2301 |
| Patient Care | | | | |
| Direct Care | 92.9866 | 92.9866 | 5.4234 | 87.5632 |
| Indirect Care | 52.0092 | 52.0092 | 3.0334 | 48.9758 |
| Property | 13.6500 | 14.7742 | 0.8617 | 13.9125 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.1802 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 204.5534 | 205.6776 | 11.9960 | 218.6942 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 226041-00 - 2013/01

205.24

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 48.60703% Occupancy: 94.89954% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.65013% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 46.1535 | 83.6976 | 52.2174 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.1535 | 83.6976 | 52.2174 | 19.0500 | | 201.1185 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.5872 | | 51.0732 | | | |
| 7 | Provider Target Rate | 42.7780 | | 52.5356 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.7780 | 83.6976 | 52.2174 | 13.6500 | | 192.3430 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.7780 | 83.6976 | 52.2174 | 13.6500 | | 192.3430 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 226041-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 4,465,354 | 10.1347 |
| Indexed Asset Value | 5,581,693 | < 60% of Base: | False | 20% ROE(2): | 1,116,339 | 0.7258 |
| FRVS Base Asset: | 1,930,980 | Interest Rate: | 7.6400 % | Insurance Cost(3): | 50,601 | 1.2174 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.5000 % | Taxes Cost(3): | 47,941 | 1.1534 |
| ROE Factor | 0.025630 | Amortization Rate: | 6.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 399,510 | Total FRVS PD: | | 13.2313 |

(1) 80% Capital (\$4,465,354) amortized at 6.5000% for 20 years Principal & Interest of \$399,510 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1347

(2) 20% ROE (\$1,116,339) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7258

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,930,980 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.7780 | 42.7780 | 2.4950 | 40.2830 |
| Patient Care | | | | |
| Direct Care | 83.6976 | 83.6976 | 4.8816 | 78.8160 |
| Indirect Care | 52.2174 | 52.2174 | 3.0455 | 49.1719 |
| Property | 13.6500 | 13.2313 | 0.7717 | 12.4596 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.6760 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.3430 | 191.9243 | 11.1938 | 205.2389 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 226068-00 - 2013/01

219.29

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 76.36705% Occupancy: 94.81964% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.54938% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 51.6368 | 89.0626 | 43.6631 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.6368 | 89.0626 | 43.6631 | 9.0700 | | 193.4325 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.9021 | | 47.4134 | | | |
| 7 | Provider Target Rate | 64.7032 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 89.0626 | 43.6631 | 9.0700 | | 189.9602 |
| 12/13 | Medicaid Adjustment Rate | | 2.6419 | 1.2952 | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 91.7045 | 44.9583 | 9.0700 | | 193.8973 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 226068-00 - 2013/01
219.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|-----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 91.7045 | 91.7045 | 5.3486 | 86.3559 |
| Indirect Care | 44.9583 | 44.9583 | 2.6222 | 42.3361 |
| Property | 9.0700 | 15.4849 | 0.9031 | 14.5818 |
| 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 | \$0.1271 | \$2.0525 |
| Totals | 196.0769 | 202.4918 | 11.8102 | 219.2938 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 226335-00 - 2013/01 |
| 221.14 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.87185% Occupancy: 67.00844% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 84.48480% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 47.1066 | 86.7671 | 46.5451 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.1066 | 86.7671 | 46.5451 | 12.0100 | | 192.4288 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.7737 | | 51.5621 | | | |
| 7 | Provider Target Rate | 49.1416 | | 53.0385 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.1066 | 86.7671 | 46.5451 | 12.0100 | | 192.4288 |
| 12/13 | Medicaid Adjustment Rate | | 2.7207 | 1.4595 | | | |
| 14 | Prospective Per Diem 11 | 47.1066 | 89.4878 | 48.0046 | 12.0100 | | 196.6090 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 226335-00 - 2013/01
221.14

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Broward Nursing and 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: | 794,480.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1971/07 | Type: | Fixed [2] | 80% Capital(1): | 6,843,079 | 13.0803 |
| Indexed Asset Value | 8,553,849 | < 60% of Base: | True | 20% ROE(2): | 1,710,770 | 0.6741 |
| FRVS Base Asset: | 5,007,861 | Interest Rate: | 9.5000 % | Insurance Cost(3): | 91,791 | 1.8955 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 100,109 | 2.0672 |
| ROE Factor | 0.025630 | 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: | 50,500 |
| Comparison Bed | 198 | Effective PBS Limitation | 5,643,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.1066 | 47.1066 | 2.7475 | 44.3591 |
| Patient Care | | | | |
| Direct Care | 89.4878 | 89.4878 | 5.2193 | 84.2685 |
| Indirect Care | 48.0046 | 48.0046 | 2.7998 | 45.2048 |
| Property | 12.0100 | 18.0320 | 1.0517 | 16.9803 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.4928 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 196.6090 | 202.6310 | 11.8183 | 221.1379 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 226351-00 - 2013/01 197.85 |
|---|

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 | 02/01/2011-01/31/2012 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 239 Maximum: 87,235 Max Annualized: 87,235 Total Patient: 56,990 Medicare: 6,123 Medicaid: 39,001 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 68.43481% Occupancy: 65.32928% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 82.36770% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25516245 Semester Index: 1.30828184 Cost: 1.04232073 Target: 1.02004310 DC FY Index: 1.18999979 DC Sem Index: 1.22250000 DC Inflation: 1.02731111 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,383,234 | 3,133,711 | 1,611,897 | 546,794 | 27,217 | 6,702,853 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 35.4666 | 80.3495 | 41.3296 | 14.0200 | 0.6979 | 171.8636 |
| 3 | Cost Per Diem Inflated | 36.9676 | 82.5439 | 43.0787 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.9676 | 82.5439 | 43.0787 | 14.0200 | 0.6979 | 177.3081 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.5979 | | 47.4134 | | | |
| 7 | Provider Target Rate | 40.7317 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.9676 | 82.5439 | 43.0787 | 13.6500 | 0.6979 | 176.9381 |
| 12/13 | Medicaid Adjustment Rate | | 1.7119 | 0.8934 | | | |
| 14 | Prospective Per Diem 11 | 36.9676 | 84.2558 | 43.9721 | 13.6500 | 0.6979 | 179.5434 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 226351-00 - 2013/01
197.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 7,007,224 | 9.6844 |
| Indexed Asset Value 8,759,030 | | < 60% of Base: False | 20% ROE(2): 1,751,806 | 0.5136 |
| FRVS Base Asset: 3,619,305 | | Interest Rate: 9.0700 % | Insurance Cost(3): 102,884 | 1.8053 |
| Occup Adj Factor: 0.9000 | | Chase Rate: 8.5000 % | Taxes Cost(3): 69,442 | 1.2185 |
| ROE Factor 0.023020 | | Amortization Rate: 9.0700 % | Home Office(3): 17,484 | 0.3068 |
| | | Interest Only: False | Replacement(3&4): 97,009 | 0.0000 |
| | | Yearly Payment: 760,340 | Total FRVS PD: | 13.5286 |

(1) 80% Capital (\$7,007,224) amortized at 9.0700% for 20 years Principal & Interest of \$760,340 divided by annual available days (87,235) divided by Occup. Adj. (0.9000) = \$9.6844

(2) 20% ROE (\$1,751,806) times the ROE factor (0.023020) divided by annual available days (87,235) divided by Occup. Adj. (0.9000) = \$0.5136

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

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

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 179 | Effective PBS Limitation 5,101,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.9676 | 36.9676 | 2.1561 | 34.8115 |
| Patient Care | | | | |
| Direct Care | 84.2558 | 84.2558 | 4.9141 | 79.3417 |
| Indirect Care | 43.9721 | 43.9721 | 2.5646 | 41.4075 |
| Property | 13.6500 | 13.5286 | 0.7961 | 12.8539 |
| ROE | 0.6979 | 0.5178 | 0.0407 | 0.6572 |
| ROE Adjustment | -0.5178 | -0.5178 | -0.0302 | -0.4876 |
| Quality Assess-Medicaid Share | | | | \$20.4307 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 179.0256 | 178.7241 | 10.4414 | 197.8473 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 226360-00 - 2013/01 218.13 |
|---|

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: 2013/01 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 Medicaid Utilization 93.18356% Occupancy: 77.28989% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 97.44774% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 49.1798 | 75.0638 | 55.9026 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.1798 | 75.0638 | 55.9026 | 20.1600 | | 200.3062 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 57.4579 | | | |
| 7 | Provider Target Rate | 50.1452 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.1798 | 75.0638 | 55.9026 | 13.6500 | | 193.7962 |
| 12/13 | Medicaid Adjustment Rate | | 3.3779 | 2.5156 | | | |
| 14 | Prospective Per Diem 11 | 49.1798 | 78.4417 | 58.4182 | 13.6500 | | 199.6897 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 226360-00 - 2013/01
218.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,349,874 | 6.9039 |
| Indexed Asset Value | 1,687,342 | < 60% of Base: | True | 20% ROE(2): | 337,468 | 0.3586 |
| 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: | 167,826 | Total FRVS PD: | | 13.0643 |

(1) 80% Capital (\$1,349,874) amortized at 12.5000% for 20 years Interest of \$167,826 divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = \$6.9039

(2) 20% ROE (\$337,468) times the ROE factor (0.025830) divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = \$0.3586

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 75 | Effective PBS Limitation | 2,137,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.1798 | 49.1798 | 2.8684 | 46.3114 |
| Patient Care | | | | |
| Direct Care | 78.4417 | 78.4417 | 4.5750 | 73.8667 |
| Indirect Care | 58.4182 | 58.4182 | 3.4072 | 55.0110 |
| Property | 13.6500 | 13.0643 | 0.7620 | 12.3023 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.8034 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.6897 | 199.1040 | 11.6126 | 218.1272 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 226602-00 - 2013/01 |
| 194.02 |

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 | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 86.89756% Occupancy: 91.93057% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.90682% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 176 Maximum: 64,416 Max Annualized: 64,240 Total Patient: 59,218 Medicare: 6,292 Medicaid: 51,459 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,737,375 | 3,641,923 | 2,308,382 | 1,170,692 | 0 | 8,858,372 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 33.7623 | 70.7733 | 44.8587 | 22.7500 | | 172.1443 |
| 3 | Cost Per Diem Inflated | 34.8719 | 72.4020 | 46.3330 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 34.8719 | 72.4020 | 46.3330 | 22.7500 | | 176.3569 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 34.8719 | 72.4020 | 46.3330 | 13.6500 | | 167.2569 |
| 12/13 | Medicaid Adjustment Rate | | 3.0054 | 1.9233 | | | |
| 14 | Prospective Per Diem 11 | 34.8719 | 75.4074 | 48.2563 | 13.6500 | | 172.1856 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 226602-00 - 2013/01 |
| 194.02 |

| |
|----------------------------------|
| Treasure Isle Care Center |
|----------------------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 1/1/1997 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 6,067,964 FRVS Base Asset: 3,238,794 Occup Adj Factor: 0.9000 ROE Factor 0.017810 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 0.00 | | Total Amount | Per Diem |
| | Type: | None [1] | 80% Capital(1): | 4,854,371 | 10.4388 |
| | < 60% of Base: | True | 20% ROE(2): | 1,213,593 | 0.3738 |
| | Interest Rate: | 12.5000 % | Insurance Cost(3): | 251,244 | 4.2427 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 79,728 | 1.3463 |
| | Amortization Rate: | 12.5000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | True | Replacement(3&4): | 154,731 | 0.0000 |
| Yearly Payment: | 603,531 | Total FRVS PD: | 16.4016 | | |

(1) 80% Capital (\$4,854,371) amortized at 12.5000% for 20 years Interest of \$603,531 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$10.4388

(2) 20% ROE (\$1,213,593) times the ROE factor (0.017810) divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$0.3738

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 176 | Effective PBS Limitation | 5,016,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 34.8719 | 34.8719 | 2.0339 | 32.8380 |
| Patient Care | | | | |
| Direct Care | 75.4074 | 75.4074 | 4.3981 | 71.0093 |
| Indirect Care | 48.2563 | 48.2563 | 2.8145 | 45.4418 |
| Property | 13.6500 | 16.4016 | 0.9566 | 15.4450 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.4579 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 172.1856 | 174.9372 | 10.2031 | 194.0244 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 227226-00 - 2013/01 159.41 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 269 Maximum: 98,185 Max Annualized: 98,185 Total Patient: 97,755 Medicare: 18,957 Medicaid: 64,925 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.41604% Occupancy: 99.56205% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 125.52866% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 2,619,330 | 4,020,675 | 2,379,497 | 1,066,718 | 0 | 10,086,220 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.3439 | 61.9280 | 36.6499 | 16.4300 | | 155.3518 |
| 3 | Cost Per Diem Inflated | 42.1030 | 63.6461 | 38.2479 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.1030 | 63.6461 | 38.2479 | 16.4300 | | 160.4270 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.1030 | 63.6461 | 38.2479 | 13.6500 | | 157.6470 |
| 12/13 | Medicaid Adjustment Rate | | 1.1754 | 0.7064 | | | |
| 14 | Prospective Per Diem 11 | 42.1030 | 64.8215 | 38.9543 | 13.6500 | | 159.5288 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 227226-00 - 2013/01
159.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Fair Havens Center, 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 8,874,320 FRVS Base Asset: 4,456,011 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 8,500,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 7,099,456 | 7.6200 |
| | < 60% of Base: | False | 20% ROE(2): | 1,774,864 | 0.4855 |
| | Interest Rate: | 8.1900 % | Insurance Cost(3): | 93,222 | 0.9536 |
| | Chase Rate: | 5.2500 % | Taxes Cost(3): | 139,945 | 1.4316 |
| | Amortization Rate: | 7.2500 % | Home Office(3): | 9,886 | 0.1011 |
| | Interest Only: | False | Replacement(3&4): | 237,696 | 0.0000 |
| Yearly Payment: | 673,349 | Total FRVS PD: | | 10.5918 | |

(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 (0.024170) divided by annual available days (98,185) divided by Occup. Adj. (0.9000) = \$0.4855

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

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

| | | | |
|--------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 267 | Effective PBS Limitation | 7,609,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|-----------------|
| Operating | 42.1030 | 42.1030 | 2.4556 | 39.6474 |
| Patient Care | | | | |
| Direct Care | 64.8215 | 64.8215 | 3.7807 | 61.0408 |
| Indirect Care | 38.9543 | 38.9543 | 2.2720 | 36.6823 |
| Property | 13.6500 | 10.5918 | 0.6178 | 9.9740 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.2324 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 159.5288 | 156.4706 | 9.1261 | 159.4093 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 227251-00 - 2013/01 223.27 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 87.99885% Occupancy: 83.82601% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.68852% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 50.3631 | 74.6117 | 58.2862 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.3631 | 74.6117 | 58.2862 | 30.1700 | | 213.4310 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.7602 | | 57.4579 | | | |
| 7 | Provider Target Rate | 52.2136 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.3631 | 74.6117 | 58.2862 | 13.6500 | | 196.9110 |
| 12/13 | Medicaid Adjustment Rate | | 3.1896 | 2.4917 | | | |
| 14 | Prospective Per Diem 11 | 50.3631 | 77.8013 | 60.7779 | 13.6500 | | 202.5923 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 227251-00 - 2013/01
223.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,663,875 | 11.0478 |
| Indexed Asset Value | 2,079,844 | < 60% of Base: | True | 20% ROE(2): | 415,969 | 0.5738 |
| 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: | 206,865 | Total FRVS PD: | | 16.4862 |

(1) 80% Capital (\$1,663,875) amortized at 12.5000% for 20 years Interest of \$206,865 divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = \$11.0478

(2) 20% ROE (\$415,969) times the ROE factor (0.025830) divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = \$0.5738

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 57 | Effective PBS Limitation | 1,624,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.3631 | 50.3631 | 2.9374 | 47.4257 |
| Patient Care | | | | |
| Direct Care | 77.8013 | 77.8013 | 4.5377 | 73.2636 |
| Indirect Care | 60.7779 | 60.7779 | 3.5448 | 57.2331 |
| Property | 13.6500 | 16.4862 | 0.9615 | 15.5247 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.9882 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.5923 | 205.4285 | 11.9814 | 223.2677 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 227561-00 - 2013/01 226.01 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 32.25097% Occupancy: 90.19367% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.71692% Weighted Low Occ Adjustment Factor: 100.00000% |

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 | 51.1741 | 92.6249 | 67.4362 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.1741 | 92.6249 | 67.4362 | 31.1100 | 0.5595 | 242.9047 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.4928 | | 59.2148 | | | |
| 7 | Provider Target Rate | 50.9099 | | 60.9103 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 92.6249 | 57.2593 | 13.6500 | 0.5595 | 212.2582 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 92.6249 | 57.2593 | 13.6500 | 0.5595 | 212.2582 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 227561-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

226.01

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): | 5,508,296 | 14.4372 |
| Indexed Asset Value | 6,885,370 | < 60% of Base: | False | 20% ROE(2): | 1,377,074 | 0.6988 |
| 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: | 687,678 | Total FRVS PD: | | 20.0023 |

(1) 80% Capital (\$5,508,296) amortized at 11.1200% for 20 years Principal & Interest of \$687,678 divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = \$14.4372

(2) 20% ROE (\$1,377,074) times the ROE factor (0.024170) divided by annual available days (52,925) 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: | 38,291 |
| Comparison Date: 7/1/1998 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,594,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 92.6249 | 92.6249 | 5.4023 | 87.2226 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 13.6500 | 20.0023 | 1.1666 | 18.8357 |
| ROE | 0.5595 | 0.1766 | 0.0103 | 0.1663 |
| ROE Adjustment | -0.1766 | -0.1766 | -0.0103 | -0.1663 |
| Quality Assess-Medicaid Share | | | | \$11.8394 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 212.0816 | 218.0510 | 12.7177 | 226.0051 |

***Medicaid Trend Adjustment :**



0 227579-00 - 2013/01

230.05

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

Wilton Manors 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 |
|---|--|--|---|
| 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 147 Maximum: 53,655 Max Annualized: 53,655 Total Patient: 46,022 Medicare: 9,346 Medicaid: 28,483 Medicaid Utilization 61.88997% Occupancy: 85.77393% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.14447% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,642,689 | 2,551,513 | 1,782,110 | 439,778 | 27,385 | 6,443,475 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 57.6726 | 89.5802 | 62.5675 | 15.4400 | 0.9615 | 226.2218 |
| 3 | Cost Per Diem Inflated | 60.1872 | 92.0654 | 65.2956 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 60.1872 | 92.0654 | 65.2956 | 15.4400 | 0.9615 | 233.9497 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.1794 | | 53.0591 | | | |
| 7 | Provider Target Rate | 56.7594 | | 54.5783 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 92.0654 | 54.5783 | 13.6500 | 0.9615 | 214.3027 |
| 12/13 | Medicaid Adjustment Rate | | 1.2315 | 0.7301 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 93.2969 | 55.3084 | 13.6500 | 0.9615 | 216.2643 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 227579-00 - 2013/01
230.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Wilton Manors Health and 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): | 5,034,927 | 11.0569 |
| Indexed Asset Value 6,293,659 | | < 60% of Base: False | 20% ROE(2): | 1,258,732 | 0.6300 |
| FRVS Base Asset: 1,515,062 | | Interest Rate: 10.4900 % | Insurance Cost(3): | 67,957 | 1.4766 |
| Occup Adj Factor: 0.9000 | | Chase Rate: 6.7500 % | Taxes Cost(3): | 183,541 | 3.9881 |
| ROE Factor 0.024170 | | Amortization Rate: 8.7500 % | Home Office(3): | 37,949 | 0.8246 |
| | | Interest Only: False | Replacement(3&4): | 49,427 | 0.0000 |
| | | Yearly Payment: 533,930 | Total FRVS PD: | | 17.9762 |

(1) 80% Capital (\$5,034,927) amortized at 8.7500% for 20 years Principal & Interest of \$533,930 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$11.0569

(2) 20% ROE (\$1,258,732) times the ROE factor (0.024170) divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$0.6300

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 118 | Effective PBS Limitation | 3,363,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 93.2969 | 93.2969 | 5.4415 | 87.8554 |
| Indirect Care | 55.3084 | 55.3084 | 3.2258 | 52.0826 |
| Property | 13.6500 | 17.9762 | 0.7961 | 12.8539 |
| ROE | 0.9615 | 0.7136 | 0.0561 | 0.9054 |
| ROE Adjustment | -0.7136 | -0.7136 | -0.0416 | -0.6720 |
| Quality Assess-Medicaid Share | | | | \$18.2416 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.5507 | 219.6290 | 12.5718 | 230.0529 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 227587-00 - 2013/01 221.75 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 53.36300% Occupancy: 85.15939% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 107.36966% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 53.0760 | 86.5609 | 59.7563 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.0760 | 86.5609 | 59.7563 | 26.7700 | 0.6073 | 226.7705 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.4022 | | 54.1131 | | | |
| 7 | Provider Target Rate | 51.8454 | | 55.6625 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 86.5609 | 55.6625 | 13.6500 | 0.6073 | 207.0867 |
| 12/13 | Medicaid Adjustment Rate | | 0.3275 | 0.2106 | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 86.8884 | 55.8731 | 13.6500 | 0.6073 | 207.6248 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 227587-00 - 2013/01
221.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 2,782,389 | 8.3944 |
| Indexed Asset Value 3,477,986 | | < 60% of Base: False | 20% ROE(2): 695,597 | 0.4783 |
| 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: 295,059 | Total FRVS PD: | 12.5681 |

(1) 80% Capital (\$2,782,389) amortized at 8.7500% for 20 years Principal & Interest of \$295,059 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$8.3944

(2) 20% ROE (\$695,597) times the ROE factor (0.024170) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.4783

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 75 | Effective PBS Limitation | 2,137,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 86.8884 | 86.8884 | 5.0677 | 81.8207 |
| Indirect Care | 55.8731 | 55.8731 | 3.2587 | 52.6144 |
| Property | 13.6500 | 12.5681 | 0.7961 | 12.8539 |
| ROE | 0.6073 | 0.5048 | 0.0354 | 0.5719 |
| ROE Adjustment | -0.5048 | -0.5048 | -0.0294 | -0.4754 |
| Quality Assess-Medicaid Share | | | | \$17.8817 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.1200 | 205.9356 | 12.0800 | 221.7541 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 227625-00 - 2013/01 233.87 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,878 Medicare: 4,053 Medicaid: 9,937 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 49.98994% Occupancy: 90.76712% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.43994% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 55.9375 | 87.0396 | 68.5531 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.9375 | 87.0396 | 68.5531 | 15.4500 | 0.6406 | 227.6208 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.2526 | | 60.7799 | | | |
| 7 | Provider Target Rate | 56.8346 | | 62.5202 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 55.9375 | 87.0396 | 62.5202 | 13.6500 | 0.6406 | 219.7879 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 55.9375 | 87.0396 | 62.5202 | 13.6500 | 0.6406 | 219.7879 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 227625-00 - 2013/01
233.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 80% Capital(1): 1,876,402 | 11.6754 |
| RS to Start Calcs: 1982/01 | Type: Fixed [2] | 20% ROE(2): 469,100 | 0.5752 |
| Indexed Asset Value 2,345,502 | < 60% of Base: False | Insurance Cost(3): 49,499 | 2.4901 |
| FRVS Base Asset: 788,632 | Interest Rate: 10.8500 % | Taxes Cost(3): 32,844 | 1.6523 |
| Occup Adj Factor: 0.9000 | Chase Rate: 9.5000 % | Home Office(3): 16,730 | 0.8416 |
| ROE Factor 0.024170 | Amortization Rate: 10.8500 % | Replacement(3&4): 16,785 | 0.0000 |
| | Interest Only: False | Total FRVS PD: | 17.2346 |
| | Yearly Payment: 230,122 | | |

(1) 80% Capital (\$1,876,402) amortized at 10.8500% for 20 years Principal & Interest of \$230,122 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$11.6754

(2) 20% ROE (\$469,100) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5752

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 55.9375 | 55.9375 | 3.2625 | 52.6750 |
| Patient Care | | | | |
| Direct Care | 87.0396 | 87.0396 | 5.0765 | 81.9631 |
| Indirect Care | 62.5202 | 62.5202 | 3.6464 | 58.8738 |
| Property | 13.6500 | 17.2346 | 0.7961 | 12.8539 |
| ROE | 0.6406 | 0.1665 | 0.0374 | 0.6032 |
| ROE Adjustment | -0.1665 | -0.1665 | -0.0097 | -0.1568 |
| Quality Assess-Medicaid Share | | | | \$18.2229 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 219.6214 | 222.7319 | 12.8092 | 233.8675 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 227633-00 - 2013/01

214.88

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.28078% Occupancy: 90.57700% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.20023% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 47.2008 | 79.2693 | 54.7951 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.2008 | 79.2693 | 54.7951 | 16.3100 | 0.5645 | 198.1397 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.8812 | | 57.4579 | | | |
| 7 | Provider Target Rate | 60.5671 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.2008 | 79.2693 | 54.7951 | 13.6500 | 0.5645 | 195.4797 |
| 12/13 | Medicaid Adjustment Rate | | 1.5411 | 1.0653 | | | |
| 14 | Prospective Per Diem 11 | 47.2008 | 80.8104 | 55.8604 | 13.6500 | 0.5645 | 198.0861 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 227633-00 - 2013/01
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 01/01/2013 through 06/30/2013

Apollo Health & Rehab Center

FRVS

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

| | | | | | | |
|-------------------------|------------------|-----------------------------|---------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: | 9/1/1996 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 2,569,050.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1982/01 | Type: | Variable [3] | 80% Capital(1): | 2,811,800 | 10.7940 |
| Indexed Asset Value | 3,514,750 | < 60% of Base: | False | 20% ROE(2): | 702,950 | 0.5224 |
| FRVS Base Asset: | 1,487,023 | Interest Rate: | 11.1200 % | Insurance Cost(3): | 51,134 | 1.5623 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 9.5000 % | Taxes Cost(3): | 41,800 | 1.2771 |
| ROE Factor | 0.024170 | Amortization Rate: | 11.1200 % | Home Office(3): | 23,129 | 0.7067 |
| | | Interest Only: | False | Replacement(3&4): | 7,834 | 0.0000 |
| | | Yearly Payment: | 351,037 | Total FRVS PD: | | 14.8625 |

- (1) 80% Capital (\$2,811,800) amortized at 11.1200% for 20 years Principal & Interest of \$351,037 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$10.7940
- (2) 20% ROE (\$702,950) times the ROE factor (0.024170) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.5224
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.2008 | 47.2008 | 2.7529 | 44.4479 |
| Patient Care | | | | |
| Direct Care | 80.8104 | 80.8104 | 4.7132 | 76.0972 |
| Indirect Care | 55.8604 | 55.8604 | 3.2580 | 52.6024 |
| Property | 13.6500 | 14.8625 | 0.8668 | 13.9957 |
| ROE | 0.5645 | 0.5628 | 0.0328 | 0.5300 |
| ROE Adjustment | -0.5628 | -0.5628 | -0.0328 | -0.5300 |
| Quality Assess-Medicaid Share | | | | \$18.9044 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 197.5233 | 198.7341 | 11.5909 | 214.8800 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 227641-00 - 2013/01 219.27 |
|---|

North Rehab 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 |
|---|--|--|--|
| 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 45 Maximum: 16,425 Max Annualized: 16,425 Total Patient: 13,574 Medicare: 2,384 Medicaid: 7,130 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 52.52689% Occupancy: 82.64231% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.19611% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 478,853 | 582,776 | 509,193 | 98,323 | 5,180 | 1,674,325 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 67.1603 | 81.7358 | 71.4156 | 13.7900 | 0.7265 | 234.8282 |
| 3 | Cost Per Diem Inflated | 70.0886 | 84.0034 | 74.5295 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 70.0886 | 84.0034 | 74.5295 | 13.7900 | 0.7265 | 243.1380 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.3987 | | 65.4252 | | | |
| 7 | Provider Target Rate | 60.0708 | | 67.2985 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 57.9295 | 84.0034 | 67.2985 | 13.6500 | 0.7265 | 223.6079 |
| 12/13 | Medicaid Adjustment Rate | | 0.2388 | 0.1913 | | | |
| 14 | Prospective Per Diem 11 | 57.9295 | 84.2422 | 67.4898 | 13.6500 | 0.7265 | 224.0380 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 227641-00 - 2013/01 |
| 219.27 |

| |
|----------------------------|
| North Rehab 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: 1,317,467.00 | | |
| RS to Start Calcs: 1982/01 | | Type: Variable [3] | 80% Capital(1): 1,068,895 | 9.0272 |
| Indexed Asset Value 1,336,119 | | < 60% of Base: False | 20% ROE(2): 267,224 | 0.4369 |
| FRVS Base Asset: 614,550 | | Interest Rate: 11.1200 % | Insurance Cost(3): 23,107 | 1.7023 |
| Occup Adj Factor: 0.9000 | | Chase Rate: 9.5000 % | Taxes Cost(3): 15,631 | 1.1515 |
| ROE Factor 0.024170 | | Amortization Rate: 11.1200 % | Home Office(3): 10,586 | 0.7799 |
| | | Interest Only: False | Replacement(3&4): 236,138 | 0.0000 |
| | | Yearly Payment: 133,445 | Total FRVS PD: | 13.0978 |

(1) 80% Capital (\$1,068,895) amortized at 11.1200% for 20 years Principal & Interest of \$133,445 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$9.0272

(2) 20% ROE (\$267,224) times the ROE factor (0.024170) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$0.4369

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

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

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 49 | Effective PBS Limitation 1,396,500 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|--------------------------|-----------------|-----------------|----------------|-----------------|--|
| Operating | 57.9295 | 57.9295 | 3.3787 | 54.5508 | |
| Patient Care | | | | | |
| Direct Care | 84.2422 | 84.2422 | 4.9134 | 79.3288 | |
| Indirect Care | 67.4898 | 67.4898 | 3.9363 | 63.5535 | |
| Property | 13.6500 | 13.0978 | 0.7961 | 12.8539 | |
| ROE | 0.7265 | 0.5679 | 0.0424 | 0.6841 | |
| ROE Adjustment | -0.5679 | -0.5679 | -0.0331 | -0.5348 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 223.4701 | 222.7593 | 13.0338 | 219.2687 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 227650-00 - 2013/01

221.34

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 159 Maximum: 58,035 Max Annualized: 58,035 Total Patient: 52,023 Medicare: 13,044 Medicaid: 26,645 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 51.21773% Occupancy: 89.64074% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.01978% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,220,180 | 2,271,817 | 1,479,164 | 441,508 | 11,236 | 5,423,905 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 45.7940 | 85.2624 | 55.5138 | 16.5700 | 0.4217 | 203.5619 |
| 3 | Cost Per Diem Inflated | 47.7907 | 87.6278 | 57.9343 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.7907 | 87.6278 | 57.9343 | 16.5700 | 0.4217 | 210.3445 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.7015 | | 58.7871 | | | |
| 7 | Provider Target Rate | 54.2105 | | 60.4704 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.7907 | 87.6278 | 57.9343 | 13.6500 | 0.4217 | 207.4245 |
| 12/13 | Medicaid Adjustment Rate | | 0.1200 | 0.0794 | | | |
| 14 | Prospective Per Diem 11 | 47.7907 | 87.7478 | 58.0137 | 13.6500 | 0.4217 | 207.6239 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 227650-00 - 2013/01
221.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,210,606 | 8.5488 |
| Indexed Asset Value 5,263,258 | | < 60% of Base: False | 20% ROE(2): 1,052,652 | 0.4871 |
| FRVS Base Asset: 1,243,324 | | Interest Rate: 10.4900 % | Insurance Cost(3): 88,649 | 1.7040 |
| Occup Adj Factor: 0.9000 | | Chase Rate: 6.7500 % | Taxes Cost(3): 57,199 | 1.0995 |
| ROE Factor 0.024170 | | Amortization Rate: 8.7500 % | Home Office(3): 40,683 | 0.7820 |
| | | Interest Only: False | Replacement(3&4): 58,293 | 0.0000 |
| | | Yearly Payment: 446,515 | Total FRVS PD: | 12.6214 |

(1) 80% Capital (\$4,210,606) amortized at 8.7500% for 20 years Principal & Interest of \$446,515 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$8.5488

(2) 20% ROE (\$1,052,652) times the ROE factor (0.024170) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.4871

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

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

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 102 | Effective PBS Limitation 2,907,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.7907 | 47.7907 | 2.7873 | 45.0034 |
| Patient Care | | | | |
| Direct Care | 87.7478 | 87.7478 | 5.1178 | 82.6300 |
| Indirect Care | 58.0137 | 58.0137 | 3.3836 | 54.6301 |
| Property | 13.6500 | 12.6214 | 0.7961 | 12.8539 |
| ROE | 0.4217 | 0.1688 | 0.0246 | 0.3971 |
| ROE Adjustment | -0.1688 | -0.1688 | -0.0098 | -0.1590 |
| Quality Assess-Medicaid Share | | | | \$17.1507 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.4551 | 206.1736 | 12.0996 | 221.3386 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 227765-00 - 2013/01 |
| 223.22 |

The Oaks 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 |
|--|--|--|--|
| 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 154 Maximum: 56,210 Max Annualized: 56,210 Total Patient: 46,818 Medicare: 7,505 Medicaid: 34,780 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.28767% Occupancy: 83.29123% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.01426% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,874,864 | 2,996,134 | 1,993,293 | 1,364,767 | 32,198 | 8,261,256 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 53.9064 | 86.1453 | 57.3115 | 39.2400 | 0.9258 | 237.5290 |
| 3 | Cost Per Diem Inflated | 56.2568 | 88.5352 | 59.8104 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.2568 | 88.5352 | 59.8104 | 39.2400 | 0.9258 | 244.7682 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.3368 | | 51.2303 | | | |
| 7 | Provider Target Rate | 52.8067 | | 52.6972 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 88.5352 | 52.6972 | 13.6500 | 0.9258 | 203.9727 |
| 12/13 | Medicaid Adjustment Rate | | 2.4191 | 1.4399 | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 90.9543 | 54.1371 | 13.6500 | 0.9258 | 207.8317 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 227765-00 - 2013/01
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 01/01/2013 through 06/30/2013

The Oaks NH, LLC

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): 3,042,682 | 5.4879 |
| Indexed Asset Value | 3,803,353 | < 60% of Base: False | 20% ROE(2): 760,671 | 0.3634 |
| FRVS Base Asset: | 2,058,220 | Interest Rate: 8.5100 % | Insurance Cost(3): 66,514 | 1.4207 |
| Occup Adj Factor: | 0.9000 | Chase Rate: 4.7500 % | Taxes Cost(3): 58,735 | 1.2545 |
| ROE Factor | 0.024170 | Amortization Rate: 6.7500 % | Home Office(3): 34,415 | 0.7351 |
| | | Interest Only: False | Replacement(3&4): 60,577 | 0.0000 |
| | | Yearly Payment: 277,626 | Total FRVS PD: | 9.2616 |

(1) 80% Capital (\$3,042,682) amortized at 6.7500% for 20 years Principal & Interest of \$277,626 divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = \$5.4879

(2) 20% ROE (\$760,671) times the ROE factor (0.024170) divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = \$0.3634

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 179 | Effective PBS Limitation | 5,101,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 90.9543 | 90.9543 | 5.3048 | 85.6495 |
| Indirect Care | 54.1371 | 54.1371 | 3.1575 | 50.9796 |
| Property | 13.6500 | 9.2616 | 0.7961 | 12.8539 |
| ROE | 0.9258 | 0.5731 | 0.0540 | 0.8718 |
| ROE Adjustment | -0.5731 | -0.5731 | -0.0334 | -0.5397 |
| Quality Assess-Medicaid Share | | | | \$19.2207 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.2586 | 202.5175 | 12.0882 | 223.2235 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 227773-00 - 2013/01 231.98 |
|---|

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 Small [1] 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 # 220531 | 01/01/2012-08/31/2012 Days In CR 244 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 99 Maximum: 31,416 Max Annualized: 36,135 Total Patient: 24,806 Medicare: 5,308 Medicaid: 14,286 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.59091% Occupancy: 78.95976% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 99.55312% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.27892433 Semester Index: 1.30828184 Cost: 1.02295485 Target: 1.02004310 DC FY Index: 1.20116553 DC Sem Index: 1.22250000 DC Inflation: 1.01776147 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 770,448 | 1,284,869 | 897,972 | 327,721 | 0 | 3,281,010 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 53.9303 | 89.9390 | 62.8568 | 22.9400 | | 229.6661 |
| 3 | Cost Per Diem Inflated | 55.1683 | 91.5364 | 64.2997 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.1683 | 91.5364 | 64.2997 | 22.9400 | | 233.9444 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.7645 | | 57.8937 | | | |
| 7 | Provider Target Rate | 54.2753 | | 59.5514 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.8317 | 91.5364 | 59.5514 | 13.6500 | | 216.5695 |
| 12/13 | Medicaid Adjustment Rate | | 0.7817 | 0.5086 | | | |
| 14 | Prospective Per Diem 11 | 51.8317 | 92.3181 | 60.0600 | 13.6500 | | 217.8598 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 227773-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

231.98

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): | 3,999,600 | 15.3537 |
| Indexed Asset Value 4,999,500 | | < 60% of Base: False | 20% ROE(2): | 999,900 | 0.4661 |
| FRVS Base Asset: 1,178,042 | | Interest Rate: 11.1200 % | Insurance Cost(3): | 60,660 | 2.4454 |
| Occup Adj Factor: 0.9000 | | Chase Rate: 9.5000 % | Taxes Cost(3): | 41,518 | 1.6737 |
| ROE Factor 0.015160 | | Amortization Rate: 11.1200 % | Home Office(3): | 20,803 | 0.8386 |
| | | Interest Only: False | Replacement(3&4): | 36,741 | 0.0000 |
| | | Yearly Payment: 499,326 | Total FRVS PD: | | 20.7775 |

(1) 80% Capital (\$3,999,600) amortized at 11.1200% for 20 years Principal & Interest of \$499,326 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$15.3537

(2) 20% ROE (\$999,900) times the ROE factor (0.015160) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.4661

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 89 | Effective PBS Limitation | 2,536,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.8317 | 51.8317 | 3.0230 | 48.8087 |
| Patient Care | | | | |
| Direct Care | 92.3181 | 92.3181 | 5.3844 | 86.9337 |
| Indirect Care | 60.0600 | 60.0600 | 3.5029 | 56.5571 |
| Property | 13.6500 | 20.7775 | 0.7961 | 12.8539 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.9920 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.8598 | 224.9873 | 12.7064 | 231.9778 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 227838-00 - 2013/01 201.26 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 82.49831% Occupancy: 93.23562% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.55223% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 37.3379 | 77.7707 | 43.4480 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.3379 | 77.7707 | 43.4480 | 25.5200 | | 184.0766 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.1836 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.3379 | 77.7707 | 43.4480 | 13.6500 | | 172.2066 |
| 12/13 | Medicaid Adjustment Rate | | 2.8433 | 1.5885 | | | |
| 14 | Prospective Per Diem 11 | 37.3379 | 80.6140 | 45.0365 | 13.6500 | | 176.6384 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 227838-00 - 2013/01
201.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,577,567 | 13.5400 |
| Indexed Asset Value | 4,471,959 | < 60% of Base: | True | 20% ROE(2): | 894,392 | 0.7033 |
| 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: | 444,790 | Total FRVS PD: | | 18.5767 |

(1) 80% Capital (\$3,577,567) amortized at 12.5000% for 20 years Interest of \$444,790 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$13.5400

(2) 20% ROE (\$894,392) times the ROE factor (0.025830) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.7033

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.3379 | 37.3379 | 2.1777 | 35.1602 |
| Patient Care | | | | |
| Direct Care | 80.6140 | 80.6140 | 4.7017 | 75.9123 |
| Indirect Care | 45.0365 | 45.0365 | 2.6267 | 42.4098 |
| Property | 13.6500 | 18.5767 | 1.0835 | 17.4932 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.4472 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 176.6384 | 181.5651 | 10.5896 | 201.2551 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 227871-00 - 2013/01

188.41

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 59.64476% Occupancy: 93.70548% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.14464% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 39.7005 | 79.5180 | 37.7672 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.7005 | 79.5180 | 37.7672 | 10.5600 | | 167.5457 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.0595 | | 47.4134 | | | |
| 7 | Provider Target Rate | 42.2352 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.7005 | 79.5180 | 37.7672 | 10.5600 | | 167.5457 |
| 12/13 | Medicaid Adjustment Rate | | 0.8628 | 0.4098 | | | |
| 14 | Prospective Per Diem 11 | 39.7005 | 80.3808 | 38.1770 | 10.5600 | | 168.8183 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 227871-00 - 2013/01
188.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,272,100 | 10.6224 |
| Indexed Asset Value | 4,090,125 | < 60% of Base: | False | 20% ROE(2): | 818,025 | 0.5360 |
| 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: | 418,736 | Total FRVS PD: | | 13.6045 |

- (1) 80% Capital (\$3,272,100) amortized at 11.5000% for 20 years Principal & Interest of \$418,736 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6224
- (2) 20% ROE (\$818,025) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5360
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.7005 | 39.7005 | 2.3155 | 37.3850 |
| Patient Care | | | | |
| Direct Care | 80.3808 | 80.3808 | 4.6881 | 75.6927 |
| Indirect Care | 38.1770 | 38.1770 | 2.2266 | 35.9504 |
| Property | 10.5600 | 13.6045 | 0.7935 | 12.8110 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.7362 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 168.8183 | 171.8628 | 10.0237 | 188.4077 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 228001-00 - 2013/01

250.59

North Beach 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 32,565 Medicare: 5,124 Medicaid: 19,786 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.75848% Occupancy: 90.12038% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.62453% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,168,107 | 1,920,322 | 1,146,257 | 254,844 | 9,913 | 4,499,443 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 59.0370 | 97.0546 | 57.9327 | 12.8800 | 0.5010 | 227.4053 |
| 3 | Cost Per Diem Inflated | 61.6111 | 99.7472 | 60.4587 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 61.6111 | 99.7472 | 60.4587 | 12.8800 | 0.5010 | 235.1980 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.2160 | | 62.7314 | | | |
| 7 | Provider Target Rate | 60.9115 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 60.9115 | 99.7472 | 60.4587 | 12.8800 | 0.5010 | 234.4984 |
| 12/13 | Medicaid Adjustment Rate | | 1.2073 | 0.7317 | | | |
| 14 | Prospective Per Diem 11 | 60.9115 | 100.9545 | 61.1904 | 12.8800 | 0.5010 | 236.4374 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 228001-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

250.59

North Beach 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): | 3,591,567 | 11.7113 |
| Indexed Asset Value 4,489,459 | | < 60% of Base: False | 20% ROE(2): | 897,892 | 0.6673 |
| FRVS Base Asset: 1,345,871 | | Interest Rate: 10.4900 % | Insurance Cost(3): | 51,372 | 1.5775 |
| Occup Adj Factor: 0.9000 | | Chase Rate: 6.7500 % | Taxes Cost(3): | 47,986 | 1.4735 |
| ROE Factor 0.024170 | | Amortization Rate: 8.7500 % | Home Office(3): | 26,755 | 0.8216 |
| | | Interest Only: False | Replacement(3&4): | 10,787 | 0.0000 |
| | | Yearly Payment: 380,869 | Total FRVS PD: | | 16.2512 |

(1) 80% Capital (\$3,591,567) amortized at 8.7500% for 20 years Principal & Interest of \$380,869 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$11.7113

(2) 20% ROE (\$897,892) times the ROE factor (0.024170) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.6673

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 99 | Effective PBS Limitation | 2,821,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 60.9115 | 60.9115 | 3.5526 | 57.3589 |
| Patient Care | | | | |
| Direct Care | 100.9545 | 100.9545 | 5.8881 | 95.0664 |
| Indirect Care | 61.1904 | 61.1904 | 3.5689 | 57.6215 |
| Property | 12.8800 | 16.2512 | 0.7512 | 12.1288 |
| ROE | 0.5010 | 0.1886 | 0.0292 | 0.4718 |
| ROE Adjustment | -0.1886 | -0.1886 | -0.0110 | -0.1776 |
| Quality Assess-Medicaid Share | | | | \$19.2883 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 236.2488 | 239.3076 | 13.7790 | 250.5905 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 228320-00 - 2013/01

232.61

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 36.52027% Occupancy: 81.09589% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 102.24637% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 55.9032 | 92.9866 | 66.7775 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.9032 | 92.9866 | 66.7775 | 31.5900 | | 247.2573 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 66.6232 | | 62.2764 | | | |
| 7 | Provider Target Rate | 68.5308 | | 64.0596 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 92.9866 | 60.9022 | 13.6500 | | 220.5863 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 92.9866 | 60.9022 | 13.6500 | | 220.5863 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 228320-00 - 2013/01
232.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

The Gardens Court

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 3/13/1997 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 7,200,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1997/01 | Type: | Fixed [2] | 80% Capital(1): | 4,321,935 | 10.4705 |
| Indexed Asset Value | 5,402,419 | < 60% of Base: | False | 20% ROE(2): | 1,080,484 | 0.7025 |
| FRVS Base Asset: | 4,325,640 | Interest Rate: | 7.3400 % | Insurance Cost(3): | 26,238 | 0.7387 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 170,752 | 4.8072 |
| ROE Factor | 0.025630 | Amortization Rate: | 7.3400 % | Home Office(3): | 41,265 | 1.1617 |
| | | Interest Only: | False | Replacement(3&4): | 87,044 | 0.0000 |
| | | Yearly Payment: | 412,747 | Total FRVS PD: | | 17.8806 |

(1) 80% Capital (\$4,321,935) amortized at 7.3400% for 20 years Principal & Interest of \$412,747 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.4705

(2) 20% ROE (\$1,080,484) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7025

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,325,640 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 92.9866 | 92.9866 | 5.4234 | 87.5632 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 17.8806 | 1.0429 | 16.8377 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.0727 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 220.5863 | 224.8169 | 13.1123 | 232.6097 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 228338-00 - 2013/01 |
| 201.60 |

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 41,494 Medicare: 18,801 Medicaid: 12,837 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 30.93700% Occupancy: 94.47632% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.11652% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 500,624 | 1,046,911 | 724,486 | 190,244 | 0 | 2,462,265 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.9985 | 81.5542 | 56.4373 | 14.8200 | | 191.8100 |
| 3 | Cost Per Diem Inflated | 40.5990 | 83.7463 | 58.7535 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.5990 | 83.7463 | 58.7535 | 14.8200 | | 197.9188 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 56.6798 | | 49.3864 | | | |
| 7 | Provider Target Rate | 58.3027 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.5990 | 83.7463 | 50.8005 | 13.6500 | | 188.7958 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 40.5990 | 83.7463 | 50.8005 | 13.6500 | | 188.7958 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 228338-00 - 2013/01
201.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,798,122 | 12.6756 |
| Indexed Asset Value | 5,997,653 | < 60% of Base: | False | 20% ROE(2): | 1,199,531 | 0.6658 |
| FRVS Base Asset: | 1,801,380 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 10,746 | 0.2590 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 69,945 | 1.6857 |
| ROE Factor | 0.021880 | Amortization Rate: | 8.5000 % | Home Office(3): | 40,859 | 0.9847 |
| | | Interest Only: | False | Replacement(3&4): | 147,616 | 0.0000 |
| | | Yearly Payment: | 499,671 | Total FRVS PD: | | 16.2708 |

- (1) 80% Capital (\$4,798,122) amortized at 8.5000% for 20 years Principal & Interest of \$499,671 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.6756
- (2) 20% ROE (\$1,199,531) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6658
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,801,380 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.5990 | 40.5990 | 2.3679 | 38.2311 |
| Patient Care | | | | |
| Direct Care | 83.7463 | 83.7463 | 4.8844 | 78.8619 |
| Indirect Care | 50.8005 | 50.8005 | 2.9629 | 47.8376 |
| Property | 13.6500 | 16.2708 | 0.9490 | 15.3218 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.5185 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.7958 | 191.4166 | 11.1642 | 201.6033 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 228401-00 - 2013/01 184.17 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 29,762 Medicare: 3,921 Medicaid: 21,608 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.60265% Occupancy: 78.40358% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 98.85188% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 816,087 | 1,536,266 | 837,110 | 181,291 | 0 | 3,370,754 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 37.7678 | 71.0971 | 38.7407 | 8.3900 | | 155.9956 |
| 3 | Cost Per Diem Inflated | 39.4146 | 73.0695 | 40.4299 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.4146 | 73.0695 | 40.4299 | 8.3900 | | 161.3040 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.6037 | | 47.4134 | | | |
| 7 | Provider Target Rate | 46.9095 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.4146 | 73.0695 | 40.4299 | 8.3900 | | 161.3040 |
| 12/13 | Medicaid Adjustment Rate | | 1.8580 | 1.0281 | | | |
| 14 | Prospective Per Diem 11 | 39.4146 | 74.9275 | 41.4580 | 8.3900 | | 164.1901 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 228401-00 - 2013/01
184.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 2,507,632 FRVS Base Asset: 1,293,889 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 1,230,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 2,006,106 | 6.7999 |
| | < 60% of Base: | False | 20% ROE(2): | 501,526 | 0.3548 |
| | Interest Rate: | 10.0000 % | Insurance Cost(3): | 20,692 | 0.6952 |
| | Chase Rate: | 9.5000 % | Taxes Cost(3): | 36,719 | 1.2338 |
| | Amortization Rate: | 10.0000 % | Home Office(3): | 6,257 | 0.2102 |
| | Interest Only: | False | Replacement(3&4): | 20,213 | 0.0000 |
| Yearly Payment: | 232,312 | Total FRVS PD: | | 9.2939 | |

(1) 80% Capital (\$2,006,106) amortized at 10.0000% for 20 years Principal & Interest of \$232,312 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$6.7999

(2) 20% ROE (\$501,526) times the ROE factor (0.024170) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.3548

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 104 | Effective PBS Limitation | 2,964,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 39.4146 | 39.4146 | 2.2988 | 37.1158 |
| Patient Care | | | | |
| Direct Care | 74.9275 | 74.9275 | 4.3701 | 70.5574 |
| Indirect Care | 41.4580 | 41.4580 | 2.4180 | 39.0400 |
| Property | 8.3900 | 9.2939 | 0.5421 | 8.7518 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.8744 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 164.1901 | 165.0940 | 9.6290 | 184.1718 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 228567-00 - 2013/01 187.81 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 56.33768% Occupancy: 91.14155% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.91202% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 39.5147 | 78.4485 | 43.8183 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.5147 | 78.4485 | 43.8183 | 13.1600 | | 174.9415 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.9512 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.1238 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.5147 | 78.4485 | 43.8183 | 13.1600 | | 174.9415 |
| 12/13 | Medicaid Adjustment Rate | | 0.5593 | 0.3124 | | | |
| 14 | Prospective Per Diem 11 | 39.5147 | 79.0078 | 44.1307 | 13.1600 | | 175.8132 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 228567-00 - 2013/01
187.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Bear Creek 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: | 4,286,753.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1981/07 | Type: | Fixed [2] | 80% Capital(1): | 2,337,752 | 7.5892 |
| Indexed Asset Value | 2,922,190 | < 60% of Base: | False | 20% ROE(2): | 584,438 | 0.3830 |
| FRVS Base Asset: | 1,625,866 | Interest Rate: | 11.5000 % | Insurance Cost(3): | 48,110 | 1.2052 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 24,215 | 0.6066 |
| ROE Factor | 0.025830 | Amortization Rate: | 11.5000 % | Home Office(3): | 685 | 0.0172 |
| | | Interest Only: | False | Replacement(3&4): | 216,725 | 0.0000 |
| | | Yearly Payment: | 299,166 | Total FRVS PD: | | 9.8012 |

- (1) 80% Capital (\$2,337,752) amortized at 11.5000% for 20 years Principal & Interest of \$299,166 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5892
- (2) 20% ROE (\$584,438) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3830
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.5147 | 39.5147 | 2.3047 | 37.2100 |
| Patient Care | | | | |
| Direct Care | 79.0078 | 79.0078 | 4.6081 | 74.3997 |
| Indirect Care | 44.1307 | 44.1307 | 2.5739 | 41.5568 |
| Property | 13.1600 | 9.8012 | 0.5716 | 9.2296 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.5861 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 175.8132 | 172.4544 | 10.0583 | 187.8146 |

***Medicaid Trend Adjustment :**



0 228575-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

200.28

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: 2013/01 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: 151 Conditional: 31 Total: 182 |
| | Medicaid Utilization 71.15281% Occupancy: 88.82420% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.99028% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 49.2184 | 80.5457 | 39.7006 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.2184 | 80.5457 | 39.7006 | 15.6900 | | 185.1547 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.6109 | | 49.3864 | | | |
| 7 | Provider Target Rate | 43.8310 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.8310 | 80.5457 | 39.7006 | 13.6500 | | 177.7273 |
| 12/13 | Medicaid Adjustment Rate | | 1.5903 | 0.7838 | | | |
| 14 | Prospective Per Diem 11 | 43.8310 | 82.1360 | 40.4844 | 13.6500 | | 180.1014 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 228575-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 3,343,374 | 10.8538 |
| Indexed Asset Value | 4,179,218 | < 60% of Base: | False | 20% ROE(2): | 835,844 | 0.5477 |
| 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: | 427,857 | Total FRVS PD: | | 14.3185 |

- (1) 80% Capital (\$3,343,374) amortized at 11.5000% for 20 years Principal & Interest of \$427,857 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8538
- (2) 20% ROE (\$835,844) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5477
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.8310 | 43.8310 | 2.5564 | 41.2746 |
| Patient Care | | | | |
| Direct Care | 82.1360 | 82.1360 | 4.7905 | 77.3455 |
| Indirect Care | 40.4844 | 40.4844 | 2.3612 | 38.1232 |
| Property | 13.6500 | 14.3185 | 0.8351 | 13.4834 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.2214 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.1014 | 180.7699 | 10.5432 | 200.2805 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 228591-00 - 2013/01 |
| 201.30 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 71.19078% Occupancy: 76.67351% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 96.67060% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 43.0109 | 77.9933 | 49.2576 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.0109 | 77.9933 | 49.2576 | 11.7600 | | 182.0218 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 77.9933 | 49.2576 | 11.7600 | | 181.0346 |
| 12/13 | Medicaid Adjustment Rate | | 1.8593 | 1.1743 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 79.8526 | 50.4319 | 11.7600 | | 184.0682 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 228591-00 - 2013/01
201.30

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Heather Hill 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: 1979/01 Indexed Asset Value 2,938,814 FRVS Base Asset: 1,706,576 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,091,900.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 2,351,051 | 7.6324 |
| | < 60% of Base: | False | 20% ROE(2): | 587,763 | 0.3851 |
| | Interest Rate: | 11.5000 % | Insurance Cost(3): | 38,136 | 1.1356 |
| | Chase Rate: | 8.5000 % | Taxes Cost(3): | 33,614 | 1.0009 |
| | Amortization Rate: | 11.5000 % | Home Office(3): | 535 | 0.0159 |
| | Interest Only: | False | Replacement(3&4): | 197,806 | 0.0000 |
| Yearly Payment: | 300,868 | Total FRVS PD: | 10.1699 | | |

(1) 80% Capital (\$2,351,051) amortized at 11.5000% for 20 years Principal & Interest of \$300,868 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.6324

(2) 20% ROE (\$587,763) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3851

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 79.8526 | 79.8526 | 4.6573 | 75.1953 |
| Indirect Care | 50.4319 | 50.4319 | 2.9414 | 47.4905 |
| Property | 11.7600 | 10.1699 | 0.5932 | 9.5767 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6298 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.0682 | 182.4781 | 10.6429 | 201.2974 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 228621-00 - 2013/01 |
| 263.96 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 16.75324% Occupancy: 87.02739% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.72486% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.22078676 Semester Index: 1.30828184 Cost: 1.07167106 Target: 1.02004310 DC FY Index: 1.17400000 DC Sem Index: 1.22250000 DC Inflation: 1.04131175 PS Target: 1.02863299 | |

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 | 59.7458 | 134.3396 | 91.7086 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 59.7458 | 134.3396 | 91.7086 | 38.3899 | | 324.1839 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.8258 | | 98.0100 | | | |
| 7 | Provider Target Rate | 61.5388 | | 100.8163 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 59.7458 | 106.7147 | 76.5172 | 13.6500 | | 256.6277 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 59.7458 | 106.7147 | 76.5172 | 13.6500 | | 256.6277 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 228621-00 - 2013/01
263.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Inn at Sarasota Bav Club

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 6/20/2001 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 5,453,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 2001/01 | Type: | Variable [3] | 80% Capital(1): | 2,091,822 | 9.5103 |
| Indexed Asset Value | 2,614,778 | < 60% of Base: | False | 20% ROE(2): | 522,956 | 0.7323 |
| FRVS Base Asset: | 2,417,520 | Interest Rate: | 6.5200 % | Insurance Cost(3): | 48,910 | 2.5662 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.7500 % | Taxes Cost(3): | 103,183 | 5.4139 |
| ROE Factor | 0.027600 | 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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 2,417,520 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 59.7458 | 59.7458 | 3.4846 | 56.2612 |
| Patient Care | | | | |
| Direct Care | 106.7147 | 106.7147 | 6.2240 | 100.4907 |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 |
| Property | 13.6500 | 18.2227 | 1.0628 | 17.1599 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$9.1625 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 256.6277 | 261.2004 | 15.2342 | 263.9611 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 228702-00 - 2013/01

183.87

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.67883% Occupancy: 92.08143% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.09703% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 33.9606 | 71.1661 | 42.0259 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 33.9606 | 71.1661 | 42.0259 | 23.8500 | | 171.0026 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 33.9606 | 71.1661 | 42.0259 | 13.6500 | | 160.8026 |
| 12/13 | Medicaid Adjustment Rate | | 2.2160 | 1.3086 | | | |
| 14 | Prospective Per Diem 11 | 33.9606 | 73.3821 | 43.3345 | 13.6500 | | 164.3272 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 228702-00 - 2013/01
183.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,315,611 | 8.6817 |
| Indexed Asset Value | 4,144,514 | < 60% of Base: | False | 20% ROE(2): | 828,903 | 0.4526 |
| 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: | 410,680 | Total FRVS PD: | | 13.5187 |

- (1) 80% Capital (\$3,315,611) amortized at 11.0000% for 20 years Principal & Interest of \$410,680 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$8.6817
- (2) 20% ROE (\$828,903) times the ROE factor (0.025830) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$0.4526
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 144 | Effective PBS Limitation | 4,104,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 33.9606 | 33.9606 | 1.9807 | 31.9799 |
| Patient Care | | | | |
| Direct Care | 73.3821 | 73.3821 | 4.2799 | 69.1022 |
| Indirect Care | 43.3345 | 43.3345 | 2.5274 | 40.8071 |
| Property | 13.6500 | 13.5187 | 0.7885 | 12.7302 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.4150 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 164.3272 | 164.1959 | 9.5765 | 183.8668 |

***Medicaid Trend Adjustment :**



0 228711-00 - 2013/01
168.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 | Number of Beds: 120 | Superior: 0 |
| County: Citrus[9] | Days In CR 365 | Maximum: 43,800 | Standard: 182 |
| Region: North [1] Area: 3 | First Used: 2013/01 | Max Annualized: 43,800 | Conditional: 0 |
| Control Private For profit [1] | Last Used: 2013/01 | Total Patient: 43,558 | Total: 182 |
| Current Class North Large [2] | Unaudited [3] | Medicare: 4,314 | Inflation |
| Class at 1/94: North Large [2] | Initial CR? False | Medicaid: 25,545 | FY Index: 1.25362148 |
| Operating Ex > 18 months [1] | Medicaid Utilization 58.64594% | | Semester Index: 1.30828184 |
| Open Date: 5/10/2001 | Occupancy: 99.44749% | | Cost: 1.04360197 |
| Acquired Date: 5/10/2001 | Statewide Low Occupancy Threshold: 79.31420% | | Target: 1.02004310 |
| Entered Medicaid 7/12/2001 | Medicaid Low Occupancy Threshold: 40.85520% | | DC FY Index: 1.18950000 |
| Med # Active Date: 7/12/2001 | Low Occupancy Adjustment Factor: 125.38421% | | DC Sem Index: 1.22250000 |
| Previous Med # | Weighted Low Occ Adjustment Factor: 100.00000% | | DC Inflation: 1.02774275 |
| | | | PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 743,797 | 1,683,617 | 823,512 | 723,690 | 0 | 3,974,616 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 29.1171 | 65.9079 | 32.2377 | 28.3300 | | 155.5927 |
| 3 | Cost Per Diem Inflated | 30.3867 | 67.7364 | 33.6433 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 30.3867 | 67.7364 | 33.6433 | 28.3300 | | 160.0964 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.4417 | | 47.4134 | | | |
| 7 | Provider Target Rate | 48.8001 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 30.3867 | 67.7364 | 33.6433 | 13.6500 | | 145.4164 |
| 12/13 | Medicaid Adjustment Rate | | 0.6589 | 0.3272 | | | |
| 14 | Prospective Per Diem 11 | 30.3867 | 68.3953 | 33.9705 | 13.6500 | | 146.4025 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 228711-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

168.25

Woodland Terrace of Citrus County

FRVS

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 7/12/2001 Year of Phase-In/ Full: RS to Start Calcs: 2001/01 Indexed Asset Value 5,423,181 FRVS Base Asset: 5,423,181 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 6,800,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,338,545 | 10.4386 |
| | < 60% of Base: | False | 20% ROE(2): | 1,084,636 | 0.6650 |
| | Interest Rate: | 8.1900 % | Insurance Cost(3): | 43,007 | 0.9874 |
| | Chase Rate: | 5.2500 % | Taxes Cost(3): | 100,006 | 2.2959 |
| | Amortization Rate: | 7.2500 % | Home Office(3): | 11,079 | 0.2544 |
| | Interest Only: | False | Replacement(3&4): | 41,992 | 0.0000 |
| Yearly Payment: | 411,490 | Total FRVS PD: | 14.6413 | | |

(1) 80% Capital (\$4,338,545) amortized at 7.2500% for 20 years Principal & Interest of \$411,490 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.4386

(2) 20% ROE (\$1,084,636) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6650

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,835,040 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 30.3867 | 30.3867 | 1.7723 | 28.6144 |
| Patient Care | | | | |
| Direct Care | 68.3953 | 68.3953 | 3.9891 | 64.4062 |
| Indirect Care | 33.9705 | 33.9705 | 1.9813 | 31.9892 |
| Property | 13.6500 | 14.6413 | 0.8539 | 13.7874 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6230 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 146.4025 | 147.3938 | 8.5966 | 168.2526 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 228788-00 - 2013/01

228.79

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,428 Medicare: 2,268 Medicaid: 3,965 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 19.40963% Occupancy: 93.27854% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.60635% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 243,557 | 342,983 | 321,050 | 30,332 | 0 | 937,922 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 61.4267 | 86.5026 | 80.9710 | 7.6499 | | 236.5502 |
| 3 | Cost Per Diem Inflated | 64.1050 | 88.9024 | 84.5015 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 64.1050 | 88.9024 | 84.5015 | 7.6499 | | 245.1588 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 61.2131 | | 79.1477 | | | |
| 7 | Provider Target Rate | 62.9658 | | 81.4139 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 88.9024 | 76.5172 | 7.6499 | | 235.1010 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 88.9024 | 76.5172 | 7.6499 | | 235.1010 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 228788-00 - 2013/01
228.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 0.4651 |
| FRVS Base Asset: 0 | Interest Rate: 6.7500 % | | Insurance Cost(3): 9,495 | 0.4648 |
| Occup Adj Factor: 0.9000 | Chase Rate: 6.7500 % | | Taxes Cost(3): 1,190 | 0.0583 |
| ROE Factor 0.024170 | Amortization Rate: 6.7500 % | | Home Office(3): 0 | 0.0000 |
| | Interest Only: True | | Replacement(3&4): 1,605,871 | 0.0000 |
| | Yearly Payment: 101,278 | | Total FRVS PD: | 6.1266 |

- (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 (0.024170) divided by annual available days (21,900) 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: 31,609 |
| Comparison Date: 1/1/1992 | Current RS PBS: 50,500 |
| Comparison Bed 60 | Effective PBS Limitation 1,896,540 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 88.9024 | 88.9024 | 5.1852 | 83.7172 |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 |
| Property | 7.6499 | 6.1266 | 0.3573 | 5.7693 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 235.1010 | 233.5777 | 13.6232 | 228.7869 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 228940-00 - 2013/01

193.59

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 51.13255% Occupancy: 89.20320% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.46812% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 | Semester Index: 1.30828184 |
| | | Cost: 1.05690037 | Target: 1.02004310 |
| | | DC FY Index: 1.18133049 | DC Sem Index: 1.22250000 |
| | | DC Inflation: 1.03485012 | PS Target: 1.02863299 |

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 | 39.7619 | 80.0163 | 42.6976 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.7619 | 80.0163 | 42.6976 | 15.8200 | | 178.2958 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9001 | | 47.4134 | | | |
| 7 | Provider Target Rate | 44.1285 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.7619 | 80.0163 | 42.6976 | 13.6500 | | 176.1258 |
| 12/13 | Medicaid Adjustment Rate | | 0.1020 | 0.0544 | | | |
| 14 | Prospective Per Diem 11 | 39.7619 | 80.1183 | 42.7520 | 13.6500 | | 176.2822 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 228940-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

193.59

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): | 3,708,546 | 12.0393 |
| Indexed Asset Value | 4,635,682 | < 60% of Base: | False | 20% ROE(2): | 927,136 | 0.6075 |
| 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: | 474,588 | Total FRVS PD: | 14.9527 | |

(1) 80% Capital (\$3,708,546) amortized at 11.5000% for 20 years Principal & Interest of \$474,588 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.0393

(2) 20% ROE (\$927,136) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6075

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.7619 | 39.7619 | 2.3191 | 37.4428 |
| Patient Care | | | | |
| Direct Care | 80.1183 | 80.1183 | 4.6728 | 75.4455 |
| Indirect Care | 42.7520 | 42.7520 | 2.4935 | 40.2585 |
| Property | 13.6500 | 14.9527 | 0.8721 | 14.0806 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.5294 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 176.2822 | 177.5849 | 10.3575 | 193.5892 |

***Medicaid Trend Adjustment :**



0 228958-00 - 2013/01
194.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 64.88350% Occupancy: 76.82192% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 96.85771% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 40.5356 | 80.5157 | 42.7655 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.5356 | 80.5157 | 42.7655 | 12.6000 | | 176.4168 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.0137 | | 47.4134 | | | |
| 7 | Provider Target Rate | 40.1308 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.1308 | 80.5157 | 42.7655 | 12.6000 | | 176.0120 |
| 12/13 | Medicaid Adjustment Rate | | 1.3482 | 0.7161 | | | |
| 14 | Prospective Per Diem 11 | 40.1308 | 81.8639 | 43.4816 | 12.6000 | | 178.0763 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 228958-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

194.17

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): | 4,196,103 | 9.0814 |
| Indexed Asset Value | 5,245,129 | < 60% of Base: | False | 20% ROE(2): | 1,049,026 | 0.4583 |
| 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: | 536,982 | Total FRVS PD: | | 11.5932 |

(1) 80% Capital (\$4,196,103) amortized at 11.5000% for 20 years Principal & Interest of \$536,982 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.0814

(2) 20% ROE (\$1,049,026) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4583

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.1308 | 40.1308 | 2.3406 | 37.7902 |
| Patient Care | | | | |
| Direct Care | 81.8639 | 81.8639 | 4.7746 | 77.0893 |
| Indirect Care | 43.4816 | 43.4816 | 2.5360 | 40.9456 |
| Property | 12.6000 | 11.5932 | 0.6762 | 10.9170 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5984 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.0763 | 177.0695 | 10.3274 | 194.1729 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 228966-00 - 2013/01

201.41

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 40.78897% Occupancy: 90.11187% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.61380% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 56.0717 | 84.1824 | 67.0432 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.0717 | 84.1824 | 67.0432 | 13.4300 | | 220.7273 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.8712 | | 58.5088 | | | |
| 7 | Provider Target Rate | 48.2133 | | 60.1841 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 84.1824 | 57.2593 | 13.4300 | | 203.0362 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 84.1824 | 57.2593 | 13.4300 | | 203.0362 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 228966-00 - 2013/01
201.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Lake Harris Health Center

FRVS

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

| | | | | | |
|--|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: 8/17/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 5,310,001 FRVS Base Asset: 1,810,440 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,995,013.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,248,001 | 11.3917 |
| | < 60% of Base: | False | 20% ROE(2): | 1,062,000 | 0.6512 |
| | Interest Rate: | 8.7063 % | Insurance Cost(3): | 38,726 | 0.9812 |
| | Chase Rate: | 9.3042 % | Taxes Cost(3): | 73,885 | 1.8720 |
| | Amortization Rate: | 8.7063 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 109,018 | 0.0000 |
| Yearly Payment: | 449,060 | Total FRVS PD: | 14.8961 | | |

(1) 80% Capital (\$4,248,001) amortized at 8.7063% for 20 years Principal & Interest of \$449,060 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3917

(2) 20% ROE (\$1,062,000) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6512

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 1,810,440 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 84.1824 | 84.1824 | 4.9099 | 79.2725 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 13.4300 | 14.8961 | 0.8688 | 14.0273 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 203.0362 | 204.5023 | 11.9275 | 201.4072 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 229164-00 - 2013/01 |
| 209.91 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 20.83151% Occupancy: 93.79452% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.25690% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 59.3768 | 86.4328 | 67.2502 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 59.3768 | 86.4328 | 67.2502 | 11.5001 | | 224.5599 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.1203 | | 57.4579 | | | |
| 7 | Provider Target Rate | 52.5840 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.5840 | 86.4328 | 59.1031 | 11.5001 | | 209.6200 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.5840 | 86.4328 | 59.1031 | 11.5001 | | 209.6200 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 229164-00 - 2013/01
209.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Sylvan Health Center

FRVS

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

| | | | | | |
|--------------------------------------|------------------------------------|--|-------------------------------------|---------------------|-----------------|
| Began FRVS: 10/7/1991 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | Amount: 3,798,444.00 | | | Total Amount | Per Diem |
| RS to Start Calcs: 1991/07 | Type: Fixed [2] | | 80% Capital(1): 1,910,829 | | 10.6549 |
| Indexed Asset Value 2,388,536 | < 60% of Base: False | | 20% ROE(2): 477,707 | | 0.5858 |
| FRVS Base Asset: 1,831,800 | Interest Rate: 9.2500 % | | Insurance Cost(3): 40,548 | | 1.9740 |
| Occup Adj Factor: 0.9000 | Chase Rate: 10.0000 % | | Taxes Cost(3): 45,180 | | 2.1995 |
| ROE Factor 0.024170 | 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: 50,500 |
| Comparison Bed 60 | Effective PBS Limitation 1,831,800 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 52.5840 | 52.5840 | 3.0669 | 49.5171 |
| Patient Care | | | | |
| Direct Care | 86.4328 | 86.4328 | 5.0411 | 81.3917 |
| Indirect Care | 59.1031 | 59.1031 | 3.4471 | 55.6560 |
| Property | 11.5001 | 15.4142 | 0.8990 | 14.5152 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.6200 | 213.5341 | 12.4541 | 209.9124 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 229202-00 - 2013/01 |
| 206.69 |

Shell Point Pavilion

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 # | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 219 Maximum: 80,154 Max Annualized: 79,935 Total Patient: 64,360 Medicare: 12,446 Medicaid: 6,098 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 9.47483% Occupancy: 80.29543% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 101.23714% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 248,140 | 593,834 | 450,308 | 238,554 | 0 | 1,530,836 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.6920 | 97.3818 | 73.8452 | 39.1200 | | 251.0390 |
| 3 | Cost Per Diem Inflated | 42.0293 | 99.6228 | 76.2721 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.0293 | 99.6228 | 76.2721 | 39.1200 | | 257.0442 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.2520 | | 78.0083 | | | |
| 7 | Provider Target Rate | 51.6909 | | 80.2419 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0293 | 99.6228 | 60.9022 | 13.6500 | | 216.2043 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.0293 | 99.6228 | 60.9022 | 13.6500 | | 216.2043 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 229202-00 - 2013/01
206.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Shell Point Pavilion

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|----------------------|------------------------------|------------------|---------------|
| Began FRVS: | 3/28/2001 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 32,441,914.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1971/07 | Type: | Fixed [2] | 80% Capital(1): | 3,032,612 | 3.4882 |
| Indexed Asset Value | 3,790,765 | < 60% of Base: | False | 20% ROE(2): | 758,153 | 0.1877 |
| FRVS Base Asset: | 0 | Interest Rate: | 5.5300 % | Insurance Cost(3): | 250,000 | 3.8844 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.8692 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.017810 | Amortization Rate: | 5.5300 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 115,256 | 0.0000 |
| | | Yearly Payment: | 250,948 | Total FRVS PD: | | 7.5603 |

(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 (0.017810) divided by annual available days (79,935) divided by Occup. Adj. (0.9000) = \$0.1877

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 1,846,980 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 42.0293 | 42.0293 | 2.4513 | 39.5780 |
| Patient Care | | | | |
| Direct Care | 99.6228 | 99.6228 | 5.8104 | 93.8124 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 7.5603 | 0.4409 | 7.1194 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 216.2043 | 210.1146 | 12.2547 | 206.6923 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 229288-00 - 2013/01

211.23

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 | 09/01/2010-08/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 60,924 Medicare: 11,205 Medicaid: 41,231 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.67612% Occupancy: 92.73059% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.91550% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,634,792 | 3,451,575 | 1,722,939 | 926,873 | 0 | 7,736,179 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.6496 | 83.7131 | 41.7875 | 22.4800 | | 187.6302 |
| 3 | Cost Per Diem Inflated | 41.7806 | 86.4963 | 44.0334 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.7806 | 86.4963 | 44.0334 | 22.4800 | | 194.7903 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.9838 | | 47.4134 | | | |
| 7 | Provider Target Rate | 49.3577 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.7806 | 86.4963 | 44.0334 | 13.6500 | | 185.9603 |
| 12/13 | Medicaid Adjustment Rate | | 1.7200 | 0.8756 | | | |
| 14 | Prospective Per Diem 11 | 41.7806 | 88.2163 | 44.9090 | 13.6500 | | 188.5559 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 229288-00 - 2013/01
211.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 8,716,434 FRVS Base Asset: 5,130,000 Occup Adj Factor: 0.9000 ROE Factor 0.025630 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 7,400,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 6,973,147 | 18.6345 |
| | < 60% of Base: | False | 20% ROE(2): | 1,743,287 | 0.7556 |
| | Interest Rate: | 15.1230 % | Insurance Cost(3): | 45,244 | 0.7426 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 2,496 | 0.0410 |
| | Amortization Rate: | 15.0000 % | Home Office(3): | 1,193 | 0.0196 |
| | Interest Only: | False | Replacement(3&4): | 66,856 | 0.0000 |
| Yearly Payment: | 1,101,860 | Total FRVS PD: | | 20.1933 | |

(1) 80% Capital (\$6,973,147) amortized at 15.0000% for 20 years Principal & Interest of \$1,101,860 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$18.6345

(2) 20% ROE (\$1,743,287) times the ROE factor (0.025630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7556

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.7806 | 41.7806 | 2.4368 | 39.3438 |
| Patient Care | | | | |
| Direct Care | 88.2163 | 88.2163 | 5.1451 | 83.0712 |
| Indirect Care | 44.9090 | 44.9090 | 2.6193 | 42.2897 |
| Property | 13.6500 | 20.1933 | 1.1778 | 19.0155 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.6801 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.5559 | 195.0992 | 11.3790 | 211.2327 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 229610-00 - 2013/01 215.06 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 41.26738% Occupancy: 93.72727% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.17212% 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 | 52.6889 | 87.4800 | 70.1428 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.6889 | 87.4800 | 70.1428 | 24.9400 | | 235.2517 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.7718 | | 51.9228 | | | |
| 7 | Provider Target Rate | 45.0251 | | 53.4095 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.0251 | 87.4800 | 53.4095 | 13.6500 | | 199.5646 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 45.0251 | 87.4800 | 53.4095 | 13.6500 | | 199.5646 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 229610-00 - 2013/01
215.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,537,378 | 15.9369 |
| Indexed Asset Value | 5,671,723 | < 60% of Base: | False | 20% ROE(2): | 1,134,345 | 0.6475 |
| 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: | 628,234 | Total FRVS PD: | | 20.0408 |

- (1) 80% Capital (\$4,537,378) amortized at 12.7500% for 20 years Principal & Interest of \$628,234 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.9369
- (2) 20% ROE (\$1,134,345) times the ROE factor (0.022500) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6475
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.0251 | 45.0251 | 2.6260 | 42.3991 |
| Patient Care | | | | |
| Direct Care | 87.4800 | 87.4800 | 5.1022 | 82.3778 |
| Indirect Care | 53.4095 | 53.4095 | 3.1151 | 50.2944 |
| Property | 13.6500 | 20.0408 | 1.1689 | 18.8719 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.2798 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.5646 | 205.9554 | 12.0122 | 215.0554 |

***Medicaid Trend Adjustment :**



0 229628-00 - 2013/01
218.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 65.90848% Occupancy: 89.79394% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.21294% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

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 | 52.9494 | 81.1009 | 62.1158 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.9494 | 81.1009 | 62.1158 | 18.0900 | | 214.2561 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.5465 | | 54.1487 | | | |
| 7 | Provider Target Rate | 44.7934 | | 55.6991 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.7934 | 81.1009 | 55.6991 | 13.6500 | | 195.2434 |
| 12/13 | Medicaid Adjustment Rate | | 1.4515 | 0.9968 | | | |
| 14 | Prospective Per Diem 11 | 44.7934 | 82.5524 | 56.6959 | 13.6500 | | 197.6917 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 229628-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

218.27

Menorah House

FRVS

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

| | | | | | | |
|--------------------------------|------------------|-----------------------------|---------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: | 10/1/1990 | 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: | 1989/07 | Type: | Fixed [2] | 80% Capital(1): | 4,786,974 | 13.5832 |
| Indexed Asset Value | 5,983,717 | < 60% of Base: | False | 20% ROE(2): | 1,196,743 | 0.6831 |
| FRVS Base Asset: | 3,578,520 | Interest Rate: | 15.0000 % | Insurance Cost(3): | 45,453 | 1.5339 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.5000 % | Taxes Cost(3): | 64,326 | 2.1708 |
| ROE Factor | 0.022500 | Amortization Rate: | 9.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 48,859 | 0.0000 |
| | | Yearly Payment: | 535,451 | Total FRVS PD: | | 17.9710 |

(1) 80% Capital (\$4,786,974) amortized at 9.5000% for 20 years Principal & Interest of \$535,451 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.5832

(2) 20% ROE (\$1,196,743) times the ROE factor (0.022500) 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: | 29,821 |
| Comparison Date: | 1/1/1989 | Current RS PBS: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,578,520 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 44.7934 | 44.7934 | 2.6125 | 42.1809 |
| Patient Care | | | | |
| Direct Care | 82.5524 | 82.5524 | 4.8148 | 77.7376 |
| Indirect Care | 56.6959 | 56.6959 | 3.3067 | 53.3892 |
| Property | 13.6500 | 17.9710 | 1.0481 | 16.9229 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2045 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 197.6917 | 202.0127 | 11.7821 | 218.2675 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 229849-00 - 2013/01 228.99 |
|---|

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 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: 6/18/2001 Acquired Date: 6/18/2001 Entered Medicaid 9/6/2001 Med # Active Date: 9/6/2001 Previous Med # | 07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,691 Medicare: 2,592 Medicaid: 16,085 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 37.67773% Occupancy: 97.46804% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.88851% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 48.0527 | 110.0113 | 53.6733 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.0527 | 110.0113 | 53.6733 | 16.8300 | | 228.5673 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.4802 | | 59.1993 | | | |
| 7 | Provider Target Rate | 60.1547 | | 60.8944 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.0527 | 100.1552 | 53.6733 | 13.6500 | | 215.5312 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.0527 | 100.1552 | 53.6733 | 13.6500 | | 215.5312 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 229849-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

228.99

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): | 4,310,238 | 7.0260 |
| Indexed Asset Value | 5,387,798 | < 60% of Base: | True | 20% ROE(2): | 1,077,560 | 0.7061 |
| 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: | 276,966 | Total FRVS PD: | | 9.0769 |

- (1) 80% Capital (\$4,310,238) amortized at 6.5000% for 20 years Interest of \$276,966 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0260
- (2) 20% ROE (\$1,077,560) times the ROE factor (0.025830) divided by annual available days (43,800) 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: | 40,292 |
| Comparison Date: 7/1/2000 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,835,040 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.0527 | 48.0527 | 2.8026 | 45.2501 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 53.6733 | 53.6733 | 3.1304 | 50.5429 |
| Property | 13.6500 | 9.0769 | 0.5294 | 8.5475 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.5002 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.5312 | 210.9581 | 12.3039 | 228.9868 |

***Medicaid Trend Adjustment :**



0 250988-00 - 2013/01
239.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of 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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| Medicaid Utilization 64.49166% Occupancy: 81.87671% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 103.23083% Weighted Low Occ Adjustment Factor: 100.00000% | | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 53.3646 | 99.7339 | 66.2440 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.3646 | 99.7339 | 66.2440 | 15.4600 | | 234.8025 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.4614 | | 62.8463 | | | |
| 7 | Provider Target Rate | 59.1067 | | 64.6458 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 99.7339 | 60.9022 | 13.6500 | | 227.3336 |
| 12/13 | Medicaid Adjustment Rate | | 1.6260 | 0.9929 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 101.3599 | 61.8951 | 13.6500 | | 229.9525 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



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239.00

Florida Agency For Health Care Administration
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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): | 2,477,197 | 8.5676 |
| Indexed Asset Value | 3,096,496 | < 60% of Base: | False | 20% ROE(2): | 619,299 | 0.4027 |
| 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: | 337,733 | Total FRVS PD: | | 11.3789 |

(1) 80% Capital (\$2,477,197) amortized at 12.5000% for 20 years Principal & Interest of \$337,733 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.5676

(2) 20% ROE (\$619,299) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4027

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 101.3599 | 101.3599 | 5.9117 | 95.4482 |
| Indirect Care | 61.8951 | 61.8951 | 3.6100 | 58.2851 |
| Property | 13.6500 | 11.3789 | 0.6637 | 10.7152 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.7655 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 229.9525 | 227.6814 | 13.2793 | 239.0000 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 251399-00 - 2013/01

194.32

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 79.98467% Occupancy: 92.31507% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.39160% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 36.1102 | 80.1608 | 44.0523 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.1102 | 80.1608 | 44.0523 | 16.0700 | | 176.3933 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.2467 | | 49.3864 | | | |
| 7 | Provider Target Rate | 47.5709 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.1102 | 80.1608 | 44.0523 | 13.6500 | | 173.9733 |
| 12/13 | Medicaid Adjustment Rate | | 2.7040 | 1.4860 | | | |
| 14 | Prospective Per Diem 11 | 36.1102 | 82.8648 | 45.5383 | 13.6500 | | 178.1633 |
| 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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 Rate Semester 01/01/2013 through 06/30/2013

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 3,640,181 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): | 2,912,145 | 7.7027 |
| | < 60% of Base: | True | 20% ROE(2): | 728,036 | 0.4770 |
| | 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: | 303,639 | Total FRVS PD: | | 10.3926 | |

(1) 80% Capital (\$2,912,145) amortized at 10.5000% for 20 years Interest of \$303,639 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.7027

(2) 20% ROE (\$728,036) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4770

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.1102 | 36.1102 | 2.1061 | 34.0041 |
| Patient Care | | | | |
| Direct Care | 82.8648 | 82.8648 | 4.8330 | 78.0318 |
| Indirect Care | 45.5383 | 45.5383 | 2.6560 | 42.8823 |
| Property | 13.6500 | 10.3926 | 0.6061 | 9.7865 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.7863 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.1633 | 174.9059 | 10.2012 | 194.3234 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 251666-00 - 2013/01 |
| 191.60 |

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 | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 39 Maximum: 14,274 Max Annualized: 14,235 Total Patient: 12,194 Medicare: 1,193 Medicaid: 9,963 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 81.70412% Occupancy: 85.42805% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 107.70839% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 504,374 | 688,486 | 544,404 | 191,588 | 0 | 1,928,852 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 50.6247 | 69.1043 | 54.6426 | 19.2300 | | 193.6016 |
| 3 | Cost Per Diem Inflated | 52.2885 | 70.6946 | 56.4384 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.2885 | 70.6946 | 56.4384 | 19.2300 | | 198.6515 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.7315 | | 57.4579 | | | |
| 7 | Provider Target Rate | 60.4132 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.2885 | 70.6946 | 56.4384 | 13.6500 | | 193.0715 |
| 12/13 | Medicaid Adjustment Rate | | 2.5215 | 2.0130 | | | |
| 14 | Prospective Per Diem 11 | 52.2885 | 73.2161 | 58.4514 | 13.6500 | | 197.6060 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



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191.60

Florida Agency For Health Care Administration
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Concordia 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: | 0.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1985/01 | Type: | None [1] | 80% Capital(1): | 550,175 | 5.3391 |
| Indexed Asset Value | 687,719 | < 60% of Base: | True | 20% ROE(2): | 137,544 | 0.1912 |
| FRVS Base Asset: | 288,882 | Interest Rate: | 12.5000 % | Insurance Cost(3): | 48,671 | 3.9914 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 7,474 | 0.6129 |
| ROE Factor | 0.017810 | Amortization Rate: | 12.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | True | Replacement(3&4): | 83,258 | 0.0000 |
| | | Yearly Payment: | 68,402 | Total FRVS PD: | 10.1346 | |

- (1) 80% Capital (\$550,175) amortized at 12.5000% for 20 years Interest of \$68,402 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$5.3391
- (2) 20% ROE (\$137,544) times the ROE factor (0.017810) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$0.1912
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 39 | Effective PBS Limitation | 1,111,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 52.2885 | 52.2885 | 3.0497 | 49.2388 |
| Patient Care | | | | |
| Direct Care | 73.2161 | 73.2161 | 4.2703 | 68.9458 |
| Indirect Care | 58.4514 | 58.4514 | 3.4091 | 55.0423 |
| Property | 13.6500 | 10.1346 | 0.5911 | 9.5435 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 197.6060 | 194.0906 | 11.3202 | 191.6028 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 251721-00 - 2013/01 |
| 202.47 |

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 | 08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/07 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 60,410 Medicare: 24,208 Medicaid: 28,041 | Superior: 0 Standard: 151 Conditional: 31 Total: 182 |
| | Medicaid Utilization 46.41781% Occupancy: 91.94825% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.92911% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,024,170 | 2,382,190 | 1,294,636 | 403,510 | 66,038 | 5,170,544 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 36.5240 | 84.9538 | 46.1694 | 14.3900 | 2.3551 | 184.3922 |
| 3 | Cost Per Diem Inflated | 38.6022 | 87.9145 | 48.7965 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.6022 | 87.9145 | 48.7965 | 14.3900 | 2.3551 | 192.0583 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.3262 | | 51.5773 | | | |
| 7 | Provider Target Rate | 40.4522 | | 53.0541 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.6022 | 87.9145 | 48.7965 | 13.6500 | 2.3551 | 191.3183 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 38.6022 | 87.9145 | 48.7965 | 13.6500 | 2.3551 | 191.3183 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 251721-00 - 2013/01
202.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 6,043,772 | 12.0403 |
| Indexed Asset Value 7,554,715 | | < 60% of Base: False | 20% ROE(2): 1,510,943 | 0.6600 |
| FRVS Base Asset: 2,363,839 | | Interest Rate: 10.8833 % | Insurance Cost(3): 16,554 | 0.2740 |
| Occup Adj Factor: 0.9000 | | Chase Rate: 8.2500 % | Taxes Cost(3): 75,379 | 1.2478 |
| ROE Factor 0.025830 | | Amortization Rate: 10.2500 % | Home Office(3): 47,831 | 0.7918 |
| | | Interest Only: False | Replacement(3&4): 197,600 | 0.0000 |
| | | Yearly Payment: 711,940 | Total FRVS PD: | 15.0139 |

(1) 80% Capital (\$6,043,772) amortized at 10.2500% for 20 years Principal & Interest of \$711,940 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.0403

(2) 20% ROE (\$1,510,943) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6600

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.6022 | 38.6022 | 2.2514 | 36.3508 |
| Patient Care | | | | |
| Direct Care | 87.9145 | 87.9145 | 5.1275 | 82.7870 |
| Indirect Care | 48.7965 | 48.7965 | 2.8460 | 45.9505 |
| Property | 13.6500 | 15.0139 | 0.7961 | 12.8539 |
| ROE | 2.3551 | 0.2578 | 0.1374 | 2.2177 |
| ROE Adjustment | -0.2578 | -0.2578 | -0.0150 | -0.2428 |
| Quality Assess-Medicaid Share | | | | \$13.7173 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.0605 | 190.3271 | 11.1434 | 202.4668 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 251739-00 - 2013/01 |
| 162.70 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,446 Medicare: 3,608 Medicaid: 34,567 Medicaid Utilization 79.56314% Occupancy: 99.19178% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 125.06181% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 921,236 | 2,125,404 | 968,916 | 549,615 | 0 | 4,565,171 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 26.6507 | 61.4865 | 28.0301 | 15.9000 | | 132.0673 |
| 3 | Cost Per Diem Inflated | 27.8127 | 63.1923 | 29.2523 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 27.8127 | 63.1923 | 29.2523 | 15.9000 | | 136.1573 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 27.8127 | 63.1923 | 29.2523 | 13.6500 | | 133.9073 |
| 12/13 | Medicaid Adjustment Rate | | 2.1017 | 0.9729 | | | |
| 14 | Prospective Per Diem 11 | 27.8127 | 65.2940 | 30.2252 | 13.6500 | | 136.9819 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 251739-00 - 2013/01
162.70

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Bradford Terrace, LLC

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 6/30/1992 | 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: | 1981/01 | Type: | Fixed [2] | 80% Capital(1): | 4,320,834 | 15.5602 |
| Indexed Asset Value | 5,401,043 | < 60% of Base: | False | 20% ROE(2): | 1,080,209 | 0.6623 |
| FRVS Base Asset: | 3,086,187 | Interest Rate: | 13.1600 % | Insurance Cost(3): | 25,655 | 0.5905 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 30,826 | 0.7095 |
| ROE Factor | 0.024170 | Amortization Rate: | 13.1600 % | Home Office(3): | 10,988 | 0.2529 |
| | | Interest Only: | False | Replacement(3&4): | 60,792 | 0.0000 |
| | | Yearly Payment: | 613,382 | Total FRVS PD: | | 17.7754 |

- (1) 80% Capital (\$4,320,834) amortized at 13.1600% for 20 years Principal & Interest of \$613,382 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.5602
- (2) 20% ROE (\$1,080,209) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6623
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 27.8127 | 27.8127 | 1.6222 | 26.1905 |
| Patient Care | | | | |
| Direct Care | 65.2940 | 65.2940 | 3.8082 | 61.4858 |
| Indirect Care | 30.2252 | 30.2252 | 1.7629 | 28.4623 |
| Property | 13.6500 | 17.7754 | 1.0367 | 16.7387 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.9891 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 136.9819 | 141.1073 | 8.2300 | 162.6988 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252018-00 - 2013/01 234.37 |
|---|

Avante at 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 |
|---|---|--|--|
| 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 110 Maximum: 40,260 Max Annualized: 40,150 Total Patient: 31,295 Medicare: 2,978 Medicaid: 23,265 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.34095% Occupancy: 77.73224% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 98.00545% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,128,695 | 2,088,397 | 1,383,374 | 130,051 | 0 | 4,730,517 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 48.5147 | 89.7656 | 59.4616 | 5.5900 | | 203.3319 |
| 3 | Cost Per Diem Inflated | 50.2204 | 91.9340 | 61.5522 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.2204 | 91.9340 | 61.5522 | 5.5900 | | 209.2966 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.0189 | | 60.0586 | | | |
| 7 | Provider Target Rate | 50.4225 | | 61.7783 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.2204 | 91.9340 | 59.0236 | 5.5900 | | 206.7680 |
| 12/13 | Medicaid Adjustment Rate | | 2.5175 | 1.6163 | | | |
| 14 | Prospective Per Diem 11 | 50.2204 | 94.4515 | 60.6399 | 5.5900 | | 210.9018 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252018-00 - 2013/01
234.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Avante at Melbourne

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): | 2,537,640 | 8.7311 |
| Indexed Asset Value | 3,172,050 | < 60% of Base: | True | 20% ROE(2): | 634,410 | 0.3292 |
| FRVS Base Asset: | 2,937,689 | Interest Rate: | 12.5000 % | Insurance Cost(3): | 40,516 | 1.2946 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 35,749 | 1.1423 |
| ROE Factor | 0.018750 | Amortization Rate: | 12.5000 % | Home Office(3): | 22,006 | 0.7032 |
| | | Interest Only: | True | Replacement(3&4): | 70,531 | 0.0000 |
| | | Yearly Payment: | 315,498 | Total FRVS PD: | | 12.2004 |

(1) 80% Capital (\$2,537,640) amortized at 12.5000% for 20 years Interest of \$315,498 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$8.7311

(2) 20% ROE (\$634,410) times the ROE factor (0.018750) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.3292

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 110 | Effective PBS Limitation | 3,135,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.2204 | 50.2204 | 2.9291 | 47.2913 |
| Patient Care | | | | |
| Direct Care | 94.4515 | 94.4515 | 5.5088 | 88.9427 |
| Indirect Care | 60.6399 | 60.6399 | 3.5368 | 57.1031 |
| Property | 5.5900 | 12.2004 | 0.7116 | 11.4888 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.7118 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 210.9018 | 217.5122 | 12.6863 | 234.3701 |

***Medicaid Trend Adjustment :**



0 252034-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

221.12

Avante at Ormond 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 |
|---|--|--|--|
| 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 133 Maximum: 48,678 Max Annualized: 48,545 Total Patient: 38,749 Medicare: 6,658 Medicaid: 22,297 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.54213% Occupancy: 79.60269% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 100.36373% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,288,803 | 2,017,542 | 1,624,675 | 106,134 | 0 | 5,037,154 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 57.8016 | 90.4849 | 72.8652 | 4.7600 | | 225.9117 |
| 3 | Cost Per Diem Inflated | 59.8339 | 92.6707 | 75.4271 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 59.8339 | 92.6707 | 75.4271 | 4.7600 | | 232.6917 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.7014 | | 57.9237 | | | |
| 7 | Provider Target Rate | 42.8954 | | 59.5822 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.8954 | 92.6707 | 57.2593 | 4.7600 | | 197.5854 |
| 12/13 | Medicaid Adjustment Rate | | 0.7863 | 0.4858 | | | |
| 14 | Prospective Per Diem 11 | 42.8954 | 93.4570 | 57.7451 | 4.7600 | | 198.8575 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252034-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

221.12

Avante at Ormond Beach

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 3,564,740 FRVS Base Asset: 1,879,268 Occup Adj Factor: 0.9000 ROE Factor 0.018750 | Mortgage Information | | Calculation of FRVS Per Diem | |
| | Amount: 675,000.00 Type: Fixed [2] < 60% of Base: True Interest Rate: 9.7500 % Chase Rate: 12.5000 % Amortization Rate: 12.5000 % Interest Only: True Yearly Payment: 354,556 | Total Amount | Per Diem | |
| | 80% Capital(1): | 2,851,792 | 8.1152 | |
| | 20% ROE(2): | 712,948 | 0.3060 | |
| | Insurance Cost(3): | 45,157 | 1.1654 | |
| | Taxes Cost(3): | 30,930 | 0.7982 | |
| | Home Office(3): | 31,694 | 0.8179 | |
| | Replacement(3&4): | 226,440 | 0.0000 | |
| | Total FRVS PD: | | 11.2027 | |

(1) 80% Capital (\$2,851,792) amortized at 12.5000% for 20 years Interest of \$354,556 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$8.1152

(2) 20% ROE (\$712,948) times the ROE factor (0.018750) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$0.3060

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.8954 | 42.8954 | 2.5018 | 40.3936 |
| Patient Care | | | | |
| Direct Care | 93.4570 | 93.4570 | 5.4508 | 88.0062 |
| Indirect Care | 57.7451 | 57.7451 | 3.3679 | 54.3772 |
| Property | 4.7600 | 11.2027 | 0.6534 | 10.5493 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9570 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.8575 | 205.3002 | 11.9739 | 221.1157 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252042-00 - 2013/01 214.52 |
|---|

Avante at Mt. Dora

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 116 Maximum: 42,456 Max Annualized: 42,340 Total Patient: 40,225 Medicare: 9,423 Medicaid: 24,975 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.08825% Occupancy: 94.74515% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.45547% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,036,241 | 2,136,399 | 1,370,704 | 109,890 | 0 | 4,653,234 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.4911 | 85.5415 | 54.8830 | 4.4000 | | 186.3156 |
| 3 | Cost Per Diem Inflated | 42.9499 | 87.6079 | 56.8126 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.9499 | 87.6079 | 56.8126 | 4.4000 | | 191.7704 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.4813 | | 58.4406 | | | |
| 7 | Provider Target Rate | 47.8122 | | 60.1139 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.9499 | 87.6079 | 56.8126 | 4.4000 | | 191.7704 |
| 12/13 | Medicaid Adjustment Rate | | 1.1914 | 0.7726 | | | |
| 14 | Prospective Per Diem 11 | 42.9499 | 88.7993 | 57.5852 | 4.4000 | | 193.7344 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252042-00 - 2013/01
214.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Avante at Mt. Dora

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): 2,374,533 | | 7.7473 |
| Indexed Asset Value 2,968,166 | < 60% of Base: True | | 20% ROE(2): 593,633 | | 0.2921 |
| FRVS Base Asset: 1,561,653 | Interest Rate: 12.5000 % | | Insurance Cost(3): 41,535 | | 1.0326 |
| Occup Adj Factor: 0.9000 | Chase Rate: 12.5000 % | | Taxes Cost(3): 27,158 | | 0.6752 |
| ROE Factor 0.018750 | Amortization Rate: 12.5000 % | | Home Office(3): 29,486 | | 0.7330 |
| | Interest Only: True | | Replacement(3&4): 52,256 | | 0.0000 |
| | Yearly Payment: 295,220 | | Total FRVS PD: | | 10.4802 |

(1) 80% Capital (\$2,374,533) amortized at 12.5000% for 20 years Interest of \$295,220 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$7.7473

(2) 20% ROE (\$593,633) times the ROE factor (0.018750) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.2921

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

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

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 116 | Effective PBS Limitation 3,306,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.9499 | 42.9499 | 2.5050 | 40.4449 |
| Patient Care | | | | |
| Direct Care | 88.7993 | 88.7993 | 5.1791 | 83.6202 |
| Indirect Care | 57.5852 | 57.5852 | 3.3586 | 54.2266 |
| Property | 4.4000 | 10.4802 | 0.6112 | 9.8690 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.5278 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.7344 | 199.8146 | 11.6539 | 214.5209 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 252051-00 - 2013/01

201.96

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 79.41868% Occupancy: 96.14384% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.21894% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 45.2774 | 77.8234 | 48.5481 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.2774 | 77.8234 | 48.5481 | 7.9800 | | 179.6289 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 77.8234 | 48.5481 | 7.9800 | | 174.1889 |
| 12/13 | Medicaid Adjustment Rate | | 2.5756 | 1.6067 | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 80.3990 | 50.1548 | 7.9800 | | 178.3712 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252051-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

201.96

San Jose 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: | 3,339,377.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1985/07 | Type: | Fixed [2] | 80% Capital(1): | 3,986,473 | 9.9625 |
| Indexed Asset Value | 4,983,091 | < 60% of Base: | False | 20% ROE(2): | 996,618 | 0.6530 |
| FRVS Base Asset: | 3,051,972 | Interest Rate: | 10.6343 % | Insurance Cost(3): | 36,415 | 0.8647 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.7500 % | Taxes Cost(3): | 64,925 | 1.5418 |
| ROE Factor | 0.025830 | Amortization Rate: | 7.7500 % | Home Office(3): | 20,747 | 0.4927 |
| | | Interest Only: | False | Replacement(3&4): | 92,516 | 0.0000 |
| | | Yearly Payment: | 392,723 | Total FRVS PD: | | 13.5147 |

(1) 80% Capital (\$3,986,473) amortized at 7.7500% for 20 years Principal & Interest of \$392,723 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9625

(2) 20% ROE (\$996,618) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6530

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed | 108 | Effective PBS Limitation | 3,051,972 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 |
| Patient Care | | | | |
| Direct Care | 80.3990 | 80.3990 | 4.6892 | 75.7098 |
| Indirect Care | 50.1548 | 50.1548 | 2.9252 | 47.2296 |
| Property | 7.9800 | 13.5147 | 0.7882 | 12.7265 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.9499 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.3712 | 183.9059 | 10.7261 | 201.9621 |

***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 01/01/2013 through 06/30/2013

0 252077-00 - 2013/01

194.61

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: 2013/01 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: 162 Conditional: 20 Total: 182 |
| | Medicaid Utilization 47.88044% Occupancy: 94.78995% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.51195% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 43.5617 | 76.6572 | 54.9305 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.5617 | 76.6572 | 54.9305 | 10.2200 | | 185.3694 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 76.6572 | 50.8005 | 10.2200 | | 179.7014 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 76.6572 | 50.8005 | 10.2200 | | 179.7014 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252077-00 - 2013/01
194.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,132,512 | 10.3275 |
| Indexed Asset Value | 5,165,640 | < 60% of Base: | False | 20% ROE(2): | 1,033,128 | 0.6770 |
| 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: | 407,110 | Total FRVS PD: | | 14.4218 |

(1) 80% Capital (\$4,132,512) amortized at 7.7500% for 20 years Principal & Interest of \$407,110 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.3275

(2) 20% ROE (\$1,033,128) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6770

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 116 | Effective PBS Limitation | 4,237,016 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 76.6572 | 76.6572 | 4.4710 | 72.1862 |
| Indirect Care | 50.8005 | 50.8005 | 2.9629 | 47.8376 |
| Property | 10.2200 | 14.4218 | 0.8411 | 13.5807 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.6000 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 179.7014 | 183.9032 | 10.7260 | 194.6096 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252107-00 - 2013/01 210.71 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.46356% Occupancy: 90.22831% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.76060% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 47.7225 | 83.0443 | 63.1403 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.7225 | 83.0443 | 63.1403 | 8.1600 | | 202.0671 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.5698 | | | |
| 7 | Provider Target Rate | 44.2100 | | 53.0464 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.2100 | 83.0443 | 53.0464 | 8.1600 | | 188.4607 |
| 12/13 | Medicaid Adjustment Rate | | 0.4170 | 0.2664 | | | |
| 14 | Prospective Per Diem 11 | 44.2100 | 83.4613 | 53.3128 | 8.1600 | | 189.1441 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252107-00 - 2013/01
210.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Coral Trace 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: 1987/07 Indexed Asset Value 5,940,280 FRVS Base Asset: 3,503,400 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,232,534.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,752,224 | 11.8762 |
| | < 60% of Base: | False | 20% ROE(2): | 1,188,056 | 0.7785 |
| | Interest Rate: | 10.6343 % | Insurance Cost(3): | 36,415 | 0.9214 |
| | Chase Rate: | 4.7500 % | Taxes Cost(3): | 72,011 | 1.8221 |
| | Amortization Rate: | 7.7500 % | Home Office(3): | 24,961 | 0.6316 |
| | Interest Only: | False | Replacement(3&4): | 64,867 | 0.0000 |
| Yearly Payment: | 468,160 | Total FRVS PD: | 16.0298 | | |

- (1) 80% Capital (\$4,752,224) amortized at 7.7500% for 20 years Principal & Interest of \$468,160 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.8762
- (2) 20% ROE (\$1,188,056) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7785
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,503,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.2100 | 44.2100 | 2.5785 | 41.6315 |
| Patient Care | | | | |
| Direct Care | 83.4613 | 83.4613 | 4.8678 | 78.5935 |
| Indirect Care | 53.3128 | 53.3128 | 3.1094 | 50.2034 |
| Property | 8.1600 | 16.0298 | 0.9349 | 15.0949 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.3589 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.1441 | 197.0139 | 11.4906 | 210.7146 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 252115-00 - 2013/01 |
| 200.14 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.93628% Occupancy: 95.67351% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.62596% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 43.7203 | 73.0887 | 52.8474 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.7203 | 73.0887 | 52.8474 | 8.1200 | | 177.7764 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 73.0887 | 50.8005 | 8.1200 | | 174.0329 |
| 12/13 | Medicaid Adjustment Rate | | 1.9682 | 1.3680 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 75.0569 | 52.1685 | 8.1200 | | 177.3691 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252115-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

200.14

Countryside Healthcare Center

FRVS

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

| | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|------------------|
| Began FRVS: 10/19/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,542,622 FRVS Base Asset: 3,503,400 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | |
| | Amount: | 3,852,736.00 | | |
| | Type: | Fixed [2] | | |
| | < 60% of Base: | False | 80% Capital(1): | 4,434,098 |
| | Interest Rate: | 10.6343 % | 20% ROE(2): | 1,108,524 |
| | Chase Rate: | 4.7500 % | Insurance Cost(3): | 36,415 |
| | Amortization Rate: | 7.7500 % | Taxes Cost(3): | 59,715 |
| | Interest Only: | False | Home Office(3): | 24,032 |
| Yearly Payment: | 436,820 | Replacement(3&4): | 85,688 | |
| | | Total FRVS PD: | 14.6751 | |

(1) 80% Capital (\$4,434,098) amortized at 7.7500% for 20 years Principal & Interest of \$436,820 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.0812

(2) 20% ROE (\$1,108,524) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7264

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,503,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 75.0569 | 75.0569 | 4.3776 | 70.6793 |
| Indirect Care | 52.1685 | 52.1685 | 3.0427 | 49.1258 |
| Property | 8.1200 | 14.6751 | 0.8559 | 13.8192 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.1077 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.3691 | 183.9242 | 10.7272 | 200.1371 |

***Medicaid Trend Adjustment :**



0 252123-00 - 2013/01

204.12

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 72.77339% Occupancy: 84.61872% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.68799% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 45.3174 | 77.7704 | 49.3887 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.3174 | 77.7704 | 49.3887 | 11.0600 | | 183.5365 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.6429 | | 47.4134 | | | |
| 7 | Provider Target Rate | 40.7780 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.7780 | 77.7704 | 48.7710 | 11.0600 | | 178.3794 |
| 12/13 | Medicaid Adjustment Rate | | 1.9925 | 1.2495 | | | |
| 14 | Prospective Per Diem 11 | 40.7780 | 79.7629 | 50.0205 | 11.0600 | | 181.6214 |
| 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 01/01/2013 through 06/30/2013

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): | 4,392,098 | 10.9762 |
| Indexed Asset Value | 5,490,122 | < 60% of Base: | False | 20% ROE(2): | 1,098,024 | 0.7195 |
| 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: | 432,682 | Total FRVS PD: | | 14.3012 |

(1) 80% Capital (\$4,392,098) amortized at 7.7500% for 20 years Principal & Interest of \$432,682 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9762

(2) 20% ROE (\$1,098,024) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 114 | Effective PBS Limitation | 3,249,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 40.7780 | 40.7780 | 2.3783 | 38.3997 |
| Patient Care | | | | |
| Direct Care | 79.7629 | 79.7629 | 4.6521 | 75.1108 |
| Indirect Care | 50.0205 | 50.0205 | 2.9174 | 47.1031 |
| Property | 11.0600 | 14.3012 | 0.8341 | 13.4671 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.2040 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 181.6214 | 184.8626 | 10.7819 | 204.1171 |

***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 01/01/2013 through 06/30/2013

| |
|---|
| 0 252166-00 - 2013/01 202.97 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 57.19476% Occupancy: 89.98273% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.45097% Weighted Low Occ Adjustment Factor: 100.00000% |

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 | 42.6656 | 81.8772 | 50.7919 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.6656 | 81.8772 | 50.7919 | 8.3100 | | 183.6447 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 81.8772 | 48.7710 | 8.3100 | | 178.7956 |
| 12/13 | Medicaid Adjustment Rate | | 0.6627 | 0.3948 | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 82.5399 | 49.1658 | 8.3100 | | 179.8531 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 252166-00 - 2013/01 |
| 202.97 |

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|--|
| Destin Healthcare and Rehab. Center |
|--|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 8/11/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/07 Indexed Asset Value 5,471,640 FRVS Base Asset: 2,976,160 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,618,367.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,377,312 | 11.0312 |
| | < 60% of Base: | False | 20% ROE(2): | 1,094,328 | 0.7231 |
| | Interest Rate: | 10.6343 % | Insurance Cost(3): | 36,111 | 0.9239 |
| | Chase Rate: | 4.7500 % | Taxes Cost(3): | 54,344 | 1.3904 |
| | Amortization Rate: | 7.7500 % | Home Office(3): | 20,643 | 0.5282 |
| | Interest Only: | False | Replacement(3&4): | 84,445 | 0.0000 |
| Yearly Payment: | 431,226 | Total FRVS PD: | 14.5968 | | |

(1) 80% Capital (\$4,377,312) amortized at 7.7500% for 20 years Principal & Interest of \$431,226 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$11.0312

(2) 20% ROE (\$1,094,328) times the ROE factor (0.025830) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.7231

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 88 | Effective PBS Limitation | 2,976,160 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 | |
| Patient Care | | | | | |
| Direct Care | 82.5399 | 82.5399 | 4.8141 | 77.7258 | |
| Indirect Care | 49.1658 | 49.1658 | 2.8676 | 46.2982 | |
| Property | 8.3100 | 14.5968 | 0.8513 | 13.7455 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$18.8495 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 179.8531 | 186.1399 | 10.8565 | 202.9653 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252174-00 - 2013/01 192.81 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 69.42451% Occupancy: 94.18265% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.74626% Weighted Low Occ Adjustment Factor: 100.00000% |

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 | 41.3573 | 74.6356 | 46.3336 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.3573 | 74.6356 | 46.3336 | 8.4000 | | 170.7265 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 49.9735 | | | |
| 7 | Provider Target Rate | 39.8374 | | 51.4044 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 74.6356 | 46.3336 | 8.4000 | | 169.2066 |
| 12/13 | Medicaid Adjustment Rate | | 1.6310 | 1.0125 | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 76.2666 | 47.3461 | 8.4000 | | 171.8501 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252174-00 - 2013/01
192.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,826,616 | 7.0640 |
| Indexed Asset Value | 3,533,270 | < 60% of Base: | False | 20% ROE(2): | 706,654 | 0.4630 |
| 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: | 278,461 | Total FRVS PD: | | 10.2298 |

(1) 80% Capital (\$2,826,616) amortized at 7.7500% for 20 years Principal & Interest of \$278,461 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0640

(2) 20% ROE (\$706,654) times the ROE factor (0.025830) divided by annual available days (43,800) 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 |
| Patient Care | | | | |
| Direct Care | 76.2666 | 76.2666 | 4.4482 | 71.8184 |
| Indirect Care | 47.3461 | 47.3461 | 2.7614 | 44.5847 |
| Property | 8.4000 | 10.2298 | 0.5966 | 9.6332 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.4302 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 171.8501 | 173.6799 | 10.1297 | 192.8128 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 252182-00 - 2013/01

211.15

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 69.67604% Occupancy: 95.84475% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.84186% Weighted Low Occ Adjustment Factor: 100.00000% |

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 | 44.1328 | 78.7314 | 51.8618 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.1328 | 78.7314 | 51.8618 | 9.3900 | | 184.1160 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.8520 | | 51.3593 | | | |
| 7 | Provider Target Rate | 46.1362 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.1328 | 78.7314 | 51.8618 | 9.3900 | | 184.1160 |
| 12/13 | Medicaid Adjustment Rate | | 1.7428 | 1.1480 | | | |
| 14 | Prospective Per Diem 11 | 44.1328 | 80.4742 | 53.0098 | 9.3900 | | 187.0068 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252182-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

211.15

Magnolia Health and Rehab. Center

FRVS

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

| | | | | | | |
|--------------------------------|------------------|-----------------------------|---------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: | 9/14/1994 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 2,964,729.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1994/07 | Type: | Fixed [2] | 80% Capital(1): | 4,380,586 | 10.9474 |
| Indexed Asset Value | 5,475,733 | < 60% of Base: | False | 20% ROE(2): | 1,095,147 | 0.7176 |
| FRVS Base Asset: | 4,058,400 | Interest Rate: | 10.6343 % | Insurance Cost(3): | 36,415 | 0.8674 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.7500 % | Taxes Cost(3): | 117,818 | 2.8065 |
| ROE Factor | 0.025830 | Amortization Rate: | 7.7500 % | Home Office(3): | 20,863 | 0.4970 |
| | | Interest Only: | False | Replacement(3&4): | 29,480 | 0.0000 |
| | | Yearly Payment: | 431,548 | Total FRVS PD: | | 15.8359 |

(1) 80% Capital (\$4,380,586) amortized at 7.7500% for 20 years Principal & Interest of \$431,548 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9474

(2) 20% ROE (\$1,095,147) 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: | 33,820 |
| Comparison Date: | 1/1/1994 | Current RS PBS: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 4,058,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 44.1328 | 44.1328 | 2.5740 | 41.5588 |
| Patient Care | | | | |
| Direct Care | 80.4742 | 80.4742 | 4.6936 | 75.7806 |
| Indirect Care | 53.0098 | 53.0098 | 3.0917 | 49.9181 |
| Property | 9.3900 | 15.8359 | 0.9236 | 14.9123 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1441 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.0068 | 193.4527 | 11.2829 | 211.1463 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 252191-00 - 2013/01 |
| 202.98 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 49.78094% Occupancy: 90.95891% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.68174% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 51.4542 | 75.5704 | 64.9612 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.4542 | 75.5704 | 64.9612 | 8.4600 | | 200.4458 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.0201 | | 52.1843 | | | |
| 7 | Provider Target Rate | 46.3092 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.3092 | 75.5704 | 53.6785 | 8.4600 | | 184.0181 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.3092 | 75.5704 | 53.6785 | 8.4600 | | 184.0181 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252191-00 - 2013/01
202.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,790,147 | 10.8667 |
| Indexed Asset Value | 3,487,684 | < 60% of Base: | False | 20% ROE(2): | 697,537 | 0.7123 |
| 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: | 274,868 | Total FRVS PD: | 14.5270 | |

- (1) 80% Capital (\$2,790,147) amortized at 7.7500% for 20 years Principal & Interest of \$274,868 divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = \$10.8667
- (2) 20% ROE (\$697,537) times the ROE factor (0.025830) divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = \$0.7123
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 77 | Effective PBS Limitation | 3,068,373 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.3092 | 46.3092 | 2.7009 | 43.6083 |
| Patient Care | | | | |
| Direct Care | 75.5704 | 75.5704 | 4.4076 | 71.1628 |
| Indirect Care | 53.6785 | 53.6785 | 3.1308 | 50.5477 |
| Property | 8.4600 | 14.5270 | 0.8473 | 13.6797 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.1537 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.0181 | 190.0851 | 11.0866 | 202.9846 |

***Medicaid Trend Adjustment :**



0 252212-00 - 2013/01
209.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 51.15276% Occupancy: 95.26484% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.11070% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 45.7587 | 86.0635 | 49.7858 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.7587 | 86.0635 | 49.7858 | 8.1800 | | 189.7880 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.2100 | 86.0635 | 49.7858 | 8.1800 | | 188.2393 |
| 12/13 | Medicaid Adjustment Rate | | 0.1116 | 0.0646 | | | |
| 14 | Prospective Per Diem 11 | 44.2100 | 86.1751 | 49.8504 | 8.1800 | | 188.4155 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252212-00 - 2013/01
209.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,792,484 | 9.4777 |
| Indexed Asset Value 4,740,605 | < 60% of Base: False | 20% ROE(2): 948,121 | 0.6213 |
| 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: 373,612 | Total FRVS PD: 13.2641 | |

(1) 80% Capital (\$3,792,484) amortized at 7.7500% for 20 years Principal & Interest of \$373,612 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4777

(2) 20% ROE (\$948,121) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6213

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 105 | Effective PBS Limitation | 3,977,610 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.2100 | 44.2100 | 2.5785 | 41.6315 |
| Patient Care | | | | |
| Direct Care | 86.1751 | 86.1751 | 5.0261 | 81.1490 |
| Indirect Care | 49.8504 | 49.8504 | 2.9075 | 46.9429 |
| Property | 8.1800 | 13.2641 | 0.7736 | 12.4905 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9282 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.4155 | 193.4996 | 11.2857 | 209.9745 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252221-00 - 2013/01 199.51 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 50.23648% Occupancy: 95.57991% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.50794% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 42.9566 | 77.2698 | 55.5720 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.9566 | 77.2698 | 55.5720 | 8.6400 | | 184.4384 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 77.2698 | 50.8005 | 8.6400 | | 178.7340 |
| 12/13 | Medicaid Adjustment Rate | | 0.0206 | 0.0135 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 77.2904 | 50.8140 | 8.6400 | | 178.7681 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252221-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

199.51

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): | 4,411,729 | 11.0253 |
| Indexed Asset Value | 5,514,661 | < 60% of Base: | False | 20% ROE(2): | 1,102,932 | 0.7227 |
| 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: | 434,616 | Total FRVS PD: | | 15.1071 |

(1) 80% Capital (\$4,411,729) amortized at 7.7500% for 20 years Principal & Interest of \$434,616 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.0253

(2) 20% ROE (\$1,102,932) times the ROE factor (0.025830) 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: | 37,445 |
| Comparison Date: | 7/1/1997 | Current RS PBS: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 4,493,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 77.2904 | 77.2904 | 4.5079 | 72.7825 |
| Indirect Care | 50.8140 | 50.8140 | 2.9637 | 47.8503 |
| Property | 8.6400 | 15.1071 | 0.8811 | 14.2260 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.2429 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.7681 | 185.2352 | 10.8037 | 199.5068 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252239-00 - 2013/01 214.57 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 88.89260% Occupancy: 86.30137% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.80948% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 48.4580 | 79.6893 | 54.1322 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.4580 | 79.6893 | 54.1322 | 11.9600 | | 194.2395 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.8811 | | | |
| 7 | Provider Target Rate | 44.2100 | | 53.3666 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.2100 | 79.6893 | 53.3666 | 11.9600 | | 189.2259 |
| 12/13 | Medicaid Adjustment Rate | | 3.4867 | 2.3350 | | | |
| 14 | Prospective Per Diem 11 | 44.2100 | 83.1760 | 55.7016 | 11.9600 | | 195.0476 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252239-00 - 2013/01
214.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 5,404,230 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 Type: Fixed [2] < 60% of Base: True Interest Rate: 12.5000 % Chase Rate: 12.5000 % Amortization Rate: 12.5000 % Interest Only: True Yearly Payment: 537,515 | Total Amount | Per Diem | | |
| | 80% Capital(1): | 4,323,384 | 9.5688 | | |
| | 20% ROE(2): | 1,080,846 | 0.4970 | | |
| | Insurance Cost(3): | 51,891 | 0.9634 | | |
| | Taxes Cost(3): | 63,220 | 1.1737 | | |
| | Home Office(3): | 25,221 | 0.4682 | | |
| | Replacement(3&4): | 130,680 | 0.0000 | | |
| | Total FRVS PD: | | 12.6711 | | |

(1) 80% Capital (\$4,323,384) amortized at 12.5000% for 20 years Interest of \$537,515 divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = \$9.5688

(2) 20% ROE (\$1,080,846) times the ROE factor (0.025830) divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = \$0.4970

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 171 | Effective PBS Limitation | 4,873,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.2100 | 44.2100 | 2.5785 | 41.6315 |
| Patient Care | | | | |
| Direct Care | 83.1760 | 83.1760 | 4.8512 | 78.3248 |
| Indirect Care | 55.7016 | 55.7016 | 3.2487 | 52.4529 |
| Property | 11.9600 | 12.6711 | 0.7390 | 11.9321 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.3976 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 195.0476 | 195.7587 | 11.4174 | 214.5713 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252247-00 - 2013/01 183.39 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.28651% Occupancy: 90.03881% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.52168% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 44.6558 | 72.5167 | 39.2340 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.6558 | 72.5167 | 39.2340 | 19.6100 | | 176.0165 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 72.5167 | 39.2340 | 13.6500 | | 165.2381 |
| 12/13 | Medicaid Adjustment Rate | | 1.8997 | 1.0278 | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 74.4164 | 40.2618 | 13.6500 | | 168.1656 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252247-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

183.39

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 3,070,884 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): | 2,456,707 | 7.2170 |
| | < 60% of Base: | False | 20% ROE(2): | 614,177 | 0.4024 |
| | 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: | 284,493 | Total FRVS PD: | | 10.0524 | |

(1) 80% Capital (\$2,456,707) amortized at 10.0000% for 20 years Principal & Interest of \$284,493 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.2170

(2) 20% ROE (\$614,177) times the ROE factor (0.025830) divided by annual available days (43,800) 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 |
| Patient Care | | | | |
| Direct Care | 74.4164 | 74.4164 | 4.3403 | 70.0761 |
| Indirect Care | 40.2618 | 40.2618 | 2.3482 | 37.9136 |
| Property | 13.6500 | 10.0524 | 0.5863 | 9.4661 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5921 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 168.1656 | 164.5680 | 9.5983 | 183.3942 |

***Medicaid Trend Adjustment :**



0 252255-00 - 2013/01
222.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 76.58330% Occupancy: 92.09194% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.11028% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 55.5130 | 72.2965 | 57.7627 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.5130 | 72.2965 | 57.7627 | 9.4800 | | 195.0522 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 62.7314 | | | |
| 7 | Provider Target Rate | 55.1063 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 55.1063 | 72.2965 | 57.7627 | 9.4800 | | 194.6455 |
| 12/13 | Medicaid Adjustment Rate | | 2.1621 | 1.7275 | | | |
| 14 | Prospective Per Diem 11 | 55.1063 | 74.4586 | 59.4902 | 9.4800 | | 198.5351 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252255-00 - 2013/01
222.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,222,862 | 11.2986 |
| Indexed Asset Value | 2,778,578 | < 60% of Base: | False | 20% ROE(2): | 555,716 | 0.7406 |
| 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: | 218,983 | Total FRVS PD: | | 16.3033 |

(1) 80% Capital (\$2,222,862) amortized at 7.7500% for 20 years Principal & Interest of \$218,983 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$11.2986

(2) 20% ROE (\$555,716) times the ROE factor (0.025830) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.7406

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 59 | Effective PBS Limitation | 1,617,367 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 55.1063 | 55.1063 | 3.2140 | 51.8923 |
| Patient Care | | | | |
| Direct Care | 74.4586 | 74.4586 | 4.3427 | 70.1159 |
| Indirect Care | 59.4902 | 59.4902 | 3.4697 | 56.0205 |
| Property | 9.4800 | 16.3033 | 0.9509 | 15.3524 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.5031 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.5351 | 205.3584 | 11.9773 | 222.7166 |

*Medicaid Trend Adjustment :



0 252263-00 - 2013/01
209.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 41.74897% Occupancy: 95.00685% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.78542% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 43.7252 | 87.0990 | 54.7184 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.7252 | 87.0990 | 54.7184 | 9.1700 | | 194.7126 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.3777 | | 50.2279 | | | |
| 7 | Provider Target Rate | 41.5338 | | 51.6661 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.5338 | 87.0990 | 51.6661 | 9.1700 | | 189.4689 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 41.5338 | 87.0990 | 51.6661 | 9.1700 | | 189.4689 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252263-00 - 2013/01
209.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,333,778 | 10.8305 |
| Indexed Asset Value | 5,417,223 | < 60% of Base: | False | 20% ROE(2): | 1,083,445 | 0.7099 |
| 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: | 426,937 | Total FRVS PD: | | 14.5316 |

(1) 80% Capital (\$4,333,778) amortized at 7.7500% for 20 years Principal & Interest of \$426,937 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8305

(2) 20% ROE (\$1,083,445) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,710,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.5338 | 41.5338 | 2.4224 | 39.1114 |
| Patient Care | | | | |
| Direct Care | 87.0990 | 87.0990 | 5.0800 | 82.0190 |
| Indirect Care | 51.6661 | 51.6661 | 3.0134 | 48.6527 |
| Property | 9.1700 | 14.5316 | 0.8475 | 13.6841 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.9658 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.4689 | 194.8305 | 11.3633 | 209.2654 |

***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 01/01/2013 through 06/30/2013

| |
|---|
| 0 252271-00 - 2013/01 216.18 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.31751% Occupancy: 89.45205% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.78188% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 44.6290 | 82.9178 | 60.1211 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.6290 | 82.9178 | 60.1211 | 10.5000 | | 198.1679 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.2100 | 82.9178 | 52.8299 | 10.5000 | | 190.4577 |
| 12/13 | Medicaid Adjustment Rate | | 2.0818 | 1.3264 | | | |
| 14 | Prospective Per Diem 11 | 44.2100 | 84.9996 | 54.1563 | 10.5000 | | 193.8659 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252271-00 - 2013/01
216.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Heritage Health Care Center

FRVS

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 9/23/1988 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 5,529,726 FRVS Base Asset: 3,249,000 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,099,608.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,423,781 | 11.0554 |
| | < 60% of Base: | False | 20% ROE(2): | 1,105,945 | 0.7247 |
| | Interest Rate: | 10.6343 % | Insurance Cost(3): | 36,415 | 0.9294 |
| | Chase Rate: | 4.7500 % | Taxes Cost(3): | 73,308 | 1.8711 |
| | Amortization Rate: | 7.7500 % | Home Office(3): | 21,620 | 0.5518 |
| | Interest Only: | False | Replacement(3&4): | 14,502 | 0.0000 |
| Yearly Payment: | 435,804 | Total FRVS PD: | 15.1324 | | |

(1) 80% Capital (\$4,423,781) amortized at 7.7500% for 20 years Principal & Interest of \$435,804 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.0554

(2) 20% ROE (\$1,105,945) times the ROE factor (0.025830) divided by annual available days (43,800) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 114 | Effective PBS Limitation | 3,249,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.2100 | 44.2100 | 2.5785 | 41.6315 |
| Patient Care | | | | |
| Direct Care | 84.9996 | 84.9996 | 4.9575 | 80.0421 |
| Indirect Care | 54.1563 | 54.1563 | 3.1586 | 50.9977 |
| Property | 10.5000 | 15.1324 | 0.8826 | 14.2498 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.4275 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.8659 | 198.4983 | 11.5772 | 216.1810 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 252280-00 - 2013/01 |
| 211.48 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 64.13746% Occupancy: 94.43864% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.06902% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 44.6027 | 85.3651 | 48.9381 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.6027 | 85.3651 | 48.9381 | 9.4300 | | 188.3359 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 62.7314 | | | |
| 7 | Provider Target Rate | 55.1063 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.6027 | 85.3651 | 48.9381 | 9.4300 | | 188.3359 |
| 12/13 | Medicaid Adjustment Rate | | 1.3577 | 0.7783 | | | |
| 14 | Prospective Per Diem 11 | 44.6027 | 86.7228 | 49.7164 | 9.4300 | | 190.4719 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252280-00 - 2013/01
211.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,692,876 | | 11.4171 |
| Indexed Asset Value 4,616,095 | < 60% of Base: False | | 20% ROE(2): 923,219 | | 0.7484 |
| 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: 363,799 | | Total FRVS PD: | | 14.6031 |

(1) 80% Capital (\$3,692,876) amortized at 7.7500% for 20 years Principal & Interest of \$363,799 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$11.4171

(2) 20% ROE (\$923,219) times the ROE factor (0.025830) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$0.7484

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

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

| | |
|-----------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 113 | Effective PBS Limitation 3,220,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.6027 | 44.6027 | 2.6014 | 42.0013 |
| Patient Care | | | | |
| Direct Care | 86.7228 | 86.7228 | 5.0580 | 81.6648 |
| Indirect Care | 49.7164 | 49.7164 | 2.8997 | 46.8167 |
| Property | 9.4300 | 14.6031 | 0.8517 | 13.7514 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.4093 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.4719 | 195.6450 | 11.4108 | 211.4759 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252310-00 - 2013/01 203.74 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 41.25947% Occupancy: 94.66210% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.35076% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,462 Medicare: 18,441 Medicaid: 17,107 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 42.9208 | 85.1674 | 54.6654 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.9208 | 85.1674 | 54.6654 | 12.1400 | | 194.8936 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 85.1674 | 50.8005 | 12.1400 | | 190.1316 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 85.1674 | 50.8005 | 12.1400 | | 190.1316 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252310-00 - 2013/01
203.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Lake Mary Health and Rehab.Center

FRVS

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

| | | | | | |
|--------------------------------------|------------------------------------|--|----------------------------------|--------------|----------------|
| Began FRVS: 11/8/2000 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | Amount: 3,064,996.00 | | | Total Amount | Per Diem |
| RS to Start Calcs: 2000/07 | Type: Fixed [2] | | 80% Capital(1): 4,349,251 | | 10.8691 |
| Indexed Asset Value 5,436,564 | < 60% of Base: False | | 20% ROE(2): 1,087,313 | | 0.7125 |
| FRVS Base Asset: 4,781,880 | Interest Rate: 10.6343 % | | Insurance Cost(3): 36,415 | | 0.8783 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.7500 % | | Taxes Cost(3): 96,457 | | 2.3264 |
| ROE Factor 0.025830 | Amortization Rate: 7.7500 % | | Home Office(3): 29,026 | | 0.7001 |
| | Interest Only: False | | Replacement(3&4): 10,468 | | 0.0000 |
| | Yearly Payment: 428,461 | | Total FRVS PD: | | 15.4864 |

(1) 80% Capital (\$4,349,251) amortized at 7.7500% for 20 years Principal & Interest of \$428,461 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8691

(2) 20% ROE (\$1,087,313) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7125

(3) Pass-throughs: 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 4,781,880 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 85.1674 | 85.1674 | 4.9673 | 80.2001 |
| Indirect Care | 50.8005 | 50.8005 | 2.9629 | 47.8376 |
| Property | 12.1400 | 15.4864 | 0.9032 | 14.5832 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.7092 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.1316 | 193.4780 | 11.2844 | 203.7352 |

***Medicaid Trend Adjustment :**



0 252328-00 - 2013/01
204.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 41.97250% Occupancy: 91.32420% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.14231% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 48.3610 | 84.9275 | 69.7711 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.3610 | 84.9275 | 69.7711 | 11.6200 | | 214.6796 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 50.3590 | | | |
| 7 | Provider Target Rate | 42.0237 | | 51.8009 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 84.9275 | 51.8009 | 11.6200 | | 190.3721 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 84.9275 | 51.8009 | 11.6200 | | 190.3721 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252328-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

204.38

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): | 4,279,189 | 10.6940 |
| Indexed Asset Value | 5,348,986 | < 60% of Base: | False | 20% ROE(2): | 1,069,797 | 0.7010 |
| 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: | 421,559 | Total FRVS PD: | | 15.5242 |

(1) 80% Capital (\$4,279,189) amortized at 7.7500% for 20 years Principal & Interest of \$421,559 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6940

(2) 20% ROE (\$1,069,797) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7010

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,594,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 84.9275 | 84.9275 | 4.9533 | 79.9742 |
| Indirect Care | 51.8009 | 51.8009 | 3.0212 | 48.7797 |
| Property | 11.6200 | 15.5242 | 0.9054 | 14.6188 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.6027 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.3721 | 194.2763 | 11.3309 | 204.3805 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 252336-00 - 2013/01 |
| 203.35 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.07083% Occupancy: 96.41235% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.55749% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 42.1859 | 80.5311 | 48.0257 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.1859 | 80.5311 | 48.0257 | 8.1100 | | 178.8527 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 80.5311 | 48.0257 | 8.1100 | | 178.6905 |
| 12/13 | Medicaid Adjustment Rate | | 1.0936 | 0.6522 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 81.6247 | 48.6779 | 8.1100 | | 180.4363 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252336-00 - 2013/01
203.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 5,731,361 | 10.8783 |
| Indexed Asset Value | 7,164,201 | < 60% of Base: | False | 20% ROE(2): | 1,432,840 | 0.7131 |
| 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: | 564,618 | Total FRVS PD: | 14.9995 | |

- (1) 80% Capital (\$5,731,361) amortized at 7.7500% for 20 years Principal & Interest of \$564,618 divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = \$10.8783
- (2) 20% ROE (\$1,432,840) times the ROE factor (0.025830) divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = \$0.7131
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 158 | Effective PBS Limitation | 6,049,978 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 81.6247 | 81.6247 | 4.7607 | 76.8640 |
| Indirect Care | 48.6779 | 48.6779 | 2.8391 | 45.8388 |
| Property | 8.1100 | 14.9995 | 0.8748 | 14.1247 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.1132 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.4363 | 187.3258 | 10.9256 | 203.3458 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252344-00 - 2013/01 216.76 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 65.94551% Occupancy: 95.18722% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.01283% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 49.9241 | 83.4128 | 49.5862 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.9241 | 83.4128 | 49.5862 | 6.8200 | | 189.7431 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.2007 | | 51.3593 | | | |
| 7 | Provider Target Rate | 49.5808 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.5808 | 83.4128 | 49.5862 | 6.8200 | | 189.3998 |
| 12/13 | Medicaid Adjustment Rate | | 1.4963 | 0.8895 | | | |
| 14 | Prospective Per Diem 11 | 49.5808 | 84.9091 | 50.4757 | 6.8200 | | 191.7856 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252344-00 - 2013/01
216.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,077,266 | 10.1894 |
| Indexed Asset Value | 5,096,582 | < 60% of Base: | False | 20% ROE(2): | 1,019,316 | 0.6679 |
| 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: | 401,667 | Total FRVS PD: | | 13.9541 |

(1) 80% Capital (\$4,077,266) amortized at 7.7500% for 20 years Principal & Interest of \$401,667 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1894

(2) 20% ROE (\$1,019,316) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6679

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.5808 | 49.5808 | 2.8918 | 46.6890 |
| Patient Care | | | | |
| Direct Care | 84.9091 | 84.9091 | 4.9522 | 79.9569 |
| Indirect Care | 50.4757 | 50.4757 | 2.9439 | 47.5318 |
| Property | 6.8200 | 13.9541 | 0.8139 | 13.1402 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6066 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.7856 | 198.9197 | 11.6018 | 216.7569 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252352-00 - 2013/01 191.87 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.08114% Occupancy: 92.52055% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.65066% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 43.4150 | 73.1705 | 47.4779 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.4150 | 73.1705 | 47.4779 | 7.8400 | | 171.9034 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 50.2631 | | | |
| 7 | Provider Target Rate | 42.0237 | | 51.7023 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 73.1705 | 47.4779 | 7.8400 | | 170.5121 |
| 12/13 | Medicaid Adjustment Rate | | 1.0768 | 0.6987 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 74.2473 | 48.1766 | 7.8400 | | 172.2876 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252352-00 - 2013/01
191.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,961,060 | 7.3999 |
| Indexed Asset Value | 3,701,325 | < 60% of Base: | False | 20% ROE(2): | 740,265 | 0.4851 |
| 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: | 291,705 | Total FRVS PD: | | 10.2650 |

(1) 80% Capital (\$2,961,060) amortized at 7.7500% for 20 years Principal & Interest of \$291,705 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.3999

(2) 20% ROE (\$740,265) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4851

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 74.2473 | 74.2473 | 4.3304 | 69.9169 |
| Indirect Care | 48.1766 | 48.1766 | 2.8099 | 45.3667 |
| Property | 7.8400 | 10.2650 | 0.5987 | 9.6663 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5141 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 172.2876 | 174.7126 | 10.1900 | 191.8691 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 252361-00 - 2013/01 |
| 204.97 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 45.35350% Occupancy: 93.87443% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.35766% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 43.3495 | 86.5990 | 54.0257 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.3495 | 86.5990 | 54.0257 | 10.0700 | | 194.0442 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 50.3104 | | | |
| 7 | Provider Target Rate | 39.8374 | | 51.7509 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 86.5990 | 51.7509 | 10.0700 | | 188.2573 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 86.5990 | 51.7509 | 10.0700 | | 188.2573 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252361-00 - 2013/01
204.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,268,800 | 10.6681 |
| Indexed Asset Value | 5,336,000 | < 60% of Base: | False | 20% ROE(2): | 1,067,200 | 0.6993 |
| 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: | 420,536 | Total FRVS PD: | | 15.0500 |

(1) 80% Capital (\$4,268,800) amortized at 7.7500% for 20 years Principal & Interest of \$420,536 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6681

(2) 20% ROE (\$1,067,200) times the ROE factor (0.025830) divided by annual available days (43,800) 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 |
| Patient Care | | | | |
| Direct Care | 86.5990 | 86.5990 | 5.0508 | 81.5482 |
| Indirect Care | 51.7509 | 51.7509 | 3.0183 | 48.7326 |
| Property | 10.0700 | 15.0500 | 0.8778 | 14.1722 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.1709 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.2573 | 193.2373 | 11.2704 | 204.9702 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 252379-00 - 2013/01

187.29

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.03000% Occupancy: 96.49315% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.65936% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 37.7045 | 72.9527 | 43.6574 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.7045 | 72.9527 | 43.6574 | 10.1500 | | 164.4646 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.7045 | 72.9527 | 43.6574 | 10.1500 | | 164.4646 |
| 12/13 | Medicaid Adjustment Rate | | 1.0694 | 0.6400 | | | |
| 14 | Prospective Per Diem 11 | 37.7045 | 74.0221 | 44.2974 | 10.1500 | | 166.1740 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252379-00 - 2013/01
187.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,363,014 | 10.9035 |
| Indexed Asset Value | 5,453,767 | < 60% of Base: | False | 20% ROE(2): | 1,090,753 | 0.7147 |
| 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: | 429,817 | Total FRVS PD: | | 14.6713 |

(1) 80% Capital (\$4,363,014) amortized at 7.7500% for 20 years Principal & Interest of \$429,817 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9035

(2) 20% ROE (\$1,090,753) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7147

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,718,880 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 37.7045 | 37.7045 | 2.1991 | 35.5054 |
| Patient Care | | | | |
| Direct Care | 74.0221 | 74.0221 | 4.3173 | 69.7048 |
| Indirect Care | 44.2974 | 44.2974 | 2.5836 | 41.7138 |
| Property | 10.1500 | 14.6713 | 0.8557 | 13.8156 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.7134 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 166.1740 | 170.6953 | 9.9557 | 187.2854 |

***Medicaid Trend Adjustment :**



0 252395-00 - 2013/01
203.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 41.6859 | 80.1882 | 48.6002 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.6859 | 80.1882 | 48.6002 | 10.0000 | | 180.4743 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.5367 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.9551 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.6859 | 80.1882 | 48.6002 | 10.0000 | | 180.4743 |
| 12/13 | Medicaid Adjustment Rate | | 0.9612 | 0.5825 | | | |
| 14 | Prospective Per Diem 11 | 41.6859 | 81.1494 | 49.1827 | 10.0000 | | 182.0180 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252395-00 - 2013/01
203.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,349,479 | 10.8697 |
| Indexed Asset Value | 5,436,849 | < 60% of Base: | False | 20% ROE(2): | 1,087,370 | 0.7125 |
| 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: | 428,484 | Total FRVS PD: | | 14.9672 |

(1) 80% Capital (\$4,349,479) amortized at 7.7500% for 20 years Principal & Interest of \$428,484 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8697

(2) 20% ROE (\$1,087,370) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7125

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,493,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.6859 | 41.6859 | 2.4313 | 39.2546 |
| Patient Care | | | | |
| Direct Care | 81.1494 | 81.1494 | 4.7330 | 76.4164 |
| Indirect Care | 49.1827 | 49.1827 | 2.8685 | 46.3142 |
| Property | 10.0000 | 14.9672 | 0.8729 | 14.0943 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9615 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 182.0180 | 186.9852 | 10.9057 | 203.8734 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 252425-00 - 2013/01

185.58

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 75.62460% Occupancy: 88.55023% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.64486% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 40.8297 | 69.6847 | 44.3008 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.8297 | 69.6847 | 44.3008 | 7.7200 | | 162.5352 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 69.6847 | 44.3008 | 7.7200 | | 161.5429 |
| 12/13 | Medicaid Adjustment Rate | | 2.0088 | 1.2771 | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 71.6935 | 45.5779 | 7.7200 | | 164.8288 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252425-00 - 2013/01
185.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Marshall Health and 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: 1,901,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1979/07 | Type: Fixed [2] | 80% Capital(1): 2,831,006 | 7.0749 |
| Indexed Asset Value: 3,538,757 | < 60% of Base: False | 20% ROE(2): 707,751 | 0.4638 |
| FRVS Base Asset: 2,027,076 | Interest Rate: 10.6343 % | Insurance Cost(3): 36,415 | 0.9389 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.7500 % | Taxes Cost(3): 34,999 | 0.9024 |
| ROE Factor: 0.025830 | Amortization Rate: 7.7500 % | Home Office(3): 18,369 | 0.4736 |
| | Interest Only: False | Replacement(3&4): 13,093 | 0.0000 |
| | Yearly Payment: 278,893 | Total FRVS PD: | 9.8536 |

(1) 80% Capital (\$2,831,006) amortized at 7.7500% for 20 years Principal & Interest of \$278,893 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0749

(2) 20% ROE (\$707,751) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4638

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 |
| Patient Care | | | | |
| Direct Care | 71.6935 | 71.6935 | 4.1815 | 67.5120 |
| Indirect Care | 45.5779 | 45.5779 | 2.6583 | 42.9196 |
| Property | 7.7200 | 9.8536 | 0.5747 | 9.2789 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5278 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 164.8288 | 166.9624 | 9.7380 | 185.5846 |

***Medicaid Trend Adjustment :**



0 252433-00 - 2013/01
210.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 86.01624% Occupancy: 93.07476% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.34943% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 49.5209 | 72.7078 | 54.0716 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.5209 | 72.7078 | 54.0716 | 7.7100 | | 184.0103 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 62.7314 | | | |
| 7 | Provider Target Rate | 55.1063 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.5209 | 72.7078 | 54.0716 | 7.7100 | | 184.0103 |
| 12/13 | Medicaid Adjustment Rate | | 2.9460 | 2.1909 | | | |
| 14 | Prospective Per Diem 11 | 49.5209 | 75.6538 | 56.2625 | 7.7100 | | 189.1472 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252433-00 - 2013/01
210.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 2,201,954 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): | 1,761,563 | 6.3647 |
| | < 60% of Base: | False | 20% ROE(2): | 440,391 | 0.4172 |
| | 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: | 173,538 | Total FRVS PD: | 10.0652 | | |

(1) 80% Capital (\$1,761,563) amortized at 7.7500% for 20 years Principal & Interest of \$173,538 divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = \$6.3647

(2) 20% ROE (\$440,391) times the ROE factor (0.025830) divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = \$0.4172

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 83 | Effective PBS Limitation | 2,365,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.5209 | 49.5209 | 2.8883 | 46.6326 |
| Patient Care | | | | |
| Direct Care | 75.6538 | 75.6538 | 4.4124 | 71.2414 |
| Indirect Care | 56.2625 | 56.2625 | 3.2815 | 52.9810 |
| Property | 7.7100 | 10.0652 | 0.5870 | 9.4782 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.2754 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.1472 | 191.5024 | 11.1692 | 210.4410 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 252441-00 - 2013/01

210.85

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.82641% Occupancy: 94.80366% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.52924% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 46.4461 | 85.0662 | 55.1340 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.4461 | 85.0662 | 55.1340 | 9.4500 | | 196.0963 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 85.0662 | 50.8005 | 9.4500 | | 187.3404 |
| 12/13 | Medicaid Adjustment Rate | | 1.6103 | 0.9616 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 86.6765 | 51.7621 | 9.4500 | | 189.9123 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252441-00 - 2013/01
210.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,924,222 | 9.8070 |
| Indexed Asset Value | 4,905,278 | < 60% of Base: | False | 20% ROE(2): | 981,056 | 0.6428 |
| 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: | 386,590 | Total FRVS PD: | | 13.5901 |

(1) 80% Capital (\$3,924,222) amortized at 7.7500% for 20 years Principal & Interest of \$386,590 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8070

(2) 20% ROE (\$981,056) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6428

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 103 | Effective PBS Limitation | 3,595,112 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 86.6765 | 86.6765 | 5.0553 | 81.6212 |
| Indirect Care | 51.7621 | 51.7621 | 3.0190 | 48.7431 |
| Property | 9.4500 | 13.5901 | 0.7926 | 12.7975 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2876 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.9123 | 194.0524 | 11.3179 | 210.8545 |

*Medicaid Trend Adjustment :



0 252450-00 - 2013/01
202.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 71.36510% Occupancy: 96.25723% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.36191% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 39.0916 | 83.6990 | 43.1096 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.0916 | 83.6990 | 43.1096 | 18.3900 | | 184.2902 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.0916 | 83.6990 | 43.1096 | 13.6500 | | 179.5502 |
| 12/13 | Medicaid Adjustment Rate | | 2.0118 | 1.0362 | | | |
| 14 | Prospective Per Diem 11 | 39.0916 | 85.7108 | 44.1458 | 13.6500 | | 182.5982 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252450-00 - 2013/01
202.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Rio Pinar Health Care

FRVS

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

| | | | | | |
|--|----------------------|------------------|------------------------------|------------------|----------------|
| Began FRVS: 9/23/1988 Year of Phase-In/ Full: RS to Start Calcs: 1987/01 Indexed Asset Value 8,297,940 FRVS Base Asset: 5,162,760 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): | 6,638,352 | 11.1431 |
| | < 60% of Base: | True | 20% ROE(2): | 1,659,588 | 0.7250 |
| | Interest Rate: | 10.0000 % | Insurance Cost(3): | 54,622 | 0.8637 |
| | Chase Rate: | 10.0000 % | Taxes Cost(3): | 120,461 | 1.9048 |
| | Amortization Rate: | 10.0000 % | Home Office(3): | 32,067 | 0.5071 |
| | Interest Only: | True | Replacement(3&4): | 299,415 | 0.0000 |
| Yearly Payment: | 658,891 | Total FRVS PD: | | 15.1437 | |

(1) 80% Capital (\$6,638,352) amortized at 10.0000% for 20 years Interest of \$658,891 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.1431

(2) 20% ROE (\$1,659,588) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7250

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,162,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.0916 | 39.0916 | 2.2800 | 36.8116 |
| Patient Care | | | | |
| Direct Care | 85.7108 | 85.7108 | 4.9990 | 80.7118 |
| Indirect Care | 44.1458 | 44.1458 | 2.5748 | 41.5710 |
| Property | 13.6500 | 15.1437 | 0.8832 | 14.2605 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.9086 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 182.5982 | 184.0919 | 10.7370 | 202.0959 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 252468-00 - 2013/01

202.76

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.19304% Occupancy: 96.12101% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.19017% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 47.0148 | 79.2186 | 45.8241 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.0148 | 79.2186 | 45.8241 | 9.2000 | | 181.2575 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.9971 | | | |
| 7 | Provider Target Rate | 42.0237 | | 51.4287 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 79.2186 | 45.8241 | 9.2000 | | 176.2664 |
| 12/13 | Medicaid Adjustment Rate | | 2.0670 | 1.1957 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 81.2856 | 47.0198 | 9.2000 | | 179.5291 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252468-00 - 2013/01
202.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,662,803 | 11.6527 |
| Indexed Asset Value | 5,828,504 | < 60% of Base: | False | 20% ROE(2): | 1,165,701 | 0.7638 |
| 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: | 459,351 | Total FRVS PD: | | 15.0846 |

(1) 80% Capital (\$4,662,803) amortized at 7.7500% for 20 years Principal & Interest of \$459,351 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6527

(2) 20% ROE (\$1,165,701) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7638

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 81.2856 | 81.2856 | 4.7409 | 76.5447 |
| Indirect Care | 47.0198 | 47.0198 | 2.7424 | 44.2774 |
| Property | 9.2000 | 15.0846 | 0.8798 | 14.2048 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.3321 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 179.5291 | 185.4137 | 10.8141 | 202.7641 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 252476-00 - 2013/01

203.70

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.77992% Occupancy: 85.15068% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 107.35868% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 58.4034 | 69.2772 | 54.8493 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.4034 | 69.2772 | 54.8493 | 6.0100 | | 188.5399 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.1293 | | 52.1843 | | | |
| 7 | Provider Target Rate | 48.4788 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.4788 | 69.2772 | 53.6785 | 6.0100 | | 177.4445 |
| 12/13 | Medicaid Adjustment Rate | | 1.7754 | 1.3756 | | | |
| 14 | Prospective Per Diem 11 | 48.4788 | 71.0526 | 55.0541 | 6.0100 | | 180.5955 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252476-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

203.70

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): | 1,406,386 | 6.4887 |
| Indexed Asset Value | 1,757,982 | < 60% of Base: | False | 20% ROE(2): | 351,596 | 0.4253 |
| 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: | 138,549 | Total FRVS PD: | | 8.9818 |

(1) 80% Capital (\$1,406,386) amortized at 7.7500% for 20 years Principal & Interest of \$138,549 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$6.4887

(2) 20% ROE (\$351,596) times the ROE factor (0.025830) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$0.4253

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 65 | Effective PBS Limitation | 1,852,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.4788 | 48.4788 | 2.8275 | 45.6513 |
| Patient Care | | | | |
| Direct Care | 71.0526 | 71.0526 | 4.1441 | 66.9085 |
| Indirect Care | 55.0541 | 55.0541 | 3.2110 | 51.8431 |
| Property | 6.0100 | 8.9818 | 0.5239 | 8.4579 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$22.0051 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.5955 | 183.5673 | 10.7065 | 203.6983 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 252484-00 - 2013/01

214.41

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.72520% Occupancy: 91.03844% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.78202% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 45.2433 | 82.1104 | 54.2948 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.2433 | 82.1104 | 54.2948 | 8.0600 | | 189.7085 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 57.4579 | | | |
| 7 | Provider Target Rate | 50.1452 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.2433 | 82.1104 | 54.2948 | 8.0600 | | 189.7085 |
| 12/13 | Medicaid Adjustment Rate | | 1.2679 | 0.8384 | | | |
| 14 | Prospective Per Diem 11 | 45.2433 | 83.3783 | 55.1332 | 8.0600 | | 191.8148 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252484-00 - 2013/01
214.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,233,906 | 9.0910 |
| Indexed Asset Value | 2,792,383 | < 60% of Base: | True | 20% ROE(2): | 558,477 | 0.4722 |
| 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: | 277,736 | Total FRVS PD: | | 12.1842 |

(1) 80% Capital (\$2,233,906) amortized at 12.5000% for 20 years Interest of \$277,736 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$9.0910

(2) 20% ROE (\$558,477) times the ROE factor (0.025830) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$0.4722

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 93 | Effective PBS Limitation | 2,650,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.2433 | 45.2433 | 2.6388 | 42.6045 |
| Patient Care | | | | |
| Direct Care | 83.3783 | 83.3783 | 4.8630 | 78.5153 |
| Indirect Care | 55.1332 | 55.1332 | 3.2156 | 51.9176 |
| Property | 8.0600 | 12.1842 | 0.7106 | 11.4736 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.0686 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.8148 | 195.9390 | 11.4280 | 214.4120 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252492-00 - 2013/01 199.41 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 43.97089% Occupancy: 94.44292% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.07442% Weighted Low Occ Adjustment Factor: 100.00000% |

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 | 40.7245 | 82.4585 | 64.1106 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.7245 | 82.4585 | 64.1106 | 11.5400 | | 198.8336 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 82.4585 | 48.7710 | 11.5400 | | 182.6069 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 82.4585 | 48.7710 | 11.5400 | | 182.6069 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252492-00 - 2013/01
199.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,272,241 | 10.6767 |
| Indexed Asset Value | 5,340,301 | < 60% of Base: | False | 20% ROE(2): | 1,068,060 | 0.6998 |
| 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: | 420,875 | Total FRVS PD: | | 15.8951 |

(1) 80% Capital (\$4,272,241) amortized at 7.7500% for 20 years Principal & Interest of \$420,875 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6767

(2) 20% ROE (\$1,068,060) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6998

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 4,444,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 |
| Patient Care | | | | |
| Direct Care | 82.4585 | 82.4585 | 4.8093 | 77.6492 |
| Indirect Care | 48.7710 | 48.7710 | 2.8445 | 45.9265 |
| Property | 11.5400 | 15.8951 | 0.9271 | 14.9680 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.5244 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 182.6069 | 186.9620 | 10.9044 | 199.4144 |

***Medicaid Trend Adjustment :**



0 252506-00 - 2013/01
202.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 80.88926% Occupancy: 97.15068% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.48838% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 38.0520 | 82.1174 | 47.3634 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.0520 | 82.1174 | 47.3634 | 8.3800 | | 175.9128 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.0520 | 82.1174 | 47.3634 | 8.3800 | | 175.9128 |
| 12/13 | Medicaid Adjustment Rate | | 2.8536 | 1.6459 | | | |
| 14 | Prospective Per Diem 11 | 38.0520 | 84.9710 | 49.0093 | 8.3800 | | 180.4123 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252506-00 - 2013/01
202.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed | 150 | Effective PBS Limitation | 4,275,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.0520 | 38.0520 | 2.2193 | 35.8327 |
| Patient Care | | | | |
| Direct Care | 84.9710 | 84.9710 | 4.9559 | 80.0151 |
| Indirect Care | 49.0093 | 49.0093 | 2.8584 | 46.1509 |
| Property | 8.3800 | 10.1046 | 0.5893 | 9.5153 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.8034 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.4123 | 182.1369 | 10.6229 | 202.1498 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 252522-00 - 2013/01 |
| 205.64 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 56.64080% Occupancy: 93.54795% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.94603% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 42.7469 | 80.1017 | 53.6089 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.7469 | 80.1017 | 53.6089 | 9.0100 | | 185.4675 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 80.1017 | 50.8005 | 9.0100 | | 181.9359 |
| 12/13 | Medicaid Adjustment Rate | | 0.5984 | 0.3795 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 80.7001 | 51.1800 | 9.0100 | | 182.9138 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 252522-00 - 2013/01 |
| 205.64 |

| |
|--------------------|
| Vista Manor |
|--------------------|

| |
|-------------|
| 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 5,613,477 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,919,889.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,490,782 | 11.2228 |
| | < 60% of Base: | False | 20% ROE(2): | 1,122,695 | 0.7356 |
| | Interest Rate: | 10.6343 % | Insurance Cost(3): | 36,415 | 0.8887 |
| | Chase Rate: | 4.7500 % | Taxes Cost(3): | 75,985 | 1.8545 |
| | Amortization Rate: | 7.7500 % | Home Office(3): | 23,822 | 0.5814 |
| | Interest Only: | False | Replacement(3&4): | 28,987 | 0.0000 |
| Yearly Payment: | 442,404 | Total FRVS PD: | 15.2830 | | |

(1) 80% Capital (\$4,490,782) amortized at 7.7500% for 20 years Principal & Interest of \$442,404 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.2228

(2) 20% ROE (\$1,122,695) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7356

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

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

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

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 | |
| Patient Care | | | | | |
| Direct Care | 80.7001 | 80.7001 | 4.7068 | 75.9933 | |
| Indirect Care | 51.1800 | 51.1800 | 2.9850 | 48.1950 | |
| Property | 9.0100 | 15.2830 | 0.8914 | 14.3916 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$18.6510 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 182.9138 | 189.1868 | 11.0342 | 205.6360 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252557-00 - 2013/01 190.40 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 80.08085% Occupancy: 95.63014% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.57127% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 40.2718 | 67.5636 | 44.6723 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.2718 | 67.5636 | 44.6723 | 7.0100 | | 159.5177 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 51.8676 | | | |
| 7 | Provider Target Rate | 42.0237 | | 53.3527 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.2718 | 67.5636 | 44.6723 | 7.0100 | | 159.5177 |
| 12/13 | Medicaid Adjustment Rate | | 2.2864 | 1.5118 | | | |
| 14 | Prospective Per Diem 11 | 40.2718 | 69.8500 | 46.1841 | 7.0100 | | 163.3159 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252557-00 - 2013/01
190.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Colonial Lakes Health Care

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: 5,100,802.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1984/01 | Type: Fixed [2] | 80% Capital(1): 6,796,107 | 11.3227 |
| Indexed Asset Value 8,495,134 | < 60% of Base: False | 20% ROE(2): 1,699,027 | 0.7422 |
| FRVS Base Asset: 3,287,398 | Interest Rate: 10.6343 % | Insurance Cost(3): 54,622 | 0.8694 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.7500 % | Taxes Cost(3): 57,599 | 0.9168 |
| ROE Factor 0.025830 | Amortization Rate: 7.7500 % | Home Office(3): 28,435 | 0.4526 |
| | Interest Only: False | Replacement(3&4): 136,766 | 0.0000 |
| | Yearly Payment: 669,511 | Total FRVS PD: 14.3037 | |

(1) 80% Capital (\$6,796,107) amortized at 7.7500% for 20 years Principal & Interest of \$669,511 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.3227

(2) 20% ROE (\$1,699,027) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7422

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 40.2718 | 40.2718 | 2.3488 | 37.9230 |
| Patient Care | | | | |
| Direct Care | 69.8500 | 69.8500 | 4.0739 | 65.7761 |
| Indirect Care | 46.1841 | 46.1841 | 2.6936 | 43.4905 |
| Property | 7.0100 | 14.3037 | 0.8343 | 13.4694 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.9052 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 163.3159 | 170.6096 | 9.9506 | 190.3966 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 252662-00 - 2013/01

220.88

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 46.71243% Occupancy: 93.78767% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.24827% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 44.2395 | 96.2068 | 52.9572 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.2395 | 96.2068 | 52.9572 | 24.2400 | | 217.6435 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 53.1114 | | | |
| 7 | Provider Target Rate | 44.2100 | | 54.6321 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.2100 | 96.2068 | 52.9572 | 13.6500 | | 207.0240 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.2100 | 96.2068 | 52.9572 | 13.6500 | | 207.0240 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252662-00 - 2013/01
220.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,999,333 | 11.5956 |
| Indexed Asset Value | 4,999,166 | < 60% of Base: | True | 20% ROE(2): | 999,833 | 0.6551 |
| 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: | 457,100 | Total FRVS PD: | | 14.9701 |

(1) 80% Capital (\$3,999,333) amortized at 11.5000% for 20 years Interest of \$457,100 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5956

(2) 20% ROE (\$999,833) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6551

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.2100 | 44.2100 | 2.5785 | 41.6315 |
| Patient Care | | | | |
| Direct Care | 96.2068 | 96.2068 | 5.6112 | 90.5956 |
| Indirect Care | 52.9572 | 52.9572 | 3.0887 | 49.8685 |
| Property | 13.6500 | 14.9701 | 0.8731 | 14.0970 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.8590 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.0240 | 208.3441 | 12.1515 | 220.8840 |

*Medicaid Trend Adjustment :



0 252671-00 - 2013/01

192.28

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,555 Medicare: 14,504 Medicaid: 19,882 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 50.26419% Occupancy: 90.30822% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.86135% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 796,136 | 1,544,913 | 883,879 | 341,772 | 0 | 3,566,700 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.0431 | 77.7041 | 44.4562 | 17.1900 | | 179.3934 |
| 3 | Cost Per Diem Inflated | 41.7891 | 79.8598 | 46.3946 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.7891 | 79.8598 | 46.3946 | 17.1900 | | 185.2335 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.9654 | | 63.6875 | | | |
| 7 | Provider Target Rate | 52.4247 | | 65.5111 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.7891 | 79.8598 | 46.3946 | 13.6500 | | 181.6935 |
| 12/13 | Medicaid Adjustment Rate | | 0.0237 | 0.0138 | | | |
| 14 | Prospective Per Diem 11 | 41.7891 | 79.8835 | 46.4084 | 13.6500 | | 181.7310 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252671-00 - 2013/01
192.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Palms of Sebring

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 4,023,492 FRVS Base Asset: 958,753 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,005,713.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 3,218,794 | 8.6590 |
| | < 60% of Base: | False | 20% ROE(2): | 804,698 | 0.4934 |
| | Interest Rate: | 11.0000 % | Insurance Cost(3): | 14,662 | 0.3707 |
| | Chase Rate: | 6.7500 % | Taxes Cost(3): | 54,108 | 1.3679 |
| | Amortization Rate: | 8.7500 % | Home Office(3): | 17,570 | 0.4442 |
| | Interest Only: | False | Replacement(3&4): | 27,736 | 0.0000 |
| Yearly Payment: | 341,338 | Total FRVS PD: | 11.3352 | | |

(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 (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4934

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 54 | Effective PBS Limitation | 1,539,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.7891 | 41.7891 | 2.4373 | 39.3518 |
| Patient Care | | | | |
| Direct Care | 79.8835 | 79.8835 | 4.6591 | 75.2244 |
| Indirect Care | 46.4084 | 46.4084 | 2.7067 | 43.7017 |
| Property | 13.6500 | 11.3352 | 0.6611 | 10.6741 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.4967 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 181.7310 | 179.4162 | 10.4642 | 192.2811 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 252689-00 - 2013/01 208.85 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,921 Medicare: 7,261 Medicaid: 22,376 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 56.05070% Occupancy: 91.14383% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.91491% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 38.8840 | 88.0010 | 50.6969 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.8840 | 88.0010 | 50.6969 | 12.7100 | 1.3826 | 191.6745 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.8076 | | 69.6581 | | | |
| 7 | Provider Target Rate | 44.0333 | | 71.6526 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.8840 | 88.0010 | 50.6969 | 12.7100 | 1.3826 | 191.6745 |
| 12/13 | Medicaid Adjustment Rate | | 0.5990 | 0.3451 | | | |
| 14 | Prospective Per Diem 11 | 38.8840 | 88.6000 | 51.0420 | 12.7100 | 1.3826 | 192.6186 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 252689-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

208.85

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): 3,883,737 | 11.2140 |
| Indexed Asset Value | 4,854,671 | < 60% of Base: False | 20% ROE(2): 970,934 | 0.6362 |
| 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: 442,055 | Total FRVS PD: | 14.9003 |

(1) 80% Capital (\$3,883,737) amortized at 9.7500% for 20 years Principal & Interest of \$442,055 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.2140

(2) 20% ROE (\$970,934) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6362

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.8840 | 38.8840 | 2.2679 | 36.6161 |
| Patient Care | | | | |
| Direct Care | 88.6000 | 88.6000 | 5.1675 | 83.4325 |
| Indirect Care | 51.0420 | 51.0420 | 2.9770 | 48.0650 |
| Property | 12.7100 | 14.9003 | 0.7413 | 11.9687 |
| ROE | 1.3826 | 0.1022 | 0.0806 | 1.3020 |
| ROE Adjustment | -0.1022 | -0.1022 | -0.0060 | -0.0962 |
| Quality Assess-Medicaid Share | | | | \$18.7267 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.5164 | 193.4263 | 11.2283 | 208.8472 |

***Medicaid Trend Adjustment :**



0 252956-00 - 2013/01
213.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 30,178 Medicare: 7,675 Medicaid: 19,522 Medicaid Utilization 64.68951% Occupancy: 68.71129% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 86.63177% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 750,816 | 1,705,766 | 1,075,182 | 251,248 | 0 | 3,783,012 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.4600 | 87.3766 | 55.0754 | 12.8700 | | 193.7820 |
| 3 | Cost Per Diem Inflated | 40.0384 | 89.7253 | 57.3358 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.0384 | 89.7253 | 57.3358 | 12.8700 | | 199.9695 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.5787 | | 62.4118 | | | |
| 7 | Provider Target Rate | 47.9124 | | 64.1988 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.0384 | 89.7253 | 57.2593 | 12.8700 | | 199.8930 |
| 12/13 | Medicaid Adjustment Rate | | 1.4828 | 0.9462 | | | |
| 14 | Prospective Per Diem 11 | 40.0384 | 91.2081 | 58.2055 | 12.8700 | | 202.3220 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 252956-00 - 2013/01
213.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Leesburg Health & Rehab

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: | 3,200,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1980/01 | Type: | Fixed [2] | 80% Capital(1): | 2,919,238 | 6.8898 |
| Indexed Asset Value | 3,649,047 | < 60% of Base: | False | 20% ROE(2): | 729,809 | 0.4051 |
| FRVS Base Asset: | 2,210,061 | Interest Rate: | 7.0000 % | Insurance Cost(3): | 31,429 | 1.0415 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 5.5000 % | Taxes Cost(3): | 39,899 | 1.3221 |
| ROE Factor | 0.021880 | Amortization Rate: | 7.0000 % | Home Office(3): | 18,103 | 0.5999 |
| | | Interest Only: | False | Replacement(3&4): | 5,256 | 0.0000 |
| | | Yearly Payment: | 271,594 | Total FRVS PD: | 10.2584 | |

(1) 80% Capital (\$2,919,238) amortized at 7.0000% for 20 years Principal & Interest of \$271,594 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.8898

(2) 20% ROE (\$729,809) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4051

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.0384 | 40.0384 | 2.3352 | 37.7032 |
| Patient Care | | | | |
| Direct Care | 91.2081 | 91.2081 | 5.3196 | 85.8885 |
| Indirect Care | 58.2055 | 58.2055 | 3.3948 | 54.8107 |
| Property | 12.8700 | 10.2584 | 0.5983 | 9.6601 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.0685 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.3220 | 199.7104 | 11.6479 | 213.9634 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 253014-00 - 2013/01

213.16

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 81.98933% Occupancy: 91.19406% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.97823% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 41.2676 | 94.6200 | 41.8910 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.2676 | 94.6200 | 41.8910 | 20.3000 | | 198.0786 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.2419 | | 51.4002 | | | |
| 7 | Provider Target Rate | 48.5946 | | 52.8719 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.2676 | 94.6200 | 41.8910 | 13.6500 | | 191.4286 |
| 12/13 | Medicaid Adjustment Rate | | 3.4052 | 1.5076 | | | |
| 14 | Prospective Per Diem 11 | 41.2676 | 98.0252 | 43.3986 | 13.6500 | | 196.3414 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 253014-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 3,461,438 | 8.7155 |
| Indexed Asset Value | 4,326,797 | < 60% of Base: | True | 20% ROE(2): | 865,359 | 0.5670 |
| 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: | 343,566 | Total FRVS PD: | | 11.6995 |

(1) 80% Capital (\$3,461,438) amortized at 10.0000% for 20 years Interest of \$343,566 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7155

(2) 20% ROE (\$865,359) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5670

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.2676 | 41.2676 | 2.4069 | 38.8607 |
| Patient Care | | | | |
| Direct Care | 98.0252 | 98.0252 | 5.7172 | 92.3080 |
| Indirect Care | 43.3986 | 43.3986 | 2.5312 | 40.8674 |
| Property | 13.6500 | 11.6995 | 0.6824 | 11.0171 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.2780 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 196.3414 | 194.3909 | 11.3377 | 213.1636 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 253146-00 - 2013/01 195.20 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.24372% Occupancy: 86.46347% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.01386% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 36.8951 | 79.3462 | 45.1733 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.8951 | 79.3462 | 45.1733 | 11.5300 | 1.6507 | 174.5953 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.7172 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.9117 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.8951 | 79.3462 | 45.1733 | 11.5300 | 1.6507 | 174.5953 |
| 12/13 | Medicaid Adjustment Rate | | 1.8070 | 1.0288 | | | |
| 14 | Prospective Per Diem 11 | 36.8951 | 81.1532 | 46.2021 | 11.5300 | 1.6507 | 177.4311 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 253146-00 - 2013/01 |
| 195.20 |

| |
|----------------------------------|
| 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): 4,358,398 | 9.5053 |
| Indexed Asset Value 5,447,997 | < 60% of Base: False | 20% ROE(2): 1,089,599 | 0.7140 |
| 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: 374,699 | Total FRVS PD: | 13.0670 |

(1) 80% Capital (\$4,358,398) amortized at 6.0000% for 20 years Principal & Interest of \$374,699 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5053

(2) 20% ROE (\$1,089,599) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7140

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

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

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

| |
|--|
| Comparison of Reimbursement under Cost vs. FRVS |
|--|

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.8951 | 36.8951 | 2.1519 | 34.7432 |
| Patient Care | | | | |
| Direct Care | 81.1532 | 81.1532 | 4.7332 | 76.4200 |
| Indirect Care | 46.2021 | 46.2021 | 2.6947 | 43.5074 |
| Property | 11.5300 | 13.0670 | 0.6725 | 10.8575 |
| ROE | 1.6507 | 0.6475 | 0.0963 | 1.5544 |
| ROE Adjustment | -0.6475 | -0.6475 | -0.0378 | -0.6097 |
| Quality Assess-Medicaid Share | | | | \$19.8927 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 176.7836 | 177.3174 | 10.3108 | 195.1979 |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



0 253421-00 - 2013/01
191.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 08/01/2011-07/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 41,868 Medicare: 10,320 Medicaid: 27,324 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| Medicaid Utilization 65.26225% Occupancy: 95.32787% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.19017% Weighted Low Occ Adjustment Factor: 100.00000% | | | FY Index: 1.27004145 Semester Index: 1.30828184 Cost: 1.03010956 Target: 1.02004310 DC FY Index: 1.19666435 DC Sem Index: 1.22250000 DC Inflation: 1.02158972 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,069,453 | 1,866,420 | 1,234,748 | 649,765 | 0 | 4,820,386 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.1397 | 68.3070 | 45.1891 | 23.7800 | | 176.4158 |
| 3 | Cost Per Diem Inflated | 40.3182 | 69.7817 | 46.5497 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.3182 | 69.7817 | 46.5497 | 23.7800 | | 180.4296 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.3182 | 69.7817 | 46.5497 | 13.6500 | | 170.2996 |
| 12/13 | Medicaid Adjustment Rate | | 1.1982 | 0.7993 | | | |
| 14 | Prospective Per Diem 11 | 40.3182 | 70.9799 | 47.3490 | 13.6500 | | 172.2971 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 253421-00 - 2013/01 |
| 191.44 |

| |
|--------------------------------|
| 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 5,388,283 FRVS Base Asset: 3,930,360 Occup Adj Factor: 0.9000 ROE Factor 0.016770 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 6,898,511.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,310,626 | 13.5713 |
| | < 60% of Base: | False | 20% ROE(2): | 1,077,657 | 0.4585 |
| | Interest Rate: | 11.0300 % | Insurance Cost(3): | 54,379 | 1.2988 |
| | Chase Rate: | 9.0000 % | Taxes Cost(3): | 67,912 | 1.6221 |
| | Amortization Rate: | 11.0300 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 16,241 | 0.0000 |
| Yearly Payment: | 534,982 | Total FRVS PD: | 16.9507 | | |

- (1) 80% Capital (\$4,310,626) amortized at 11.0300% for 20 years Principal & Interest of \$534,982 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.5713
- (2) 20% ROE (\$1,077,657) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4585
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,930,360 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 40.3182 | 40.3182 | 2.3515 | 37.9667 | |
| Patient Care | | | | | |
| Direct Care | 70.9799 | 70.9799 | 4.1398 | 66.8401 | |
| Indirect Care | 47.3490 | 47.3490 | 2.7616 | 44.5874 | |
| Property | 13.6500 | 16.9507 | 0.9886 | 15.9621 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$17.2479 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 172.2971 | 175.5978 | 10.2415 | 191.4366 | |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 253430-00 - 2013/01 193.75 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 56.75217% Occupancy: 92.74886% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.93852% Weighted Low Occ Adjustment Factor: 100.00000% |

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 | 38.0127 | 87.5439 | 38.7983 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.0127 | 87.5439 | 38.7983 | 12.6200 | | 176.9749 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.2901 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.4724 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.0127 | 87.5439 | 38.7983 | 12.6200 | | 176.9749 |
| 12/13 | Medicaid Adjustment Rate | | 0.6650 | 0.2947 | | | |
| 14 | Prospective Per Diem 11 | 38.0127 | 88.2089 | 39.0930 | 12.6200 | | 177.9346 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 253430-00 - 2013/01
193.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Sunset Point 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: | 1,365,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1980/01 | Type: | Variable [3] | 80% Capital(1): | 3,032,630 | 8.7565 |
| Indexed Asset Value | 3,790,788 | < 60% of Base: | False | 20% ROE(2): | 758,158 | 0.4968 |
| FRVS Base Asset: | 1,921,442 | Interest Rate: | 10.6500 % | Insurance Cost(3): | 9,336 | 0.2298 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 53,409 | 1.3147 |
| ROE Factor | 0.025830 | Amortization Rate: | 9.7500 % | Home Office(3): | 27,737 | 0.6828 |
| | | Interest Only: | False | Replacement(3&4): | 168,601 | 0.0000 |
| | | Yearly Payment: | 345,180 | Total FRVS PD: | | 11.4806 |

(1) 80% Capital (\$3,032,630) amortized at 9.7500% for 20 years Principal & Interest of \$345,180 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7565

(2) 20% ROE (\$758,158) times the ROE factor (0.025830) 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.0127 | 38.0127 | 2.2171 | 35.7956 |
| Patient Care | | | | |
| Direct Care | 88.2089 | 88.2089 | 5.1447 | 83.0642 |
| Indirect Care | 39.0930 | 39.0930 | 2.2801 | 36.8129 |
| Property | 12.6200 | 11.4806 | 0.6696 | 10.8110 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.4364 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.9346 | 176.7952 | 10.3115 | 193.7525 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 253448-00 - 2013/01 |
| 209.54 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.13301% Occupancy: 92.87900% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.10261% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 41.0912 | 91.9557 | 44.0160 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.0912 | 91.9557 | 44.0160 | 10.7700 | | 187.8329 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.7004 | | 50.3770 | | | |
| 7 | Provider Target Rate | 44.9517 | | 51.8194 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.0912 | 91.9557 | 44.0160 | 10.7700 | | 187.8329 |
| 12/13 | Medicaid Adjustment Rate | | 1.9793 | 0.9474 | | | |
| 14 | Prospective Per Diem 11 | 41.0912 | 93.9350 | 44.9634 | 10.7700 | | 190.7596 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 253448-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 3,202,574 | 9.2472 |
| Indexed Asset Value | 4,003,217 | < 60% of Base: | False | 20% ROE(2): | 800,643 | 0.5246 |
| 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: | 364,524 | Total FRVS PD: | | 12.0544 |

(1) 80% Capital (\$3,202,574) amortized at 9.7500% for 20 years Principal & Interest of \$364,524 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2472

(2) 20% ROE (\$800,643) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5246

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.0912 | 41.0912 | 2.3966 | 38.6946 |
| Patient Care | | | | |
| Direct Care | 93.9350 | 93.9350 | 5.4787 | 88.4563 |
| Indirect Care | 44.9634 | 44.9634 | 2.6224 | 42.3410 |
| Property | 10.7700 | 12.0544 | 0.7031 | 11.3513 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.8679 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.7596 | 192.0440 | 11.2008 | 209.5435 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 253456-00 - 2013/01 |
| 204.41 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 65.64406% Occupancy: 86.10502% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.56193% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 42.5529 | 86.8512 | 38.3468 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.5529 | 86.8512 | 38.3468 | 31.1000 | | 198.8509 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.2638 | | 55.1317 | | | |
| 7 | Provider Target Rate | 43.4739 | | 56.7103 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.5529 | 86.8512 | 38.3468 | 13.6500 | | 181.4009 |
| 12/13 | Medicaid Adjustment Rate | | 1.5285 | 0.6749 | | | |
| 14 | Prospective Per Diem 11 | 42.5529 | 88.3797 | 39.0217 | 13.6500 | | 183.6043 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 253456-00 - 2013/01
204.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,560,261 | 12.9985 |
| Indexed Asset Value | 5,700,326 | < 60% of Base: | False | 20% ROE(2): | 1,140,065 | 0.7470 |
| 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: | 512,399 | Total FRVS PD: | | 16.6287 |

(1) 80% Capital (\$4,560,261) amortized at 9.5645% for 20 years Principal & Interest of \$512,399 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.9985

(2) 20% ROE (\$1,140,065) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7470

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,765,380 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.5529 | 42.5529 | 2.4819 | 40.0710 |
| Patient Care | | | | |
| Direct Care | 88.3797 | 88.3797 | 5.1547 | 83.2250 |
| Indirect Care | 39.0217 | 39.0217 | 2.2759 | 36.7458 |
| Property | 13.6500 | 16.6287 | 0.9699 | 15.6588 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.8760 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.6043 | 186.5830 | 10.8824 | 204.4090 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 253464-00 - 2013/01 |
| 212.66 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 61.93435% Occupancy: 93.33790% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.68119% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 38.5314 | 97.2204 | 45.4550 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.5314 | 97.2204 | 45.4550 | 10.4500 | | 191.6568 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 52.7728 | | | |
| 7 | Provider Target Rate | 42.0237 | | 54.2838 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.5314 | 97.2204 | 45.4550 | 10.4500 | | 191.6568 |
| 12/13 | Medicaid Adjustment Rate | | 1.3053 | 0.6103 | | | |
| 14 | Prospective Per Diem 11 | 38.5314 | 98.5257 | 46.0653 | 10.4500 | | 193.5724 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 253464-00 - 2013/01
212.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,726,428 | 10.7598 |
| Indexed Asset Value 4,658,035 | < 60% of Base: False | 20% ROE(2): 931,607 | 0.6104 |
| 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: 424,150 | Total FRVS PD: 13.6543 | |

(1) 80% Capital (\$3,726,428) amortized at 9.7500% for 20 years Principal & Interest of \$424,150 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7598

(2) 20% ROE (\$931,607) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6104

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.5314 | 38.5314 | 2.2473 | 36.2841 |
| Patient Care | | | | |
| Direct Care | 98.5257 | 98.5257 | 5.7464 | 92.7793 |
| Indirect Care | 46.0653 | 46.0653 | 2.6867 | 43.3786 |
| Property | 10.4500 | 13.6543 | 0.7964 | 12.8579 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5295 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.5724 | 196.7767 | 11.4768 | 212.6618 |

*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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 253481-00 - 2013/01 |
| 253.77 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 45.87954% Occupancy: 86.05023% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.49284% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 53.2986 | 96.9039 | 92.6687 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.2986 | 96.9039 | 92.6687 | 47.7700 | | 290.6412 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 91.6213 | | 79.7142 | | | |
| 7 | Provider Target Rate | 94.2447 | | 81.9967 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.2986 | 96.9039 | 76.5172 | 13.6500 | | 240.3697 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.2986 | 96.9039 | 76.5172 | 13.6500 | | 240.3697 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 253481-00 - 2013/01
253.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,121,201 | 14.2199 |
| Indexed Asset Value | 2,651,501 | < 60% of Base: | False | 20% ROE(2): | 530,300 | 0.6950 |
| 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: | 280,275 | Total FRVS PD: | | 19.8907 |

(1) 80% Capital (\$2,121,201) amortized at 12.0000% for 20 years Principal & Interest of \$280,275 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$14.2199

(2) 20% ROE (\$530,300) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6950

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,801,380 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.2986 | 53.2986 | 3.1086 | 50.1900 |
| Patient Care | | | | |
| Direct Care | 96.9039 | 96.9039 | 5.6518 | 91.2521 |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 |
| Property | 13.6500 | 19.8907 | 1.1601 | 18.7306 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.7125 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 240.3697 | 246.6104 | 14.3833 | 253.7720 |

***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 01/01/2013 through 06/30/2013

0 253707-00 - 2013/01

227.85

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.29096% Occupancy: 87.96118% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.90219% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 43.8524 | 97.3811 | 56.8053 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.8524 | 97.3811 | 56.8053 | 15.7900 | | 213.8288 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.3385 | | 65.3879 | | | |
| 7 | Provider Target Rate | 44.5794 | | 67.2602 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.8524 | 96.2398 | 56.8053 | 13.6500 | | 210.5475 |
| 12/13 | Medicaid Adjustment Rate | | 2.1969 | 1.2967 | | | |
| 14 | Prospective Per Diem 11 | 43.8524 | 98.4367 | 58.1020 | 13.6500 | | 214.0411 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 253707-00 - 2013/01
227.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,159,901 | 9.1239 |
| Indexed Asset Value 3,949,876 | < 60% of Base: False | 20% ROE(2): 789,975 | 0.5176 |
| 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: 359,666 | Total FRVS PD: 11.5909 | |

(1) 80% Capital (\$3,159,901) amortized at 9.7500% for 20 years Principal & Interest of \$359,666 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1239

(2) 20% ROE (\$789,975) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5176

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.8524 | 43.8524 | 2.5577 | 41.2947 |
| Patient Care | | | | |
| Direct Care | 98.4367 | 98.4367 | 5.7412 | 92.6955 |
| Indirect Care | 58.1020 | 58.1020 | 3.3887 | 54.7133 |
| Property | 13.6500 | 11.5909 | 0.6760 | 10.9149 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4013 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 214.0411 | 211.9820 | 12.3636 | 227.8521 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 253723-00 - 2013/01

243.34

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.60027% Occupancy: 96.03370% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.08008% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 | |

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 | 63.0248 | 106.5162 | 63.3650 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 63.0248 | 106.5162 | 63.3650 | 38.5800 | | 271.4860 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.0327 | | 61.2950 | | | |
| 7 | Provider Target Rate | 48.3794 | | 63.0501 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.3794 | 100.1552 | 60.9022 | 13.6500 | | 223.0868 |
| 12/13 | Medicaid Adjustment Rate | | 2.2085 | 1.3429 | | | |
| 14 | Prospective Per Diem 11 | 48.3794 | 102.3637 | 62.2451 | 13.6500 | | 226.6382 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 253723-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

243.34

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): | 4,410,308 | 13.6301 |
| Indexed Asset Value | 5,512,885 | < 60% of Base: | False | 20% ROE(2): | 1,102,577 | 0.6120 |
| 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: | 537,297 | Total FRVS PD: | | 17.8350 |

(1) 80% Capital (\$4,410,308) amortized at 10.7500% for 20 years Principal & Interest of \$537,297 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.6301

(2) 20% ROE (\$1,102,577) times the ROE factor (0.021880) divided by annual available days (43,800) 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: | 39,849 |
| Comparison Date: 1/1/2000 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,781,880 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.3794 | 48.3794 | 2.8217 | 45.5577 |
| Patient Care | | | | |
| Direct Care | 102.3637 | 102.3637 | 5.9703 | 96.3934 |
| Indirect Care | 62.2451 | 62.2451 | 3.6304 | 58.6147 |
| Property | 13.6500 | 17.8350 | 1.0402 | 16.7948 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.1515 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 226.6382 | 230.8232 | 13.4626 | 243.3445 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 254177-00 - 2013/01 |
| 206.69 |

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: 2013/01 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: 0 Total: 182 |
| | Medicaid Utilization 39.01061% Occupancy: 72.72243% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 91.68905% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 45.8331 | 83.3488 | 49.4906 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.8331 | 83.3488 | 49.4906 | 13.8500 | | 192.5225 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.7539 | | 51.3593 | | | |
| 7 | Provider Target Rate | 55.2930 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.8331 | 83.3488 | 49.4906 | 13.6500 | | 192.3225 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 45.8331 | 83.3488 | 49.4906 | 13.6500 | | 192.3225 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 254177-00 - 2013/01
206.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,031,297 | 2.5285 |
| Indexed Asset Value | 2,539,121 | < 60% of Base: | True | 20% ROE(2): | 507,824 | 0.1938 |
| FRVS Base Asset: | 2,539,121 | 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: | 171,109 | Total FRVS PD: | | 11.2962 |

- (1) 80% Capital (\$2,031,297) amortized at 8.5000% for 20 years Interest of \$171,109 divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = \$2.5285
- (2) 20% ROE (\$507,824) times the ROE factor (0.025830) divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = \$0.1938
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 206 | Effective PBS Limitation | 2,113,766 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.8331 | 45.8331 | 2.6732 | 43.1599 |
| Patient Care | | | | |
| Direct Care | 83.3488 | 83.3488 | 4.8612 | 78.4876 |
| Indirect Care | 49.4906 | 49.4906 | 2.8865 | 46.6041 |
| Property | 13.6500 | 11.2962 | 0.6588 | 10.6374 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9696 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.3225 | 189.9687 | 11.0797 | 206.6910 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 254291-00 - 2013/01 258.25 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.87845% Occupancy: 88.38971% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.44248% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 64.0236 | 103.9625 | 70.8962 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 64.0236 | 103.9625 | 70.8962 | 16.3000 | | 255.1823 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 62.7314 | | | |
| 7 | Provider Target Rate | 55.1063 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 55.1063 | 103.9625 | 64.5276 | 13.6500 | | 237.2464 |
| 12/13 | Medicaid Adjustment Rate | | 3.3776 | 2.0964 | | | |
| 14 | Prospective Per Diem 11 | 55.1063 | 107.3401 | 66.6240 | 13.6500 | | 242.7204 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 254291-00 - 2013/01
258.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Arch Plaza Nursing & Rehabilitation Center

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 5/1/1996 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 1,800,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1978/07 | Type: | Fixed [2] | 80% Capital(1): | 3,579,379 | 13.5454 |
| Indexed Asset Value | 4,474,224 | < 60% of Base: | False | 20% ROE(2): | 894,845 | 0.7180 |
| FRVS Base Asset: | 1,103,440 | Interest Rate: | 11.0000 % | Insurance Cost(3): | 17,805 | 0.5631 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 12,289 | 0.3887 |
| ROE Factor | 0.025830 | Amortization Rate: | 10.7500 % | Home Office(3): | 15,128 | 0.4785 |
| | | Interest Only: | False | Replacement(3&4): | 243,788 | 0.0000 |
| | | Yearly Payment: | 436,067 | Total FRVS PD: | | 15.6937 |

(1) 80% Capital (\$3,579,379) amortized at 10.7500% for 20 years Principal & Interest of \$436,067 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$13.5454

(2) 20% ROE (\$894,845) times the ROE factor (0.025830) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$0.7180

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 118 | Effective PBS Limitation | 3,363,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 55.1063 | 55.1063 | 3.2140 | 51.8923 |
| Patient Care | | | | |
| Direct Care | 107.3401 | 107.3401 | 6.2605 | 101.0796 |
| Indirect Care | 66.6240 | 66.6240 | 3.8858 | 62.7382 |
| Property | 13.6500 | 15.6937 | 0.9153 | 14.7784 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9313 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 242.7204 | 244.7641 | 14.2756 | 258.2522 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 254762-00 - 2013/01 |
| 210.49 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 45.01787% Occupancy: 90.68950% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.34207% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 44.7357 | 74.5010 | 60.0803 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.7357 | 74.5010 | 60.0803 | 32.0300 | | 211.3470 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.5221 | | 57.4579 | | | |
| 7 | Provider Target Rate | 50.9401 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.7357 | 74.5010 | 59.1031 | 13.6500 | | 191.9898 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.7357 | 74.5010 | 59.1031 | 13.6500 | | 191.9898 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 254762-00 - 2013/01
210.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,075,498 | 10.3737 |
| Indexed Asset Value | 2,594,373 | < 60% of Base: | False | 20% ROE(2): | 518,875 | 0.6363 |
| 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: | 204,465 | Total FRVS PD: | | 15.7724 |

(1) 80% Capital (\$2,075,498) amortized at 7.7500% for 20 years Principal & Interest of \$204,465 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.3737

(2) 20% ROE (\$518,875) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6363

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 2,472,420 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.7357 | 44.7357 | 2.6092 | 42.1265 |
| Patient Care | | | | |
| Direct Care | 74.5010 | 74.5010 | 4.3452 | 70.1558 |
| Indirect Care | 59.1031 | 59.1031 | 3.4471 | 55.6560 |
| Property | 13.6500 | 15.7724 | 0.9199 | 14.8525 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.8700 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.9898 | 194.1122 | 11.3214 | 210.4932 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 254878-00 - 2013/01 197.33 |
|---|

| |
|--------------------------------|
| 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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 75.08335% Occupancy: 93.13242% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.42213% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,396 Medicare: 3,053 Medicaid: 15,314 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

| |
|--------------------------|
| 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 | 48.4283 | 68.5232 | 47.0446 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.4283 | 68.5232 | 47.0446 | 18.6500 | | 182.6461 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.1836 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.1836 | 68.5232 | 47.0446 | 13.6500 | | 174.4014 |
| 12/13 | Medicaid Adjustment Rate | | 1.9336 | 1.3275 | | | |
| 14 | Prospective Per Diem 11 | 45.1836 | 70.4568 | 48.3721 | 13.6500 | | 177.6625 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 254878-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

197.33

EdgeWood Nursing Center

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 6/1/1993 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 2,353,489.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1988/01 | Type: | Fixed [2] | 80% Capital(1): | 2,267,598 | 12.4214 |
| Indexed Asset Value | 2,834,498 | < 60% of Base: | False | 20% ROE(2): | 566,900 | 0.6952 |
| FRVS Base Asset: | 1,765,380 | Interest Rate: | 9.7500 % | Insurance Cost(3): | 9,816 | 0.4813 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.0000 % | Taxes Cost(3): | 35,343 | 1.7328 |
| ROE Factor | 0.024170 | Amortization Rate: | 9.0000 % | Home Office(3): | 3,266 | 0.1601 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 244,826 | Total FRVS PD: | | 15.4908 |

(1) 80% Capital (\$2,267,598) amortized at 9.0000% for 20 years Principal & Interest of \$244,826 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.4214

(2) 20% ROE (\$566,900) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6952

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,765,380 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.1836 | 45.1836 | 2.6353 | 42.5483 |
| Patient Care | | | | |
| Direct Care | 70.4568 | 70.4568 | 4.1093 | 66.3475 |
| Indirect Care | 48.3721 | 48.3721 | 2.8213 | 45.5508 |
| Property | 13.6500 | 15.4908 | 0.9035 | 14.5873 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4637 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.6625 | 179.5033 | 10.4694 | 197.3300 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 255572-00 - 2013/01 164.63 |
|---|

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,448 Medicare: 10,260 Medicaid: 24,058 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 55.37194% Occupancy: 99.19634% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 125.06757% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 754,425 | 1,525,135 | 773,540 | 700,810 | 0 | 3,753,910 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 31.3586 | 63.3941 | 32.1531 | 29.1300 | | 156.0358 |
| 3 | Cost Per Diem Inflated | 32.7259 | 65.1528 | 33.5550 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 32.7259 | 65.1528 | 33.5550 | 29.1300 | | 160.5637 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 32.7259 | 65.1528 | 33.5550 | 13.6500 | | 145.0837 |
| 12/13 | Medicaid Adjustment Rate | | 0.3937 | 0.2028 | | | |
| 14 | Prospective Per Diem 11 | 32.7259 | 65.5465 | 33.7578 | 13.6500 | | 145.6802 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 255572-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

164.63

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): | 4,409,133 | 10.6084 |
| Indexed Asset Value | 5,511,416 | < 60% of Base: | False | 20% ROE(2): | 1,102,283 | 0.6759 |
| FRVS Base Asset: | 4,944,840 | Interest Rate: | 8.1900 % | Insurance Cost(3): | 35,279 | 0.8120 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 5.2500 % | Taxes Cost(3): | 108,501 | 2.4973 |
| ROE Factor | 0.024170 | Amortization Rate: | 7.2500 % | Home Office(3): | 11,118 | 0.2559 |
| | | Interest Only: | False | Replacement(3&4): | 75,211 | 0.0000 |
| | | Yearly Payment: | 418,185 | Total FRVS PD: | | 14.8495 |

(1) 80% Capital (\$4,409,133) amortized at 7.2500% for 20 years Principal & Interest of \$418,185 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6084

(2) 20% ROE (\$1,102,283) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6759

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,944,840 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 32.7259 | 32.7259 | 1.9087 | 30.8172 |
| Patient Care | | | | |
| Direct Care | 65.5465 | 65.5465 | 3.8229 | 61.7236 |
| Indirect Care | 33.7578 | 33.7578 | 1.9689 | 31.7889 |
| Property | 13.6500 | 14.8495 | 0.8661 | 13.9834 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.4847 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 145.6802 | 146.8797 | 8.5666 | 164.6302 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 256269-00 - 2013/01 209.90 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 51.42305% Occupancy: 89.76484% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.17625% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 40.2029 | 88.1681 | 65.9687 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.2029 | 88.1681 | 65.9687 | 19.8900 | | 214.2297 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 55.0016 | | | |
| 7 | Provider Target Rate | 39.8374 | | 56.5765 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 88.1681 | 56.5765 | 13.6500 | | 198.2320 |
| 12/13 | Medicaid Adjustment Rate | | 0.1412 | 0.0906 | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 88.3093 | 56.6671 | 13.6500 | | 198.4638 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 256269-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 4,101,698 | 8.7649 |
| Indexed Asset Value | 5,127,122 | < 60% of Base: | True | 20% ROE(2): | 1,025,424 | 0.6287 |
| 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: | 345,513 | Total FRVS PD: | | 12.2601 |

- (1) 80% Capital (\$4,101,698) amortized at 8.5000% for 20 years Interest of \$345,513 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7649
- (2) 20% ROE (\$1,025,424) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6287
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,778,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 |
| Patient Care | | | | |
| Direct Care | 88.3093 | 88.3093 | 5.1506 | 83.1587 |
| Indirect Care | 56.6671 | 56.6671 | 3.3051 | 53.3620 |
| Property | 13.6500 | 12.2601 | 0.7151 | 11.5450 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.4880 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.4638 | 197.0739 | 11.4943 | 209.9000 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 256277-00 - 2013/01 230.34 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,742 Medicare: 9,170 Medicaid: 5,494 Medicaid Utilization 27.82899% Occupancy: 90.14612% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.65697% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 154 Conditional: 28 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 213,123 | 564,922 | 382,373 | 110,759 | 0 | 1,271,177 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.7920 | 102.8253 | 69.5983 | 20.1600 | | 231.3756 |
| 3 | Cost Per Diem Inflated | 40.4834 | 105.6780 | 72.6329 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.4834 | 105.6780 | 72.6329 | 20.1600 | | 238.9543 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 68.8992 | | | |
| 7 | Provider Target Rate | 50.1452 | | 70.8720 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.4834 | 100.4246 | 69.0407 | 13.6500 | | 223.5987 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 40.4834 | 100.4246 | 69.0407 | 13.6500 | | 223.5987 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 256277-00 - 2013/01
230.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,034,582 | 8.6954 |
| Indexed Asset Value | 2,543,228 | < 60% of Base: | True | 20% ROE(2): | 508,646 | 0.6237 |
| FRVS Base Asset: | 1,778,760 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 28,834 | 1.4605 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 25,595 | 1.2965 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.5000 % | Home Office(3): | 3,578 | 0.1812 |
| | | Interest Only: | True | Replacement(3&4): | 14,335 | 0.0000 |
| | | Yearly Payment: | 171,386 | Total FRVS PD: | | 12.2573 |

- (1) 80% Capital (\$2,034,582) amortized at 8.5000% for 20 years Interest of \$171,386 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.6954
- (2) 20% ROE (\$508,646) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6237
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,778,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.4834 | 40.4834 | 2.3612 | 38.1222 |
| Patient Care | | | | |
| Direct Care | 100.4246 | 100.4246 | 5.8572 | 94.5674 |
| Indirect Care | 69.0407 | 69.0407 | 4.0267 | 65.0140 |
| Property | 13.6500 | 12.2573 | 0.7149 | 11.5424 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.2578 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 223.5987 | 222.2060 | 12.9600 | 230.3362 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 256757-00 - 2013/01 195.35 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.21091% Occupancy: 86.90546% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.57111% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 51.0836 | 79.5129 | 45.8713 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.0836 | 79.5129 | 45.8713 | 21.2000 | | 197.6678 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 39.1166 | | 47.4134 | | | |
| 7 | Provider Target Rate | 40.2366 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.2366 | 79.5129 | 45.8713 | 13.6500 | | 179.2708 |
| 12/13 | Medicaid Adjustment Rate | | 1.0923 | 0.6301 | | | |
| 14 | Prospective Per Diem 11 | 40.2366 | 80.6052 | 46.5014 | 13.6500 | | 180.9932 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 256757-00 - 2013/01
195.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,928,800 | 10.3597 | |
| Indexed Asset Value 6,161,000 | < 60% of Base: True | | 20% ROE(2): 1,232,200 | 0.7431 | |
| 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: 415,185 | | Total FRVS PD: | 13.8979 | |

- (1) 80% Capital (\$4,928,800) amortized at 8.5000% for 20 years Interest of \$415,185 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$10.3597
- (2) 20% ROE (\$1,232,200) times the ROE factor (0.024170) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$0.7431
- (3) Pass-throughs: 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: 50,500 |
| Comparison Bed 60 | Effective PBS Limitation 2,222,460 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.2366 | 40.2366 | 2.3468 | 37.8898 |
| Patient Care | | | | |
| Direct Care | 80.6052 | 80.6052 | 4.7012 | 75.9040 |
| Indirect Care | 46.5014 | 46.5014 | 2.7122 | 43.7892 |
| Property | 13.6500 | 13.8979 | 0.8106 | 13.0873 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.8436 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.9932 | 181.2411 | 10.5708 | 195.3463 |

***Medicaid Trend Adjustment :**



0 256846-00 - 2013/01

205.38

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.37041% Occupancy: 93.10959% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.39334% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 38.6289 | 88.4823 | 46.4081 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.6289 | 88.4823 | 46.4081 | 23.6700 | | 197.1893 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.9171 | | 51.3593 | | | |
| 7 | Provider Target Rate | 47.2318 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.6289 | 88.4823 | 46.4081 | 13.6500 | | 187.1693 |
| 12/13 | Medicaid Adjustment Rate | | 1.7291 | 0.9069 | | | |
| 14 | Prospective Per Diem 11 | 38.6289 | 90.2114 | 47.3150 | 13.6500 | | 189.8053 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 256846-00 - 2013/01
205.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,457,132 | 10.0236 |
| Indexed Asset Value | 4,321,415 | < 60% of Base: | True | 20% ROE(2): | 864,283 | 0.5663 |
| 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: | 395,129 | Total FRVS PD: | | 12.1439 |

(1) 80% Capital (\$3,457,132) amortized at 11.5000% for 20 years Interest of \$395,129 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.0236

(2) 20% ROE (\$864,283) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5663

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 99 | Effective PBS Limitation | 2,821,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.6289 | 38.6289 | 2.2530 | 36.3759 |
| Patient Care | | | | |
| Direct Care | 90.2114 | 90.2114 | 5.2615 | 84.9499 |
| Indirect Care | 47.3150 | 47.3150 | 2.7596 | 44.5554 |
| Property | 13.6500 | 12.1439 | 0.7083 | 11.4356 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2265 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.8053 | 188.2992 | 10.9824 | 205.3757 |

*Medicaid Trend Adjustment :



0 256935-00 - 2013/01

211.65

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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 | 09/01/2010-08/31/2011 | Number of Beds: 116 | Superior: 0 |
| County: Broward [6] | Days In CR 365 | Maximum: 42,340 | Standard: 182 |
| Region: South [2] Area: 10 | First Used: 2012/01 | Max Annualized: 42,340 | Conditional: 0 |
| Control Private For profit [1] | Last Used: 2013/01 | Total Patient: 29,675 | Total: 182 |
| Current Class South Large [4] | Unaudited [3] | Medicare: 4,422 | Inflation |
| Class at 1/94: South Large [4] | Initial CR? False | Medicaid: 17,029 | FY Index: 1.24155496 |
| Operating Ex > 18 months [1] | Medicaid Utilization 57.38500% | | Semester Index: 1.30828184 |
| Open Date: 1/1/1966 | Occupancy: 70.08739% | | Cost: 1.05374460 |
| Acquired Date: 7/1/1974 | Statewide Low Occupancy Threshold: 79.31420% | | Target: 1.02004310 |
| Entered Medicaid 12/1/2002 | Medicaid Low Occupancy Threshold: 40.85520% | | DC FY Index: 1.18316382 |
| Med # Active Date: 12/1/2002 | Low Occupancy Adjustment Factor: 88.36675% | | DC Sem Index: 1.22250000 |
| Previous Med # | Weighted Low Occ Adjustment Factor: 100.00000% | | DC Inflation: 1.03324660 |
| | | | PS Target: 1.02863299 |

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 | 56.3710 | 76.1571 | 54.7641 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.3710 | 76.1571 | 54.7641 | 15.9400 | | 203.2322 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.5976 | | 54.4911 | | | |
| 7 | Provider Target Rate | 66.4472 | | 56.0513 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 76.1571 | 54.7641 | 13.6500 | | 197.6187 |
| 12/13 | Medicaid Adjustment Rate | | 0.6327 | 0.4550 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 76.7898 | 55.2191 | 13.6500 | | 198.7064 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 256935-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

211.65

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): | 1,320,614 | 1.4512 |
| Indexed Asset Value | 1,650,768 | < 60% of Base: | True | 20% ROE(2): | 330,154 | 0.2221 |
| 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: | 55,298 | Total FRVS PD: | | 9.6416 |

- (1) 80% Capital (\$1,320,614) amortized at 4.2500% for 20 years Interest of \$55,298 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$1.4512
- (2) 20% ROE (\$330,154) times the ROE factor (0.025630) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.2221
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 116 | Effective PBS Limitation | 1,518,208 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 76.7898 | 76.7898 | 4.4787 | 72.3111 |
| Indirect Care | 55.2191 | 55.2191 | 3.2206 | 51.9985 |
| Property | 13.6500 | 9.6416 | 0.5623 | 9.0793 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4791 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.7064 | 194.6980 | 11.3555 | 211.6540 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 257249-00 - 2013/01 193.77 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 65.15963% Occupancy: 95.03881% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.82572% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 37.2998 | 76.1276 | 47.4026 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.2998 | 76.1276 | 47.4026 | 32.6900 | | 193.5200 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.5818 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.8297 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.2998 | 76.1276 | 47.4026 | 13.6500 | | 174.4800 |
| 12/13 | Medicaid Adjustment Rate | | 1.2983 | 0.8084 | | | |
| 14 | Prospective Per Diem 11 | 37.2998 | 77.4259 | 48.2110 | 13.6500 | | 176.5867 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 257249-00 - 2013/01
193.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,505,174 | 9.8254 | |
| Indexed Asset Value 5,631,468 | < 60% of Base: False | | 20% ROE(2): 1,126,294 | 0.7380 | |
| 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: 387,318 | | Total FRVS PD: | 14.0906 | |

(1) 80% Capital (\$4,505,174) amortized at 6.0000% for 20 years Principal & Interest of \$387,318 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8254

(2) 20% ROE (\$1,126,294) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7380

(3) Pass-throughs: 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,530,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.2998 | 37.2998 | 2.1755 | 35.1243 |
| Patient Care | | | | |
| Direct Care | 77.4259 | 77.4259 | 4.5158 | 72.9101 |
| Indirect Care | 48.2110 | 48.2110 | 2.8119 | 45.3991 |
| Property | 13.6500 | 14.0906 | 0.8218 | 13.2688 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.2385 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 176.5867 | 177.0273 | 10.3250 | 193.7732 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 257257-00 - 2013/01 203.74 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.96990% Occupancy: 88.68774% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.81823% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 34.6508 | 90.4208 | 42.5232 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 34.6508 | 90.4208 | 42.5232 | 35.7000 | | 203.2948 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 34.6508 | 90.4208 | 42.5232 | 13.6500 | | 181.2448 |
| 12/13 | Medicaid Adjustment Rate | | 0.5056 | 0.2378 | | | |
| 14 | Prospective Per Diem 11 | 34.6508 | 90.9264 | 42.7610 | 13.6500 | | 181.9882 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 257257-00 - 2013/01
203.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 8,560,275 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 | 80% Capital(1): | 6,848,220 12.3531 |
| | Interest Rate: | 8.5200 % | 20% ROE(2): | 1,712,055 0.7649 |
| | Chase Rate: | 8.2500 % | Insurance Cost(3): | 78,880 1.3845 |
| | Amortization Rate: | 8.5200 % | Taxes Cost(3): | 162,759 2.8568 |
| | Interest Only: | False | Home Office(3): | 27,733 0.4868 |
| Yearly Payment: | 714,206 | Replacement(3&4): | 51,132 0.0000 | |
| | | Total FRVS PD: | 17.8461 | |

(1) 80% Capital (\$6,848,220) amortized at 8.5200% for 20 years Principal & Interest of \$714,206 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$12.3531

(2) 20% ROE (\$1,712,055) times the ROE factor (0.025830) divided by annual available days (64,240) 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: | 29,423 |
| Comparison Date: 7/1/1987 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,530,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 34.6508 | 34.6508 | 2.0210 | 32.6298 |
| Patient Care | | | | |
| Direct Care | 90.9264 | 90.9264 | 5.3032 | 85.6232 |
| Indirect Care | 42.7610 | 42.7610 | 2.4940 | 40.2670 |
| Property | 13.6500 | 17.8461 | 1.0409 | 16.8052 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5826 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 181.9882 | 186.1843 | 10.8591 | 203.7402 |

***Medicaid Trend Adjustment :**



0 257265-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

195.13

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: 2013/01 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 Medicaid Utilization 48.89257% Occupancy: 95.04110% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.82861% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 37.5204 | 77.8065 | 49.7444 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.5204 | 77.8065 | 49.7444 | 33.7000 | | 198.7713 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.2760 | | 57.2024 | | | |
| 7 | Provider Target Rate | 43.4865 | | 58.8403 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.5204 | 77.8065 | 49.7444 | 13.6500 | | 178.7213 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 37.5204 | 77.8065 | 49.7444 | 13.6500 | | 178.7213 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 257265-00 - 2013/01
195.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

PG of Gainesville

FRVS

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 8/1/1999 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,875,257 FRVS Base Asset: 3,503,400 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,750,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,700,206 | 11.4915 |
| | < 60% of Base: | False | 20% ROE(2): | 1,175,051 | 0.7700 |
| | Interest Rate: | 7.4600 % | Insurance Cost(3): | 44,161 | 1.0608 |
| | Chase Rate: | 8.2500 % | Taxes Cost(3): | 131,599 | 3.1613 |
| | Amortization Rate: | 7.4600 % | Home Office(3): | 22,065 | 0.5301 |
| | Interest Only: | False | Replacement(3&4): | 46,890 | 0.0000 |
| Yearly Payment: | 452,996 | Total FRVS PD: | 17.0137 | | |

- (1) 80% Capital (\$4,700,206) amortized at 7.4600% for 20 years Principal & Interest of \$452,996 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4915
- (2) 20% ROE (\$1,175,051) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7700
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,503,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.5204 | 37.5204 | 2.1883 | 35.3321 |
| Patient Care | | | | |
| Direct Care | 77.8065 | 77.8065 | 4.5380 | 73.2685 |
| Indirect Care | 49.7444 | 49.7444 | 2.9013 | 46.8431 |
| Property | 13.6500 | 17.0137 | 0.9923 | 16.0214 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.8284 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.7213 | 182.0850 | 10.6199 | 195.1259 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 257273-00 - 2013/01 203.50 |
|---|

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: 2013/01 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: 179 Conditional: 3 Total: 182 |
| | Medicaid Utilization 66.11259% Occupancy: 92.71233% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.89247% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 38.8130 | 78.0023 | 48.6602 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.8130 | 78.0023 | 48.6602 | 32.9200 | | 198.3955 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.2846 | | 52.4449 | | | |
| 7 | Provider Target Rate | 43.4953 | | 53.9466 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.8130 | 78.0023 | 48.6602 | 13.6500 | | 179.1255 |
| 12/13 | Medicaid Adjustment Rate | | 1.3906 | 0.8675 | | | |
| 14 | Prospective Per Diem 11 | 38.8130 | 79.3929 | 49.5277 | 13.6500 | | 181.3836 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 257273-00 - 2013/01
203.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

PG of Jacksonville

FRVS

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 3/14/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/01 Indexed Asset Value 6,034,320 FRVS Base Asset: 3,182,438 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,447,445.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,827,456 | 14.5632 |
| | < 60% of Base: | False | 20% ROE(2): | 1,206,864 | 0.7908 |
| | Interest Rate: | 10.3900 % | Insurance Cost(3): | 43,482 | 1.0708 |
| | Chase Rate: | 7.7500 % | Taxes Cost(3): | 73,535 | 1.8109 |
| | Amortization Rate: | 10.3900 % | Home Office(3): | 18,970 | 0.4671 |
| | Interest Only: | False | Replacement(3&4): | 47,398 | 0.0000 |
| Yearly Payment: | 574,082 | Total FRVS PD: | 18.7028 | | |

(1) 80% Capital (\$4,827,456) amortized at 10.3900% for 20 years Principal & Interest of \$574,082 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.5632

(2) 20% ROE (\$1,206,864) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7908

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 106 | Effective PBS Limitation | 3,182,438 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.8130 | 38.8130 | 2.2637 | 36.5493 |
| Patient Care | | | | |
| Direct Care | 79.3929 | 79.3929 | 4.6305 | 74.7624 |
| Indirect Care | 49.5277 | 49.5277 | 2.8887 | 46.6390 |
| Property | 13.6500 | 18.7028 | 1.0908 | 17.6120 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1004 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 181.3836 | 186.4364 | 10.8737 | 203.4955 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 257290-00 - 2013/01 197.51 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 57.09370% Occupancy: 92.89650% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.12468% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 41.5098 | 75.8987 | 47.6773 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.5098 | 75.8987 | 47.6773 | 32.8600 | | 197.9458 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.9451 | | 50.6526 | | | |
| 7 | Provider Target Rate | 42.1175 | | 52.1029 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.5098 | 75.8987 | 47.6773 | 13.6500 | | 178.7358 |
| 12/13 | Medicaid Adjustment Rate | | 0.6057 | 0.3805 | | | |
| 14 | Prospective Per Diem 11 | 41.5098 | 76.5044 | 48.0578 | 13.6500 | | 179.7220 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 257290-00 - 2013/01 |
| 197.51 |

| |
|--------------------|
| PG of Ocala |
|--------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|------------------|
| Began FRVS: 8/1/1999 Year of Phase-In/ Full: RS to Start Calcs: 1987/01 Indexed Asset Value 8,900,949 FRVS Base Asset: 1,720,920 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | |
| | Amount: | 9,386,700.00 | | |
| | Type: | Variable [3] | | |
| | < 60% of Base: | False | 80% Capital(1): | 7,120,759 |
| | Interest Rate: | 9.5600 % | 20% ROE(2): | 1,780,190 |
| | Chase Rate: | 8.2500 % | Insurance Cost(3): | 65,653 |
| | Amortization Rate: | 9.5600 % | Taxes Cost(3): | 96,662 |
| | Interest Only: | False | Home Office(3): | 30,299 |
| Yearly Payment: | 799,849 | Replacement(3&4): | 77,778 | |
| | | Total FRVS PD: | 17.4605 | |

(1) 80% Capital (\$7,120,759) amortized at 9.5600% for 20 years Principal & Interest of \$799,849 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$13.5270

(2) 20% ROE (\$1,780,190) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7776

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,720,920 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 41.5098 | 41.5098 | 2.4210 | 39.0888 | |
| Patient Care | | | | | |
| Direct Care | 76.5044 | 76.5044 | 4.4621 | 72.0423 | |
| Indirect Care | 48.0578 | 48.0578 | 2.8029 | 45.2549 | |
| Property | 13.6500 | 17.4605 | 1.0184 | 16.4421 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$15.8504 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 179.7220 | 183.5325 | 10.7044 | 197.5109 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 257303-00 - 2013/01 196.41 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.76827% Occupancy: 94.68036% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.37379% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 38.1506 | 78.7599 | 43.7361 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.1506 | 78.7599 | 43.7361 | 32.0000 | | 192.6466 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.8339 | | 54.4097 | | | |
| 7 | Provider Target Rate | 49.2035 | | 55.9676 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.1506 | 78.7599 | 43.7361 | 13.6500 | | 174.2966 |
| 12/13 | Medicaid Adjustment Rate | | 1.1313 | 0.6282 | | | |
| 14 | Prospective Per Diem 11 | 38.1506 | 79.8912 | 44.3643 | 13.6500 | | 176.0561 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 257303-00 - 2013/01
196.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 5,978,991 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 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,783,193 | 12.5993 |
| | < 60% of Base: | False | 20% ROE(2): | 1,195,798 | 0.7835 |
| | Interest Rate: | 8.4600 % | Insurance Cost(3): | 44,494 | 1.0729 |
| | Chase Rate: | 8.2500 % | Taxes Cost(3): | 71,014 | 1.7124 |
| | Amortization Rate: | 8.4600 % | Home Office(3): | 19,184 | 0.4626 |
| | Interest Only: | False | Replacement(3&4): | 40,323 | 0.0000 |
| Yearly Payment: | 496,664 | Total FRVS PD: | 16.6307 | | |

(1) 80% Capital (\$4,783,193) amortized at 8.4600% for 20 years Principal & Interest of \$496,664 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.5993

(2) 20% ROE (\$1,195,798) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7835

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,751,700 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.1506 | 38.1506 | 2.2251 | 35.9255 |
| Patient Care | | | | |
| Direct Care | 79.8912 | 79.8912 | 4.6596 | 75.2316 |
| Indirect Care | 44.3643 | 44.3643 | 2.5875 | 41.7768 |
| Property | 13.6500 | 16.6307 | 0.9700 | 15.6607 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9832 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 176.0561 | 179.0368 | 10.4422 | 196.4102 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 257311-00 - 2013/01 193.44 |
|---|

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: 2013/01 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 Medicaid Utilization 72.13110% Occupancy: 95.11263% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.91880% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 36.8273 | 78.9587 | 41.3503 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.8273 | 78.9587 | 41.3503 | 32.6300 | | 189.7663 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.1014 | | 51.3593 | | | |
| 7 | Provider Target Rate | 46.3928 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.8273 | 78.9587 | 41.3503 | 13.6500 | | 170.7863 |
| 12/13 | Medicaid Adjustment Rate | | 1.9659 | 1.0295 | | | |
| 14 | Prospective Per Diem 11 | 36.8273 | 80.9246 | 42.3798 | 13.6500 | | 173.7817 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 257311-00 - 2013/01
193.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

PG of Vero Beach

FRVS

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

| | | | |
|--------------------------------------|------------------------------------|----------------------------------|----------------|
| Began FRVS: 11/25/1987 | Mortgage Information | Calculation of FRVS Per Diem | |
| Year of Phase-In/ Full: | Amount: 7,717,166.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1987/07 | Type: Variable [3] | 80% Capital(1): 7,002,921 | 12.3514 |
| Indexed Asset Value 8,753,651 | < 60% of Base: False | 20% ROE(2): 1,750,730 | 0.7648 |
| FRVS Base Asset: 2,656,745 | Interest Rate: 8.5200 % | Insurance Cost(3): 59,091 | 0.9456 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.2500 % | Taxes Cost(3): 109,503 | 1.7524 |
| ROE Factor 0.025830 | Amortization Rate: 8.5200 % | Home Office(3): 27,250 | 0.4361 |
| | Interest Only: False | Replacement(3&4): 59,351 | 0.0000 |
| | Yearly Payment: 730,340 | Total FRVS PD: 16.2503 | |

(1) 80% Capital (\$7,002,921) amortized at 8.5200% for 20 years Principal & Interest of \$730,340 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.3514

(2) 20% ROE (\$1,750,730) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7648

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 91 | Effective PBS Limitation | 2,656,745 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.8273 | 36.8273 | 2.1479 | 34.6794 |
| Patient Care | | | | |
| Direct Care | 80.9246 | 80.9246 | 4.7199 | 76.2047 |
| Indirect Care | 42.3798 | 42.3798 | 2.4718 | 39.9080 |
| Property | 13.6500 | 16.2503 | 0.9478 | 15.3025 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5127 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 173.7817 | 176.3820 | 10.2874 | 193.4397 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 257320-00 - 2013/01 195.85 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.01946% Occupancy: 91.03196% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.77385% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 36.1307 | 72.2070 | 50.0827 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.1307 | 72.2070 | 50.0827 | 34.0800 | | 192.5004 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 54.9925 | | | |
| 7 | Provider Target Rate | 42.0237 | | 56.5671 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.1307 | 72.2070 | 50.0827 | 13.6500 | | 172.0704 |
| 12/13 | Medicaid Adjustment Rate | | 1.3825 | 0.9589 | | | |
| 14 | Prospective Per Diem 11 | 36.1307 | 73.5895 | 51.0416 | 13.6500 | | 174.4118 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 257320-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

195.85

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): 4,783,193 | 12.9140 | |
| Indexed Asset Value 5,978,991 | < 60% of Base: False | | 20% ROE(2): 1,195,798 | 0.7835 | |
| 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: 509,068 | | Total FRVS PD: | 17.4804 | |

(1) 80% Capital (\$4,783,193) amortized at 8.8000% for 20 years Principal & Interest of \$509,068 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.9140

(2) 20% ROE (\$1,195,798) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7835

(3) Pass-throughs: 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: 50,500 |
| Comparison Bed 60 | Effective PBS Limitation 1,751,700 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.1307 | 36.1307 | 2.1073 | 34.0234 |
| Patient Care | | | | |
| Direct Care | 73.5895 | 73.5895 | 4.2920 | 69.2975 |
| Indirect Care | 51.0416 | 51.0416 | 2.9770 | 48.0646 |
| Property | 13.6500 | 17.4804 | 1.0195 | 16.4609 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1665 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.4118 | 178.2422 | 10.3958 | 195.8453 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 257419-00 - 2013/01

222.00

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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 111 Maximum: 40,626 Max Annualized: 40,515 Total Patient: 34,699 Medicare: 8,658 Medicaid: 22,198 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.97303% Occupancy: 85.41082% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 107.68667% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,102,197 | 1,838,749 | 1,283,337 | 460,165 | 0 | 4,684,448 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.6530 | 82.8340 | 57.8132 | 20.7300 | | 211.0302 |
| 3 | Cost Per Diem Inflated | 51.3988 | 84.8350 | 59.8459 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.3988 | 84.8350 | 59.8459 | 20.7300 | | 216.8097 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.9423 | | 56.5649 | | | |
| 7 | Provider Target Rate | 51.3723 | | 58.1845 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 84.8350 | 57.2593 | 13.6500 | | 203.9088 |
| 12/13 | Medicaid Adjustment Rate | | 1.3336 | 0.9001 | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 86.1686 | 58.1594 | 13.6500 | | 206.1425 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 257419-00 - 2013/01
222.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,294,183 | 11.6453 |
| Indexed Asset Value: 5,367,729 | < 60% of Base: False | 20% ROE(2): 1,073,546 | 0.5520 |
| FRVS Base Asset: 3,754,020 | Interest Rate: 7.8000 % | Insurance Cost(3): 48,797 | 1.4063 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.2500 % | Taxes Cost(3): 72 | 0.0021 |
| ROE Factor: 0.018750 | Amortization Rate: 7.8000 % | Home Office(3): 70,264 | 2.0250 |
| | Interest Only: False | Replacement(3&4): 115,187 | 0.0000 |
| | Yearly Payment: 424,627 | Total FRVS PD: 15.6307 | |

(1) 80% Capital (\$4,294,183) amortized at 7.8000% for 20 years Principal & Interest of \$424,627 divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = \$11.6453

(2) 20% ROE (\$1,073,546) times the ROE factor (0.018750) divided by annual available days (40,515) 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: | 33,820 |
| Comparison Date: 1/1/1994 | Current RS PBS: | 50,500 |
| Comparison Bed 111 | Effective PBS Limitation | 3,754,020 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 86.1686 | 86.1686 | 5.0257 | 81.1429 |
| Indirect Care | 58.1594 | 58.1594 | 3.3921 | 54.7673 |
| Property | 13.6500 | 15.6307 | 0.9116 | 14.7191 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.1785 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 206.1425 | 208.1232 | 12.1386 | 221.9955 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 257460-00 - 2013/01 |
| 222.69 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.98655% Occupancy: 93.05023% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.31850% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 44.4442 | 87.5656 | 56.1734 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.4442 | 87.5656 | 56.1734 | 32.3000 | | 220.4832 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.8110 | | 55.5574 | | | |
| 7 | Provider Target Rate | 49.1800 | | 57.1482 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.4442 | 87.5656 | 56.1734 | 13.6500 | | 201.8332 |
| 12/13 | Medicaid Adjustment Rate | | 0.7868 | 0.5047 | | | |
| 14 | Prospective Per Diem 11 | 44.4442 | 88.3524 | 56.6781 | 13.6500 | | 203.1247 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 257460-00 - 2013/01
222.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 5,936,385 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 | <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): | 4,749,108 | 14.9223 | | |
| | < 60% of Base: | False | 20% ROE(2): | 1,187,277 | 0.7780 | | |
| | 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: | 588,237 | Total FRVS PD: | 18.9299 | | | | |

- (1) 80% Capital (\$4,749,108) amortized at 11.0000% for 20 years Principal & Interest of \$588,237 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.9223
- (2) 20% ROE (\$1,187,277) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7780
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,503,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.4442 | 44.4442 | 2.5922 | 41.8520 |
| Patient Care | | | | |
| Direct Care | 88.3524 | 88.3524 | 5.1531 | 83.1993 |
| Indirect Care | 56.6781 | 56.6781 | 3.3057 | 53.3724 |
| Property | 13.6500 | 18.9299 | 1.1041 | 17.8258 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.6033 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 203.1247 | 208.4046 | 12.1551 | 222.6852 |

***Medicaid Trend Adjustment :**



0 257478-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

216.25

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: 2013/01 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: 176 Conditional: 6 Total: 182 |
| | Medicaid Utilization 59.51294% Occupancy: 90.88454% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.58799% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 39.8551 | 83.6743 | 56.8210 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.8551 | 83.6743 | 56.8210 | 34.0000 | | 214.3504 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.7664 | | 63.6305 | | | |
| 7 | Provider Target Rate | 46.0482 | | 65.4524 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8551 | 83.6743 | 56.8210 | 13.6500 | | 194.0004 |
| 12/13 | Medicaid Adjustment Rate | | 0.8660 | 0.5881 | | | |
| 14 | Prospective Per Diem 11 | 39.8551 | 84.5403 | 57.4091 | 13.6500 | | 195.4545 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 257478-00 - 2013/01
216.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 6,972,477 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): | 5,577,982 | 15.0229 |
| | < 60% of Base: | False | 20% ROE(2): | 1,394,495 | 0.7832 |
| | 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: | 690,903 | Total FRVS PD: | 19.4569 | | |

- (1) 80% Capital (\$5,577,982) amortized at 11.0000% for 20 years Principal & Interest of \$690,903 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$15.0229
- (2) 20% ROE (\$1,394,495) times the ROE factor (0.025830) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$0.7832
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 78 | Effective PBS Limitation | 2,277,210 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.8551 | 39.8551 | 2.3245 | 37.5306 |
| Patient Care | | | | |
| Direct Care | 84.5403 | 84.5403 | 4.9307 | 79.6096 |
| Indirect Care | 57.4091 | 57.4091 | 3.3483 | 54.0608 |
| Property | 13.6500 | 19.4569 | 1.1348 | 18.3221 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.8937 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 195.4545 | 201.2614 | 11.7383 | 216.2492 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 257494-00 - 2013/01 219.05 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 56.19642% Occupancy: 90.01370% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.49002% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,426 Medicare: 10,829 Medicaid: 22,156 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 44.0249 | 82.0230 | 65.0585 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.0249 | 82.0230 | 65.0585 | 36.5400 | | 227.6464 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.9633 | | 64.7130 | | | |
| 7 | Provider Target Rate | 48.3080 | | 66.5659 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.0249 | 82.0230 | 60.9022 | 13.6500 | | 200.6001 |
| 12/13 | Medicaid Adjustment Rate | | 0.5718 | 0.4245 | | | |
| 14 | Prospective Per Diem 11 | 44.0249 | 82.5948 | 61.3267 | 13.6500 | | 201.5964 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 257494-00 - 2013/01
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 01/01/2013 through 06/30/2013

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 5,611,124 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): | 4,488,899 | 11.0167 |
| | < 60% of Base: | False | 20% ROE(2): | 1,122,225 | 0.7353 |
| | 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: | 434,277 | Total FRVS PD: | 17.6556 | | |

(1) 80% Capital (\$4,488,899) amortized at 7.5100% for 20 years Principal & Interest of \$434,277 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.0167

(2) 20% ROE (\$1,122,225) 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: | 29,662 |
| Comparison Date: 1/1/1988 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,559,440 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.0249 | 44.0249 | 2.5677 | 41.4572 |
| Patient Care | | | | |
| Direct Care | 82.5948 | 82.5948 | 4.8173 | 77.7775 |
| Indirect Care | 61.3267 | 61.3267 | 3.5768 | 57.7499 |
| Property | 13.6500 | 17.6556 | 1.0297 | 16.6259 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.6029 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.5964 | 205.6020 | 11.9915 | 219.0458 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 257508-00 - 2013/01 |
| 209.91 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 61.77654% Occupancy: 89.11187% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.35298% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 40.7980 | 83.0744 | 48.8276 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.7980 | 83.0744 | 48.8276 | 33.8200 | | 206.5200 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.0875 | | 49.3864 | | | |
| 7 | Provider Target Rate | 43.2926 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.7980 | 83.0744 | 48.8276 | 13.6500 | | 186.3500 |
| 12/13 | Medicaid Adjustment Rate | | 1.1006 | 0.6469 | | | |
| 14 | Prospective Per Diem 11 | 40.7980 | 84.1750 | 49.4745 | 13.6500 | | 188.0975 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 257508-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

209.91

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): | 4,837,895 | 14.5947 |
| Indexed Asset Value | 6,047,369 | < 60% of Base: | False | 20% ROE(2): | 1,209,474 | 0.7925 |
| 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: | 575,324 | Total FRVS PD: | | 18.7740 |

(1) 80% Capital (\$4,837,895) amortized at 10.3900% for 20 years Principal & Interest of \$575,324 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.5947

(2) 20% ROE (\$1,209,474) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7925

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,642,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.7980 | 40.7980 | 2.3795 | 38.4185 |
| Patient Care | | | | |
| Direct Care | 84.1750 | 84.1750 | 4.9094 | 79.2656 |
| Indirect Care | 49.4745 | 49.4745 | 2.8856 | 46.5889 |
| Property | 13.6500 | 18.7740 | 1.0950 | 17.6790 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1302 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.0975 | 193.2215 | 11.2695 | 209.9146 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 257516-00 - 2013/01 208.35 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 52.53417% Occupancy: 92.88585% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.11124% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,684 Medicare: 9,548 Medicaid: 21,373 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 37.9798 | 85.7942 | 50.5328 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.9798 | 85.7942 | 50.5328 | 32.7000 | | 207.0068 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.0406 | | 52.6056 | | | |
| 7 | Provider Target Rate | 47.3589 | | 54.1119 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.9798 | 85.7942 | 50.5328 | 13.6500 | | 187.9568 |
| 12/13 | Medicaid Adjustment Rate | | 0.2446 | 0.1441 | | | |
| 14 | Prospective Per Diem 11 | 37.9798 | 86.0388 | 50.6769 | 13.6500 | | 188.3455 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 257516-00 - 2013/01
208.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

PG of Sun City

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: | 5,250,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1991/01 | Type: | Fixed [2] | 80% Capital(1): | 4,812,446 | 14.5179 |
| Indexed Asset Value | 6,015,558 | < 60% of Base: | False | 20% ROE(2): | 1,203,112 | 0.7883 |
| FRVS Base Asset: | 3,642,240 | Interest Rate: | 10.3900 % | Insurance Cost(3): | 39,522 | 0.9714 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 73,021 | 1.7948 |
| ROE Factor | 0.025830 | Amortization Rate: | 10.3900 % | Home Office(3): | 20,595 | 0.5062 |
| | | Interest Only: | False | Replacement(3&4): | 18,532 | 0.0000 |
| | | Yearly Payment: | 572,297 | Total FRVS PD: | | 18.5786 |

- (1) 80% Capital (\$4,812,446) amortized at 10.3900% for 20 years Principal & Interest of \$572,297 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.5179
- (2) 20% ROE (\$1,203,112) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7883
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,642,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.9798 | 37.9798 | 2.2151 | 35.7647 |
| Patient Care | | | | |
| Direct Care | 86.0388 | 86.0388 | 5.0181 | 81.0207 |
| Indirect Care | 50.6769 | 50.6769 | 2.9557 | 47.7212 |
| Property | 13.6500 | 18.5786 | 1.0836 | 17.4950 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.5180 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.3455 | 193.2741 | 11.2725 | 208.3520 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 257524-00 - 2013/01 213.74 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.72966% Occupancy: 92.42694% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.53265% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 42.2914 | 86.0716 | 48.3766 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.2914 | 86.0716 | 48.3766 | 32.7700 | | 209.5096 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.0203 | | 52.7607 | | | |
| 7 | Provider Target Rate | 47.3380 | | 54.2714 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.2914 | 86.0716 | 48.3766 | 13.6500 | | 190.3896 |
| 12/13 | Medicaid Adjustment Rate | | 1.7168 | 0.9649 | | | |
| 14 | Prospective Per Diem 11 | 42.2914 | 87.7884 | 49.3415 | 13.6500 | | 193.0713 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 257524-00 - 2013/01
213.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,486,609 | 14.0975 |
| Indexed Asset Value | 5,608,261 | < 60% of Base: | False | 20% ROE(2): | 1,121,652 | 0.7350 |
| 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: | 555,723 | Total FRVS PD: | | 17.9734 |

- (1) 80% Capital (\$4,486,609) amortized at 11.0000% for 20 years Principal & Interest of \$555,723 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.0975
- (2) 20% ROE (\$1,121,652) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7350
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 103 | Effective PBS Limitation | 3,007,085 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.2914 | 42.2914 | 2.4666 | 39.8248 |
| Patient Care | | | | |
| Direct Care | 87.7884 | 87.7884 | 5.1202 | 82.6682 |
| Indirect Care | 49.3415 | 49.3415 | 2.8778 | 46.4637 |
| Property | 13.6500 | 17.9734 | 1.0483 | 16.9251 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.0265 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.0713 | 197.3947 | 11.5129 | 213.7407 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 258342-00 - 2013/01 199.86 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 58,615 Medicare: 8,812 Medicaid: 35,479 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.52887% Occupancy: 89.21613% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.48443% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,198,853 | 2,793,095 | 1,662,951 | 783,731 | 0 | 6,438,630 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 33.7905 | 78.7253 | 46.8714 | 22.0900 | | 181.4772 |
| 3 | Cost Per Diem Inflated | 35.2638 | 80.9094 | 48.9151 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 35.2638 | 80.9094 | 48.9151 | 22.0900 | | 187.1783 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.0742 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.2503 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 35.2638 | 80.9094 | 48.9151 | 13.6500 | | 178.7383 |
| 12/13 | Medicaid Adjustment Rate | | 0.9584 | 0.5794 | | | |
| 14 | Prospective Per Diem 11 | 35.2638 | 81.8678 | 49.4945 | 13.6500 | | 180.2761 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 258342-00 - 2013/01
199.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,638,965 | 10.4458 |
| Indexed Asset Value | 8,298,706 | < 60% of Base: | False | 20% ROE(2): | 1,659,741 | 0.6784 |
| FRVS Base Asset: | 5,431,320 | Interest Rate: | 7.6700 % | Insurance Cost(3): | 161,918 | 2.7624 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.0000 % | Taxes Cost(3): | 84,554 | 1.4425 |
| ROE Factor | 0.024170 | Amortization Rate: | 7.0000 % | Home Office(3): | 14,556 | 0.2483 |
| | | Interest Only: | False | Replacement(3&4): | 57,176 | 0.0000 |
| | | Yearly Payment: | 617,662 | Total FRVS PD: | | 15.5774 |

(1) 80% Capital (\$6,638,965) amortized at 7.0000% for 20 years Principal & Interest of \$617,662 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.4458

(2) 20% ROE (\$1,659,741) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6784

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,431,320 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 35.2638 | 35.2638 | 2.0567 | 33.2071 |
| Patient Care | | | | |
| Direct Care | 81.8678 | 81.8678 | 4.7749 | 77.0929 |
| Indirect Care | 49.4945 | 49.4945 | 2.8867 | 46.6078 |
| Property | 13.6500 | 15.5774 | 0.9085 | 14.6689 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4488 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.2761 | 182.2035 | 10.6268 | 199.8579 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 258750-00 - 2013/01 222.51 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.92148% Occupancy: 84.54826% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.59915% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 43.5595 | 87.8582 | 56.8295 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.5595 | 87.8582 | 56.8295 | 15.2200 | | 203.4672 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.3756 | | 58.3598 | | | |
| 7 | Provider Target Rate | 46.6748 | | 60.0308 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.5595 | 87.8582 | 56.8295 | 13.6500 | | 201.8972 |
| 12/13 | Medicaid Adjustment Rate | | 0.8818 | 0.5704 | | | |
| 14 | Prospective Per Diem 11 | 43.5595 | 88.7400 | 57.3999 | 13.6500 | | 203.3494 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 258750-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

222.51

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): | 6,451,803 | 12.4771 |
| Indexed Asset Value | 8,064,754 | < 60% of Base: | False | 20% ROE(2): | 1,612,951 | 0.7331 |
| 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: | 709,079 | Total FRVS PD: | | 15.0596 |

(1) 80% Capital (\$6,451,803) amortized at 9.2500% for 20 years Principal & Interest of \$709,079 divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = \$12.4771

(2) 20% ROE (\$1,612,951) times the ROE factor (0.025830) divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = \$0.7331

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,503,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.5595 | 43.5595 | 2.5406 | 41.0189 |
| Patient Care | | | | |
| Direct Care | 88.7400 | 88.7400 | 5.1757 | 83.5643 |
| Indirect Care | 57.3999 | 57.3999 | 3.3478 | 54.0521 |
| Property | 13.6500 | 15.0596 | 0.8783 | 14.1813 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.8603 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 203.3494 | 204.7590 | 11.9424 | 222.5093 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 258831-00 - 2013/01 213.40 |
|---|

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 | 07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,578 Medicare: 13,834 Medicaid: 14,000 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 33.67165% Occupancy: 94.92694% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.68467% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 766,645 | 1,337,119 | 750,674 | 164,920 | 0 | 3,019,358 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 54.7604 | 95.5085 | 53.6196 | 11.7800 | | 215.6685 |
| 3 | Cost Per Diem Inflated | 58.0496 | 98.9904 | 56.8403 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.0496 | 98.9904 | 56.8403 | 11.7800 | | 225.6603 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.2856 | | 47.4134 | | | |
| 7 | Provider Target Rate | 50.6968 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 96.2398 | 48.7710 | 11.7800 | | 204.9553 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 96.2398 | 48.7710 | 11.7800 | | 204.9553 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 258831-00 - 2013/01
213.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 5,710,334 FRVS Base Asset: 4,897,800 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): | 4,568,267 | 5.7157 |
| | < 60% of Base: | True | 20% ROE(2): | 1,142,067 | 0.7483 |
| | Interest Rate: | 5.0000 % | Insurance Cost(3): | 7,876 | 0.1894 |
| | Chase Rate: | 5.0000 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 5.0000 % | Home Office(3): | 49,660 | 1.1944 |
| | Interest Only: | True | Replacement(3&4): | 14,885 | 0.0000 |
| Yearly Payment: | 225,314 | Total FRVS PD: | | 7.8478 | |

- (1) 80% Capital (\$4,568,267) amortized at 5.0000% for 20 years Interest of \$225,314 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.7157
- (2) 20% ROE (\$1,142,067) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7483
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,897,800 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 48.7710 | 48.7710 | 2.8445 | 45.9265 |
| Property | 11.7800 | 7.8478 | 0.4577 | 7.3901 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.2739 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 204.9553 | 201.0231 | 11.7245 | 213.4049 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 259080-00 - 2013/01 |
| 222.47 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 39.90259% Occupancy: 88.12557% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.10945% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 54.6236 | 86.0936 | 61.8943 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.6236 | 86.0936 | 61.8943 | 50.0100 | | 252.6215 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 65.3880 | | 54.7154 | | | |
| 7 | Provider Target Rate | 67.2603 | | 56.2821 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 86.0936 | 56.2821 | 13.6500 | | 209.0732 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 86.0936 | 56.2821 | 13.6500 | | 209.0732 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 259080-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

222.47

Life Care Center of Inverrary

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|----------------------|------------------------------|------------------|----------------|
| Began FRVS: | 1/30/2003 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 12,700,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 2002/07 | Type: | Variable [3] | 80% Capital(1): | 4,580,568 | 9.3960 |
| Indexed Asset Value | 5,725,710 | < 60% of Base: | False | 20% ROE(2): | 1,145,142 | 0.7445 |
| FRVS Base Asset: | 0 | Interest Rate: | 8.1315 % | Insurance Cost(3): | 23,526 | 0.6095 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 224,005 | 5.8034 |
| ROE Factor | 0.025630 | Amortization Rate: | 5.2500 % | Home Office(3): | 45,173 | 1.1703 |
| | | Interest Only: | False | Replacement(3&4): | 62,525 | 0.0000 |
| | | Yearly Payment: | 370,391 | Total FRVS PD: | | 17.7237 |

(1) 80% Capital (\$4,580,568) amortized at 5.2500% for 20 years Principal & Interest of \$370,391 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.3960

(2) 20% ROE (\$1,145,142) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7445

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,995,720 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 86.0936 | 86.0936 | 5.0213 | 81.0723 |
| Indirect Care | 56.2821 | 56.2821 | 3.2826 | 52.9995 |
| Property | 13.6500 | 17.7237 | 1.0337 | 16.6900 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.9195 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.0732 | 213.1469 | 12.4315 | 222.4673 |

***Medicaid Trend Adjustment :**



0 259225-00 - 2013/01
213.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 20 Maximum: 7,300 Max Annualized: 7,300 Total Patient: 5,430 Medicare: 2,026 Medicaid: 399 Medicaid Utilization 7.34807% Occupancy: 74.38356% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 93.78341% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 182 Standard: 0 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 33,568 | 41,728 | 34,979 | 2,697 | 0 | 112,972 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 84.1303 | 104.5815 | 87.6667 | 6.7594 | | 283.1379 |
| 3 | Cost Per Diem Inflated | 87.7985 | 107.4829 | 91.4891 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 87.7985 | 107.4829 | 91.4891 | 6.7594 | | 293.5299 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.2557 | | 64.0286 | | | |
| 7 | Provider Target Rate | 66.0955 | | 65.8619 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.8317 | 94.1344 | 62.9999 | 6.7594 | | 215.7254 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.8317 | 94.1344 | 62.9999 | 6.7594 | | 215.7254 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 259225-00 - 2013/01
213.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Lakeview Terrace Skilled Nursing Facility

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: | 240,715.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1981/07 | Type: | Fixed [2] | 80% Capital(1): | 409,031 | 6.1795 |
| Indexed Asset Value | 511,289 | < 60% of Base: | True | 20% ROE(2): | 102,258 | 0.3762 |
| FRVS Base Asset: | 472,029 | Interest Rate: | 11.6400 % | Insurance Cost(3): | 4,889 | 0.9004 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 10.0000 % | Taxes Cost(3): | 2,369 | 0.4363 |
| ROE Factor | 0.024170 | Amortization Rate: | 10.0000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | True | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 40,599 | Total FRVS PD: | | 7.8924 |

- (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 (0.024170) divided by annual available days (7,300) divided by Occup. Adj. (0.9000) = \$0.3762
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 20 | Effective PBS Limitation | 470,800 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 51.8317 | 51.8317 | 3.0230 | 48.8087 |
| Patient Care | | | | |
| Direct Care | 94.1344 | 94.1344 | 5.4903 | 88.6441 |
| Indirect Care | 62.9999 | 62.9999 | 3.6744 | 59.3255 |
| Property | 6.7594 | 7.8924 | 0.4603 | 7.4321 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.7254 | 216.8584 | 12.6480 | 213.0428 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 259331-00 - 2013/01 187.11 |
|---|

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 # | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 41,433 Medicare: 6,801 Medicaid: 26,055 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.88466% Occupancy: 94.33743% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.94141% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 964,791 | 1,813,123 | 1,077,141 | 391,346 | 0 | 4,246,401 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 37.0290 | 69.5883 | 41.3410 | 15.0200 | | 162.9783 |
| 3 | Cost Per Diem Inflated | 38.2460 | 71.1897 | 42.6997 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.2460 | 71.1897 | 42.6997 | 15.0200 | | 167.1554 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.6382 | | | |
| 7 | Provider Target Rate | 39.8374 | | 49.0022 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.2460 | 71.1897 | 42.6997 | 13.6500 | | 165.7854 |
| 12/13 | Medicaid Adjustment Rate | | 1.0319 | 0.6189 | | | |
| 14 | Prospective Per Diem 11 | 38.2460 | 72.2216 | 43.3186 | 13.6500 | | 167.4362 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 259331-00 - 2013/01
187.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,671,011 | 11.2385 |
| Indexed Asset Value | 5,838,764 | < 60% of Base: | False | 20% ROE(2): | 1,167,753 | 0.5276 |
| FRVS Base Asset: | 5,037,360 | Interest Rate: | 9.0000 % | Insurance Cost(3): | 43,454 | 1.0488 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.2500 % | Taxes Cost(3): | 50,981 | 1.2304 |
| ROE Factor | 0.017810 | Amortization Rate: | 7.2500 % | Home Office(3): | 48,573 | 1.1723 |
| | | Interest Only: | False | Replacement(3&4): | 29,755 | 0.0000 |
| | | Yearly Payment: | 443,023 | Total FRVS PD: | | 15.2176 |

(1) 80% Capital (\$4,671,011) amortized at 7.2500% for 20 years Principal & Interest of \$443,023 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.2385

(2) 20% ROE (\$1,167,753) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5276

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 5,037,360 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 38.2460 | 38.2460 | 2.2307 | 36.0153 |
| Patient Care | | | | |
| Direct Care | 72.2216 | 72.2216 | 4.2123 | 68.0093 |
| Indirect Care | 43.3186 | 43.3186 | 2.5265 | 40.7921 |
| Property | 13.6500 | 15.2176 | 0.8876 | 14.3300 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1327 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 167.4362 | 169.0038 | 9.8571 | 187.1118 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 259357-00 - 2013/01

210.73

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 28.57492% Occupancy: 89.26900% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.55109% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 49.6945 | 88.0285 | 52.3640 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.6945 | 88.0285 | 52.3640 | 33.3200 | | 223.4070 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.2849 | | 49.3864 | | | |
| 7 | Provider Target Rate | 56.8679 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.6945 | 88.0285 | 50.8005 | 13.6500 | | 202.1735 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 49.6945 | 88.0285 | 50.8005 | 13.6500 | | 202.1735 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 259357-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

210.73

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): | 4,209,158 | 10.7464 |
| Indexed Asset Value | 5,261,447 | < 60% of Base: | False | 20% ROE(2): | 1,052,289 | 0.7266 |
| 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: | 398,912 | Total FRVS PD: | | 15.9495 |

(1) 80% Capital (\$4,209,158) amortized at 7.2400% for 20 years Principal & Interest of \$398,912 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$10.7464

(2) 20% ROE (\$1,052,289) times the ROE factor (0.025630) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.7266

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 113 | Effective PBS Limitation | 4,743,514 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 49.6945 | 49.6945 | 2.8984 | 46.7961 |
| Patient Care | | | | |
| Direct Care | 88.0285 | 88.0285 | 5.1342 | 82.8943 |
| Indirect Care | 50.8005 | 50.8005 | 2.9629 | 47.8376 |
| Property | 13.6500 | 15.9495 | 0.9302 | 15.0193 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$9.3496 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.1735 | 204.4730 | 11.9257 | 210.7293 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 259462-00 - 2013/01 213.85 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,617 Medicare: 8,398 Medicaid: 18,693 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 47.18429% Occupancy: 90.44977% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.03983% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 864,235 | 1,787,658 | 1,176,724 | 270,301 | 0 | 4,098,918 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.2331 | 95.6325 | 62.9500 | 14.4600 | | 219.2756 |
| 3 | Cost Per Diem Inflated | 48.2490 | 98.2856 | 65.6947 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.2490 | 98.2856 | 65.6947 | 14.4600 | | 226.6893 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.8511 | | 58.6614 | | | |
| 7 | Provider Target Rate | 51.2785 | | 60.3411 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.2490 | 98.1975 | 59.0236 | 13.6500 | | 219.1201 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.2490 | 98.1975 | 59.0236 | 13.6500 | | 219.1201 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 259462-00 - 2013/01
213.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,406,736 | | 9.2210 |
| Indexed Asset Value 5,508,420 | < 60% of Base: False | | 20% ROE(2): 1,101,684 | | 0.6755 |
| FRVS Base Asset: 1,558,338 | Interest Rate: 5.4910 % | | Insurance Cost(3): 51,572 | | 1.3018 |
| Occup Adj Factor: 0.9000 | Chase Rate: 9.0000 % | | Taxes Cost(3): 27,195 | | 0.6864 |
| ROE Factor 0.024170 | Amortization Rate: 5.4910 % | | Home Office(3): 14,470 | | 0.3652 |
| | Interest Only: False | | Replacement(3&4): 62,920 | | 0.0000 |
| | Yearly Payment: 363,492 | | Total FRVS PD: | | 12.2499 |

(1) 80% Capital (\$4,406,736) amortized at 5.4910% for 20 years Principal & Interest of \$363,492 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2210

(2) 20% ROE (\$1,101,684) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6755

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,801,380 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 48.2490 | 48.2490 | 2.8141 | 45.4349 |
| Patient Care | | | | |
| Direct Care | 98.1975 | 98.1975 | 5.7273 | 92.4702 |
| Indirect Care | 59.0236 | 59.0236 | 3.4425 | 55.5811 |
| Property | 13.6500 | 12.2499 | 0.7145 | 11.5354 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 219.1201 | 217.7200 | 12.6984 | 213.8540 |

*Medicaid Trend Adjustment :



0 259586-00 - 2013/01

247.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 09/01/2011-08/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 37,242 Medicare: 8,529 Medicaid: 17,481 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 46.93894% Occupancy: 84.79508% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.91034% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.27343864 Semester Index: 1.30828184 Cost: 1.02736151 Target: 1.02004310 DC FY Index: 1.19833101 DC Sem Index: 1.22250000 DC Inflation: 1.02016888 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 957,875 | 1,766,707 | 1,066,465 | 528,276 | 0 | 4,319,323 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 54.7952 | 101.0644 | 61.0071 | 30.2200 | | 247.0867 |
| 3 | Cost Per Diem Inflated | 56.2945 | 103.1028 | 62.6763 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.2945 | 103.1028 | 62.6763 | 30.2200 | | 252.2936 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.7523 | | 60.2993 | | | |
| 7 | Provider Target Rate | 53.2341 | | 62.0258 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 13.6500 | | 227.7549 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 100.1552 | 60.9022 | 13.6500 | | 227.7549 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 259586-00 - 2013/01
247.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,736,310 | 15.3758 |
| Indexed Asset Value 5,920,388 | < 60% of Base: False | 20% ROE(2): 1,184,078 | 0.4788 |
| FRVS Base Asset: 3,420,000 | Interest Rate: 11.5000 % | Insurance Cost(3): 78,277 | 2.1018 |
| Occup Adj Factor: 0.9000 | Chase Rate: 10.0000 % | Taxes Cost(3): 92,968 | 2.4963 |
| ROE Factor 0.015940 | Amortization Rate: 11.5000 % | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | Replacement(3&4): 8,692 | 0.0000 |
| | Yearly Payment: 606,113 | Total FRVS PD: | 20.4527 |

- (1) 80% Capital (\$4,736,310) amortized at 11.5000% for 20 years Principal & Interest of \$606,113 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.3758
- (2) 20% ROE (\$1,184,078) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4788
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 20.4527 | 1.1929 | 19.2598 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.6478 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 227.7549 | 234.5576 | 13.6804 | 247.3574 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 259870-00 - 2013/01

216.19

Avante at St. Cloud

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of 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 Avaneue 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 131 Maximum: 47,946 Max Annualized: 47,815 Total Patient: 39,943 Medicare: 5,179 Medicaid: 29,178 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.04909% Occupancy: 83.30830% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.03579% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,147,632 | 2,527,407 | 1,530,164 | 143,556 | 0 | 5,348,759 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.3321 | 86.6203 | 52.4424 | 4.9200 | | 183.3148 |
| 3 | Cost Per Diem Inflated | 40.7150 | 88.7127 | 54.2862 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.7150 | 88.7127 | 54.2862 | 4.9200 | | 188.6339 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.3631 | | 68.7095 | | | |
| 7 | Provider Target Rate | 48.7192 | | 70.6769 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.7150 | 88.7127 | 54.2862 | 4.9200 | | 188.6339 |
| 12/13 | Medicaid Adjustment Rate | | 2.3003 | 1.4077 | | | |
| 14 | Prospective Per Diem 11 | 40.7150 | 91.0130 | 55.6939 | 4.9200 | | 192.3419 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 259870-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

216.19

Avante at St. Cloud

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): | 2,804,920 | 8.1036 |
| Indexed Asset Value | 3,506,150 | < 60% of Base: | True | 20% ROE(2): | 701,230 | 0.3055 |
| FRVS Base Asset: | 1,771,947 | Interest Rate: | 12.5000 % | Insurance Cost(3): | 45,974 | 1.1510 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 12.5000 % | Taxes Cost(3): | 54,206 | 1.3571 |
| ROE Factor | 0.018750 | Amortization Rate: | 12.5000 % | Home Office(3): | 28,348 | 0.7097 |
| | | Interest Only: | True | Replacement(3&4): | 24,959 | 0.0000 |
| | | Yearly Payment: | 348,728 | Total FRVS PD: | | 11.6269 |

(1) 80% Capital (\$2,804,920) amortized at 12.5000% for 20 years Interest of \$348,728 divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = \$8.1036

(2) 20% ROE (\$701,230) times the ROE factor (0.018750) divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = \$0.3055

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

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

| | | | |
|--------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 131 | Effective PBS Limitation | 3,733,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.7150 | 40.7150 | 2.3747 | 38.3403 |
| Patient Care | | | | |
| Direct Care | 91.0130 | 91.0130 | 5.3083 | 85.7047 |
| Indirect Care | 55.6939 | 55.6939 | 3.2483 | 52.4456 |
| Property | 4.9200 | 11.6269 | 0.6781 | 10.9488 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.9221 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.3419 | 199.0488 | 11.6094 | 216.1939 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 259896-00 - 2013/01

202.10

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.75939% Occupancy: 93.69406% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.13024% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 38.4085 | 81.3458 | 49.6378 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.4085 | 81.3458 | 49.6378 | 22.2800 | | 191.6721 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 54.9099 | | | |
| 7 | Provider Target Rate | 44.2100 | | 56.4821 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.4085 | 81.3458 | 49.6378 | 13.6500 | | 183.0421 |
| 12/13 | Medicaid Adjustment Rate | | 2.0828 | 1.2709 | | | |
| 14 | Prospective Per Diem 11 | 38.4085 | 83.4286 | 50.9087 | 13.6500 | | 186.3958 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 259896-00 - 2013/01
202.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,956,441 | 7.5483 |
| Indexed Asset Value | 4,945,551 | < 60% of Base: | False | 20% ROE(2): | 989,110 | 0.6481 |
| 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: | 297,553 | Total FRVS PD: | | 11.1363 |

(1) 80% Capital (\$3,956,441) amortized at 4.3900% for 20 years Principal & Interest of \$297,553 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5483

(2) 20% ROE (\$989,110) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6481

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.4085 | 38.4085 | 2.2401 | 36.1684 |
| Patient Care | | | | |
| Direct Care | 83.4286 | 83.4286 | 4.8659 | 78.5627 |
| Indirect Care | 50.9087 | 50.9087 | 2.9692 | 47.9395 |
| Property | 13.6500 | 11.1363 | 0.6495 | 10.4868 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1145 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 186.3958 | 183.8821 | 10.7247 | 202.1043 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 259900-00 - 2013/01 |
| 192.72 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.34718% Occupancy: 97.52283% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.95759% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 40.3551 | 71.6585 | 52.8046 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.3551 | 71.6585 | 52.8046 | 18.8900 | | 183.7082 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.9133 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0848 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.3551 | 71.6585 | 50.8005 | 13.6500 | | 176.4641 |
| 12/13 | Medicaid Adjustment Rate | | 0.6729 | 0.4770 | | | |
| 14 | Prospective Per Diem 11 | 40.3551 | 72.3314 | 51.2775 | 13.6500 | | 177.6140 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 259900-00 - 2013/01 |
| 192.72 |

Central Park Healthcare and Rehabilitation Cente

FRVS

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

| | | | | | |
|--|---|------------------|------------------------------|--|--|
| Began FRVS: 2/25/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/01 Indexed Asset Value 5,206,852 FRVS Base Asset: 3,642,240 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: 5,835,000.00 Type: Variable [3] < 60% of Base: False Interest Rate: 4.3900 % Chase Rate: 4.2500 % Amortization Rate: 4.3900 % Interest Only: False Yearly Payment: 313,274 | Total Amount | Per Diem | | |
| | 80% Capital(1): | 4,165,482 | 7.9471 | | |
| | 20% ROE(2): | 1,041,370 | 0.6824 | | |
| | Insurance Cost(3): | 36,415 | 0.8525 | | |
| | Taxes Cost(3): | 56,187 | 1.3154 | | |
| | Home Office(3): | 25,468 | 0.5962 | | |
| | Replacement(3&4): | 123,332 | 0.0000 | | |
| | Total FRVS PD: | | 11.3936 | | |

(1) 80% Capital (\$4,165,482) amortized at 4.3900% for 20 years Principal & Interest of \$313,274 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.9471

(2) 20% ROE (\$1,041,370) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6824

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,642,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.3551 | 40.3551 | 2.3537 | 38.0014 |
| Patient Care | | | | |
| Direct Care | 72.3314 | 72.3314 | 4.2187 | 68.1127 |
| Indirect Care | 51.2775 | 51.2775 | 2.9907 | 48.2868 |
| Property | 13.6500 | 11.3936 | 0.6645 | 10.7291 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.7595 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.6140 | 175.3576 | 10.2276 | 192.7219 |

***Medicaid Trend Adjustment :**



0 259926-00 - 2013/01
201.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 151 Conditional: 31 Total: 182 |
| | Medicaid Utilization 29.05786% Occupancy: 94.07306% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.60809% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 46.1807 | 76.6858 | 62.6739 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.1807 | 76.6858 | 62.6739 | 22.3500 | | 207.8904 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.3159 | | 58.6828 | | | |
| 7 | Provider Target Rate | 43.5275 | | 60.3631 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.5275 | 76.6858 | 59.0236 | 13.6500 | | 192.8869 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.5275 | 76.6858 | 59.0236 | 13.6500 | | 192.8869 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 259926-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

201.20

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): | 4,633,922 | 8.8408 |
| Indexed Asset Value | 5,792,402 | < 60% of Base: | False | 20% ROE(2): | 1,158,480 | 0.7591 |
| 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: | 348,505 | Total FRVS PD: | | 13.4322 |

(1) 80% Capital (\$4,633,922) amortized at 4.3900% for 20 years Principal & Interest of \$348,505 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8408

(2) 20% ROE (\$1,158,480) 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: | 30,530 |
| Comparison Date: 1/1/1991 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,663,600 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.5275 | 43.5275 | 2.5387 | 40.9888 |
| Patient Care | | | | |
| Direct Care | 76.6858 | 76.6858 | 4.4726 | 72.2132 |
| Indirect Care | 59.0236 | 59.0236 | 3.4425 | 55.5811 |
| Property | 13.6500 | 13.4322 | 0.7834 | 12.6488 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$10.9350 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.8869 | 192.6691 | 11.2372 | 201.1993 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 259934-00 - 2013/01 203.91 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.69473% Occupancy: 92.31964% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.39736% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 42.2368 | 74.9936 | 51.5265 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.2368 | 74.9936 | 51.5265 | 21.3800 | | 190.1369 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 74.9936 | 50.8005 | 13.6500 | | 181.4678 |
| 12/13 | Medicaid Adjustment Rate | | 2.4209 | 1.6399 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 77.4145 | 52.4404 | 13.6500 | | 185.5286 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 259934-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

203.91

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): 4,695,059 | 8.9575 |
| Indexed Asset Value 5,868,824 | | < 60% of Base: False | 20% ROE(2): 1,173,765 | 0.7691 |
| 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: 353,103 | Total FRVS PD: | 13.3348 |

(1) 80% Capital (\$4,695,059) amortized at 4.3900% for 20 years Principal & Interest of \$353,103 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.9575

(2) 20% ROE (\$1,173,765) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7691

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 77.4145 | 77.4145 | 4.5151 | 72.8994 |
| Indirect Care | 52.4404 | 52.4404 | 3.0585 | 49.3819 |
| Property | 13.6500 | 13.3348 | 0.7961 | 12.8539 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.3664 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 185.5286 | 185.2134 | 10.8207 | 203.9067 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 259942-00 - 2013/01 221.31 |
|---|

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 | 09/01/2010-08/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 37,941 Medicare: 5,133 Medicaid: 26,244 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 69.17055% Occupancy: 94.49813% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.14402% Weighted Low Occ Adjustment Factor: 100.00000% |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,316,771 | 2,130,790 | 1,285,528 | 577,368 | 0 | 5,310,457 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 50.1742 | 81.1915 | 48.9837 | 22.0000 | | 202.3494 |
| 3 | Cost Per Diem Inflated | 52.8708 | 83.8908 | 51.6163 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.8708 | 83.8908 | 51.6163 | 22.0000 | | 210.3779 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.6022 | | 57.8742 | | | |
| 7 | Provider Target Rate | 48.9652 | | 59.5313 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.9652 | 83.8908 | 51.6163 | 13.6500 | | 198.1223 |
| 12/13 | Medicaid Adjustment Rate | | 1.8093 | 1.1132 | | | |
| 14 | Prospective Per Diem 11 | 48.9652 | 85.7001 | 52.7295 | 13.6500 | | 201.0448 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 259942-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

221.31

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 | 0.6680 |
| FRVS Base Asset: | 912,347 | Interest Rate: | 10.0000 % | Insurance Cost(3): | 146,233 | 3.8542 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.5000 % | Taxes Cost(3): | 38,551 | 1.0161 |
| ROE Factor | 0.025630 | Amortization Rate: | 9.5000 % | Home Office(3): | 779 | 0.0205 |
| | | Interest Only: | False | Replacement(3&4): | 133,628 | 0.0000 |
| | | Yearly Payment: | 421,406 | Total FRVS PD: | | 17.2208 |

(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 (0.025630) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.6680

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

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

| | | | |
|--------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 110 | Effective PBS Limitation | 3,135,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.9652 | 48.9652 | 2.8559 | 46.1093 |
| Patient Care | | | | |
| Direct Care | 85.7001 | 85.7001 | 4.9984 | 80.7017 |
| Indirect Care | 52.7295 | 52.7295 | 3.0754 | 49.6541 |
| Property | 13.6500 | 17.2208 | 1.0044 | 16.2164 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.7932 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.0448 | 204.6156 | 11.9341 | 221.3071 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 260355-00 - 2013/01 |
| 220.69 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 45.46139% Occupancy: 91.02511% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.76521% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 42.2433 | 117.9436 | 52.6211 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.2433 | 117.9436 | 52.6211 | 12.3500 | | 225.1580 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.2433 | 100.1552 | 52.6211 | 12.3500 | | 207.3696 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.2433 | 100.1552 | 52.6211 | 12.3500 | | 207.3696 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 260355-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

220.69

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): 4,575,129 | 12.1013 |
| Indexed Asset Value | 5,718,911 | < 60% of Base: True | 20% ROE(2): 1,143,782 | 0.7376 |
| 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: 477,032 | Total FRVS PD: 12.8389 | |

(1) 80% Capital (\$4,575,129) amortized at 10.5000% for 20 years Interest of \$477,032 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.1013

(2) 20% ROE (\$1,143,782) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7376

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,503,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.2433 | 42.2433 | 2.4638 | 39.7795 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 52.6211 | 52.6211 | 3.0691 | 49.5520 |
| Property | 12.3500 | 12.8389 | 0.7203 | 11.6297 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.5780 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.3696 | 207.8585 | 12.0947 | 220.6853 |

***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 01/01/2013 through 06/30/2013

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|---|
| 0 260371-00 - 2013/01 222.55 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 139 Maximum: 50,735 Max Annualized: 50,735 Total Patient: 43,984 Medicare: 2,867 Medicaid: 37,661 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 85.62432% Occupancy: 86.69360% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.30401% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,504,307 | 3,297,947 | 1,938,497 | 1,217,204 | 0 | 7,957,955 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.9434 | 87.5693 | 51.4723 | 32.3200 | | 211.3050 |
| 3 | Cost Per Diem Inflated | 41.6850 | 89.9987 | 53.7166 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.6850 | 89.9987 | 53.7166 | 32.3200 | | 217.7203 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.9138 | | 52.7733 | | | |
| 7 | Provider Target Rate | 42.0853 | | 54.2844 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.6850 | 89.9987 | 53.7166 | 13.6500 | | 199.0503 |
| 12/13 | Medicaid Adjustment Rate | | 3.6069 | 2.1528 | | | |
| 14 | Prospective Per Diem 11 | 41.6850 | 93.6056 | 55.8694 | 13.6500 | | 204.8100 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 260371-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

222.55

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 5,863,335 FRVS Base Asset: 3,114,685 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,604,537.00 | | | |
| | Type: | Variable [3] | 80% Capital(1): | 4,690,668 | 9.0103 |
| | < 60% of Base: | False | 20% ROE(2): | 1,172,667 | 0.6207 |
| | Interest Rate: | 7.1087 % | Insurance Cost(3): | 51,227 | 1.1647 |
| | Chase Rate: | 4.2500 % | Taxes Cost(3): | 44,568 | 1.0133 |
| | Amortization Rate: | 6.2500 % | Home Office(3): | 55,443 | 1.2605 |
| | Interest Only: | False | Replacement(3&4): | 72,704 | 0.0000 |
| Yearly Payment: | 411,425 | Total FRVS PD: | 13.0695 | | |

(1) 80% Capital (\$4,690,668) amortized at 6.2500% for 20 years Principal & Interest of \$411,425 divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = \$9.0103

(2) 20% ROE (\$1,172,667) times the ROE factor (0.024170) divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = \$0.6207

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 143 | Effective PBS Limitation | 4,075,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.6850 | 41.6850 | 2.4312 | 39.2538 |
| Patient Care | | | | |
| Direct Care | 93.6056 | 93.6056 | 5.4595 | 88.1461 |
| Indirect Care | 55.8694 | 55.8694 | 3.2585 | 52.6109 |
| Property | 13.6500 | 13.0695 | 0.7623 | 12.3072 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.3980 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 204.8100 | 204.2295 | 11.9115 | 222.5484 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 260444-00 - 2013/01

215.09

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,006 Medicare: 5,784 Medicaid: 30,153 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.30349% Occupancy: 89.05479% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.28102% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,297,535 | 2,380,420 | 1,590,992 | 939,869 | 0 | 6,208,816 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.0317 | 78.9447 | 52.7640 | 31.1700 | | 205.9104 |
| 3 | Cost Per Diem Inflated | 44.9080 | 81.1348 | 55.0646 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.9080 | 81.1348 | 55.0646 | 31.1700 | | 212.2774 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.4130 | | 53.8144 | | | |
| 7 | Provider Target Rate | 50.8278 | | 55.3553 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.9080 | 81.1348 | 55.0646 | 13.6500 | | 194.7574 |
| 12/13 | Medicaid Adjustment Rate | | 2.4922 | 1.6914 | | | |
| 14 | Prospective Per Diem 11 | 44.9080 | 83.6270 | 56.7560 | 13.6500 | | 198.9410 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 260444-00 - 2013/01
215.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,961,304 | 8.8141 |
| Indexed Asset Value 4,951,630 | < 60% of Base: False | 20% ROE(2): 990,326 | 0.6072 |
| FRVS Base Asset: 2,863,939 | Interest Rate: 7.1087 % | Insurance Cost(3): 46,762 | 1.1988 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.2500 % | Taxes Cost(3): 43,698 | 1.1203 |
| ROE Factor 0.024170 | Amortization Rate: 6.2500 % | Home Office(3): 50,549 | 1.2959 |
| | Interest Only: False | Replacement(3&4): 141,327 | 0.0000 |
| | Yearly Payment: 347,452 | Total FRVS PD: 13.0363 | |

(1) 80% Capital (\$3,961,304) amortized at 6.2500% for 20 years Principal & Interest of \$347,452 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8141

(2) 20% ROE (\$990,326) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6072

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.9080 | 44.9080 | 2.6192 | 42.2888 |
| Patient Care | | | | |
| Direct Care | 83.6270 | 83.6270 | 4.8775 | 78.7495 |
| Indirect Care | 56.7560 | 56.7560 | 3.3102 | 53.4458 |
| Property | 13.6500 | 13.0363 | 0.7603 | 12.2760 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4958 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.9410 | 198.3273 | 11.5672 | 215.0883 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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|---|
| 0 260452-00 - 2013/01 212.35 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 138 Maximum: 50,370 Max Annualized: 50,370 Total Patient: 47,069 Medicare: 12,903 Medicaid: 26,991 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.34347% Occupancy: 93.44649% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.81812% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,009,389 | 2,289,163 | 1,504,656 | 452,099 | 18,587 | 5,273,894 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 37.3972 | 84.8121 | 55.7466 | 16.7500 | 0.6886 | 195.3945 |
| 3 | Cost Per Diem Inflated | 39.0278 | 87.1650 | 58.1773 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.0278 | 87.1650 | 58.1773 | 16.7500 | 0.6886 | 201.8087 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.1988 | | 59.2381 | | | |
| 7 | Provider Target Rate | 46.4930 | | 60.9343 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.0278 | 87.1650 | 57.2593 | 13.6500 | 0.6886 | 197.7907 |
| 12/13 | Medicaid Adjustment Rate | | 0.7201 | 0.4730 | | | |
| 14 | Prospective Per Diem 11 | 39.0278 | 87.8851 | 57.7323 | 13.6500 | 0.6886 | 198.9838 |
| 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 01/01/2013 through 06/30/2013

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| 0 260452-00 - 2013/01 |
| 212.35 |

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|---------------------------|
| 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): 3,326,586 | 7.9227 |
| Indexed Asset Value 4,158,232 | Type: Fixed [2] | 20% ROE(2): 831,646 | 0.4434 |
| FRVS Base Asset: 1,464,156 | < 60% of Base: False | Insurance Cost(3): 53,776 | 1.1425 |
| Occup Adj Factor: 0.9000 | Interest Rate: 9.0000 % | Taxes Cost(3): 54,140 | 1.1502 |
| ROE Factor 0.024170 | Chase Rate: 13.0000 % | Home Office(3): 60,576 | 1.2870 |
| | Amortization Rate: 9.0000 % | Replacement(3&4): 82,276 | 0.0000 |
| | Interest Only: False | Total FRVS PD: | 11.9458 |
| | Yearly Payment: 359,162 | | |

(1) 80% Capital (\$3,326,586) amortized at 9.0000% for 20 years Principal & Interest of \$359,162 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$7.9227

(2) 20% ROE (\$831,646) times the ROE factor (0.024170) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.4434

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

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

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 135 | Effective PBS Limitation 3,847,500 |

| |
|--|
| Comparison of Reimbursement under Cost vs. FRVS |
|--|

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.0278 | 39.0278 | 2.2763 | 36.7515 |
| Patient Care | | | | |
| Direct Care | 87.8851 | 87.8851 | 5.1258 | 82.7593 |
| Indirect Care | 57.7323 | 57.7323 | 3.3672 | 54.3651 |
| Property | 13.6500 | 11.9458 | 0.7961 | 12.8539 |
| ROE | 0.6886 | 0.5021 | 0.0402 | 0.6484 |
| ROE Adjustment | -0.5021 | -0.5021 | -0.0293 | -0.4728 |
| Quality Assess-Medicaid Share | | | | \$16.6152 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.4817 | 196.5910 | 11.5763 | 212.3530 |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 260568-00 - 2013/01 |
| 210.41 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,669 Medicare: 3,280 Medicaid: 35,373 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 84.89045% Occupancy: 95.13471% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.94662% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,353,519 | 2,948,948 | 1,724,602 | 1,056,945 | 0 | 7,084,014 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.2642 | 83.3672 | 48.7548 | 29.8800 | | 200.2662 |
| 3 | Cost Per Diem Inflated | 39.9326 | 85.6800 | 50.8806 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.9326 | 85.6800 | 50.8806 | 29.8800 | | 206.3732 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.7540 | | 52.6666 | | | |
| 7 | Provider Target Rate | 49.1213 | | 54.1746 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.9326 | 85.6800 | 50.8806 | 13.6500 | | 190.1432 |
| 12/13 | Medicaid Adjustment Rate | | 3.3631 | 1.9972 | | | |
| 14 | Prospective Per Diem 11 | 39.9326 | 89.0431 | 52.8778 | 13.6500 | | 195.5035 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 260568-00 - 2013/01
210.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 2,731,372 | 6.0774 |
| Indexed Asset Value 3,414,215 | < 60% of Base: False | 20% ROE(2): 682,843 | 0.4187 |
| FRVS Base Asset: 1,907,752 | Interest Rate: 7.1087 % | Insurance Cost(3): 44,224 | 1.0613 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.2500 % | Taxes Cost(3): 42,475 | 1.0193 |
| ROE Factor 0.024170 | Amortization Rate: 6.2500 % | Home Office(3): 51,450 | 1.2347 |
| | Interest Only: False | Replacement(3&4): 124,863 | 0.0000 |
| | Yearly Payment: 239,572 | Total FRVS PD: 9.8114 | |

(1) 80% Capital (\$2,731,372) amortized at 6.2500% for 20 years Principal & Interest of \$239,572 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.0774

(2) 20% ROE (\$682,843) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4187

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.9326 | 39.9326 | 2.3290 | 37.6036 |
| Patient Care | | | | |
| Direct Care | 89.0431 | 89.0431 | 5.1934 | 83.8497 |
| Indirect Care | 52.8778 | 52.8778 | 3.0841 | 49.7937 |
| Property | 13.6500 | 9.8114 | 0.5722 | 9.2392 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.0882 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 195.5035 | 191.6649 | 11.1787 | 210.4068 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 260576-00 - 2013/01 219.99 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 179 Maximum: 65,335 Max Annualized: 65,335 Total Patient: 62,097 Medicare: 18,013 Medicaid: 34,128 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.95918% Occupancy: 95.04400% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.83227% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,303,389 | 3,074,776 | 1,979,605 | 1,028,277 | 0 | 7,386,047 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.1912 | 90.0954 | 58.0053 | 30.1300 | | 216.4219 |
| 3 | Cost Per Diem Inflated | 39.8564 | 92.5949 | 60.5344 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.8564 | 92.5949 | 60.5344 | 30.1300 | | 223.1157 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 72.8148 | | 61.1036 | | | |
| 7 | Provider Target Rate | 74.8997 | | 62.8532 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8564 | 92.5949 | 59.0236 | 13.6500 | | 205.1249 |
| 12/13 | Medicaid Adjustment Rate | | 0.5166 | 0.3293 | | | |
| 14 | Prospective Per Diem 11 | 39.8564 | 93.1115 | 59.3529 | 13.6500 | | 205.9708 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 260576-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

219.99

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): | 6,631,338 | 9.8917 |
| Indexed Asset Value | 8,289,172 | < 60% of Base: | False | 20% ROE(2): | 1,657,834 | 0.6814 |
| FRVS Base Asset: | 3,559,440 | Interest Rate: | 7.1087 % | Insurance Cost(3): | 84,334 | 1.3581 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.2500 % | Taxes Cost(3): | 82,206 | 1.3238 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 87,220 | 1.4046 |
| | | Interest Only: | False | Replacement(3&4): | 114,190 | 0.0000 |
| | | Yearly Payment: | 581,644 | Total FRVS PD: | | 14.6596 |

(1) 80% Capital (\$6,631,338) amortized at 6.2500% for 20 years Principal & Interest of \$581,644 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$9.8917

(2) 20% ROE (\$1,657,834) times the ROE factor (0.024170) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.6814

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,559,440 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.8564 | 39.8564 | 2.3246 | 37.5318 |
| Patient Care | | | | |
| Direct Care | 93.1115 | 93.1115 | 5.4306 | 87.6809 |
| Indirect Care | 59.3529 | 59.3529 | 3.4617 | 55.8912 |
| Property | 13.6500 | 14.6596 | 0.8550 | 13.8046 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.2501 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.9708 | 206.9804 | 12.0719 | 219.9910 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 260649-00 - 2013/01 |
| 227.06 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.66120% Occupancy: 87.08447% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.79682% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 43.1275 | 95.4812 | 57.2833 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.1275 | 95.4812 | 57.2833 | 32.7200 | | 228.6120 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.9220 | | 58.0873 | | | |
| 7 | Provider Target Rate | 49.2942 | | 59.7505 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.1275 | 95.4812 | 57.2593 | 13.6500 | | 209.5180 |
| 12/13 | Medicaid Adjustment Rate | | 1.1452 | 0.6868 | | | |
| 14 | Prospective Per Diem 11 | 43.1275 | 96.6264 | 57.9461 | 13.6500 | | 211.3500 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 260649-00 - 2013/01 |
| 227.06 |

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|----------------------------|
| Coquina Center, LLC |
|----------------------------|

| |
|-------------|
| 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 6,051,171 FRVS Base Asset: 1,751,700 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 1,464,793.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,840,937 | 10.7713 |
| | < 60% of Base: | False | 20% ROE(2): | 1,210,234 | 0.7420 |
| | Interest Rate: | 7.1087 % | Insurance Cost(3): | 56,179 | 1.4729 |
| | Chase Rate: | 4.2500 % | Taxes Cost(3): | 56,520 | 1.4818 |
| | Amortization Rate: | 6.2500 % | Home Office(3): | 52,945 | 1.3881 |
| | Interest Only: | False | Replacement(3&4): | 70,093 | 0.0000 |
| Yearly Payment: | 424,605 | Total FRVS PD: | 15.8561 | | |

(1) 80% Capital (\$4,840,937) amortized at 6.2500% for 20 years Principal & Interest of \$424,605 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7713

(2) 20% ROE (\$1,210,234) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7420

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,751,700 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 43.1275 | 43.1275 | 2.5154 | 40.6121 | |
| Patient Care | | | | | |
| Direct Care | 96.6264 | 96.6264 | 5.6356 | 90.9908 | |
| Indirect Care | 57.9461 | 57.9461 | 3.3797 | 54.5664 | |
| Property | 13.6500 | 15.8561 | 0.9248 | 14.9313 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$17.1259 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 211.3500 | 213.5561 | 12.4555 | 227.0589 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 260657-00 - 2013/01 222.18 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.34837% Occupancy: 92.36758% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.45781% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 43.4877 | 89.7848 | 56.9883 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.4877 | 89.7848 | 56.9883 | 30.2700 | | 220.5308 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.2381 | | 55.7906 | | | |
| 7 | Provider Target Rate | 44.4761 | | 57.3881 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.4877 | 89.7848 | 56.9883 | 13.6500 | | 203.9108 |
| 12/13 | Medicaid Adjustment Rate | | 0.8433 | 0.5352 | | | |
| 14 | Prospective Per Diem 11 | 43.4877 | 90.6281 | 57.5235 | 13.6500 | | 205.2893 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 260657-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

222.18

Island Lake Center, LLC

FRVS

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

| | | | | | |
|--|-----------------------------|---------------------|-------------------------------------|------------------|---------------|
| Began FRVS: 4/10/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/01 Indexed Asset Value 5,587,737 FRVS Base Asset: 3,527,874 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,949,390.00 | | | |
| | Type: | Variable [3] | 80% Capital(1): | 4,470,190 | 9.9464 |
| | < 60% of Base: | False | 20% ROE(2): | 1,117,547 | 0.6852 |
| | Interest Rate: | 7.1087 % | Insurance Cost(3): | 44,224 | 1.0931 |
| | Chase Rate: | 4.2500 % | Taxes Cost(3): | 55,756 | 1.3782 |
| | Amortization Rate: | 6.2500 % | Home Office(3): | 55,452 | 1.3706 |
| | Interest Only: | False | Replacement(3&4): | 97,938 | 0.0000 |
| Yearly Payment: | 392,087 | Total FRVS PD: | 14.4735 | | |

(1) 80% Capital (\$4,470,190) amortized at 6.2500% for 20 years Principal & Interest of \$392,087 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9464

(2) 20% ROE (\$1,117,547) times the ROE factor (0.024170) divided by annual available days (43,800) 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: | 29,646 |
| Comparison Date: 7/1/1988 | Current RS PBS: | 50,500 |
| Comparison Bed 119 | Effective PBS Limitation | 3,527,874 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.4877 | 43.4877 | 2.5364 | 40.9513 |
| Patient Care | | | | |
| Direct Care | 90.6281 | 90.6281 | 5.2858 | 85.3423 |
| Indirect Care | 57.5235 | 57.5235 | 3.3550 | 54.1685 |
| Property | 13.6500 | 14.4735 | 0.8442 | 13.6293 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2605 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.2893 | 206.1128 | 12.0214 | 222.1843 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 260665-00 - 2013/01 |
| 222.54 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 179 Maximum: 65,335 Max Annualized: 65,335 Total Patient: 61,234 Medicare: 8,131 Medicaid: 39,075 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.81259% Occupancy: 93.72312% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.16689% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,585,927 | 3,543,481 | 2,021,243 | 1,164,826 | 0 | 8,315,477 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.5867 | 90.6841 | 51.7273 | 29.8100 | | 212.8081 |
| 3 | Cost Per Diem Inflated | 42.3564 | 93.1999 | 53.9827 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.3564 | 93.1999 | 53.9827 | 29.8100 | | 219.3490 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.0567 | | 54.2931 | | | |
| 7 | Provider Target Rate | 42.2323 | | 55.8477 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.2323 | 93.1999 | 53.9827 | 13.6500 | | 203.0649 |
| 12/13 | Medicaid Adjustment Rate | | 1.4482 | 0.8388 | | | |
| 14 | Prospective Per Diem 11 | 42.2323 | 94.6481 | 54.8215 | 13.6500 | | 205.3519 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 260665-00 - 2013/01
222.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Indian River Center LLC

FRVS

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

| | | | | | | |
|-------------------------|------------------|-----------------------------|---------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: | 8/29/1989 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 2,992,402.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1989/07 | Type: | Variable [3] | 80% Capital(1): | 6,673,170 | 9.9540 |
| Indexed Asset Value | 8,341,463 | < 60% of Base: | False | 20% ROE(2): | 1,668,293 | 0.6857 |
| FRVS Base Asset: | 3,578,520 | Interest Rate: | 7.1087 % | Insurance Cost(3): | 65,968 | 1.0773 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.2500 % | Taxes Cost(3): | 69,599 | 1.1366 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 80,011 | 1.3066 |
| | | Interest Only: | False | Replacement(3&4): | 143,892 | 0.0000 |
| | | Yearly Payment: | 585,313 | Total FRVS PD: | | 14.1602 |

(1) 80% Capital (\$6,673,170) amortized at 6.2500% for 20 years Principal & Interest of \$585,313 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$9.9540

(2) 20% ROE (\$1,668,293) times the ROE factor (0.024170) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.6857

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,578,520 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.2323 | 42.2323 | 2.4632 | 39.7691 |
| Patient Care | | | | |
| Direct Care | 94.6481 | 94.6481 | 5.5203 | 89.1278 |
| Indirect Care | 54.8215 | 54.8215 | 3.1974 | 51.6241 |
| Property | 13.6500 | 14.1602 | 0.8259 | 13.3343 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.8505 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.3519 | 205.8621 | 12.0068 | 222.5382 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 260673-00 - 2013/01 |
| 209.01 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 77,750 Medicare: 7,843 Medicaid: 63,041 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 81.08167% Occupancy: 88.75571% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.90393% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 2,462,814 | 5,834,697 | 3,392,461 | 2,010,377 | 0 | 13,700,349 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.0669 | 92.5540 | 53.8136 | 31.8900 | | 217.3245 |
| 3 | Cost Per Diem Inflated | 40.7703 | 95.1217 | 56.1600 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.7703 | 95.1217 | 56.1600 | 31.8900 | | 223.9420 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.6410 | | 52.6504 | | | |
| 7 | Provider Target Rate | 47.9765 | | 54.1579 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.7703 | 95.1217 | 54.1579 | 13.6500 | | 203.6999 |
| 12/13 | Medicaid Adjustment Rate | | 3.3261 | 1.8937 | | | |
| 14 | Prospective Per Diem 11 | 40.7703 | 98.4478 | 56.0516 | 13.6500 | | 208.9197 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 260673-00 - 2013/01
209.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 10,092,144 FRVS Base Asset: 4,690,816 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,922,517.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 8,073,715 | 8.9822 |
| | < 60% of Base: | False | 20% ROE(2): | 2,018,429 | 0.6188 |
| | Interest Rate: | 7.1087 % | Insurance Cost(3): | 94,752 | 1.2187 |
| | Chase Rate: | 4.2500 % | Taxes Cost(3): | 112,913 | 1.4523 |
| | Amortization Rate: | 6.2500 % | Home Office(3): | 93,337 | 1.2005 |
| | Interest Only: | False | Replacement(3&4): | 173,277 | 0.0000 |
| Yearly Payment: | 708,157 | Total FRVS PD: | | 13.4725 | |

(1) 80% Capital (\$8,073,715) amortized at 6.2500% for 20 years Principal & Interest of \$708,157 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$8.9822

(2) 20% ROE (\$2,018,429) times the ROE factor (0.024170) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.6188

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 240 | Effective PBS Limitation | 6,840,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 40.7703 | 40.7703 | 2.3779 | 38.3924 |
| Patient Care | | | | |
| Direct Care | 98.4478 | 98.4478 | 5.7419 | 92.7059 |
| Indirect Care | 56.0516 | 56.0516 | 3.2692 | 52.7824 |
| Property | 13.6500 | 13.4725 | 0.7858 | 12.6867 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.6055 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 208.9197 | 208.7422 | 12.1748 | 209.0053 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 260690-00 - 2013/01 |
| 225.94 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.06777% Occupancy: 92.10503% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.12678% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 47.4845 | 89.8207 | 56.5995 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.4845 | 89.8207 | 56.5995 | 30.5500 | | 224.4547 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.7804 | | 54.1691 | | | |
| 7 | Provider Target Rate | 48.1199 | | 55.7201 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.4845 | 89.8207 | 55.7201 | 13.6500 | | 206.6753 |
| 12/13 | Medicaid Adjustment Rate | | 2.3310 | 1.4460 | | | |
| 14 | Prospective Per Diem 11 | 47.4845 | 92.1517 | 57.1661 | 13.6500 | | 210.4523 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 260690-00 - 2013/01 |
| 225.94 |

| |
|---------------------------------|
| Fairway Oaks Center, LLC |
|---------------------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 7/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 4,999,597 FRVS Base Asset: 2,511,048 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,099,769.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 3,999,678 | 8.8995 |
| | < 60% of Base: | False | 20% ROE(2): | 999,919 | 0.6131 |
| | Interest Rate: | 7.1087 % | Insurance Cost(3): | 44,224 | 1.0962 |
| | Chase Rate: | 4.2500 % | Taxes Cost(3): | 43,185 | 1.0705 |
| | Amortization Rate: | 6.2500 % | Home Office(3): | 53,294 | 1.3211 |
| | Interest Only: | False | Replacement(3&4): | 533,419 | 0.0000 |
| Yearly Payment: | 350,817 | Total FRVS PD: | 13.0004 | | |

(1) 80% Capital (\$3,999,678) amortized at 6.2500% for 20 years Principal & Interest of \$350,817 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8995

(2) 20% ROE (\$999,919) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6131

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.4845 | 47.4845 | 2.7695 | 44.7150 |
| Patient Care | | | | |
| Direct Care | 92.1517 | 92.1517 | 5.3747 | 86.7770 |
| Indirect Care | 57.1661 | 57.1661 | 3.3342 | 53.8319 |
| Property | 13.6500 | 13.0004 | 0.7582 | 12.2422 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5463 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 210.4523 | 209.8027 | 12.2366 | 225.9448 |

***Medicaid Trend Adjustment :**



0 260771-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

247.23

Sinai Plaza Nursing 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 |
|--|--|---|--|
| 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 | 08/01/2011-07/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 150 Maximum: 54,900 Max Annualized: 54,750 Total Patient: 49,758 Medicare: 10,369 Medicaid: 33,233 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.78926% Occupancy: 90.63388% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.27195% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.27004145 Semester Index: 1.30828184 Cost: 1.03010956 Target: 1.02004310 DC FY Index: 1.19666435 DC Sem Index: 1.22250000 DC Inflation: 1.02158972 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,941,053 | 3,420,194 | 2,418,213 | 618,466 | 0 | 8,397,926 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 58.4074 | 102.9156 | 72.7654 | 18.6100 | | 252.6984 |
| 3 | Cost Per Diem Inflated | 60.1660 | 105.1375 | 74.9563 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 60.1660 | 105.1375 | 74.9563 | 18.6100 | | 258.8698 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.0634 | | 64.0911 | | | |
| 7 | Provider Target Rate | 54.5828 | | 65.9262 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 60.9022 | 13.6500 | | 227.7549 |
| 12/13 | Medicaid Adjustment Rate | | 1.8917 | 1.1503 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 102.0469 | 62.0525 | 13.6500 | | 230.7969 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 260771-00 - 2013/01

247.23

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

Sinai Plaza Nursing and Rehabilitation Center

FRVS

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

| | | | | | |
|--------------------------------------|-------------------------------------|--|----------------------------------|--------------|----------------|
| Began FRVS: 11/2/1990 | 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: 1990/07 | Type: Variable [3] | | 80% Capital(1): 6,049,930 | | 15.2077 |
| Indexed Asset Value 7,562,413 | < 60% of Base: False | | 20% ROE(2): 1,512,483 | | 0.5148 |
| FRVS Base Asset: 4,526,100 | Interest Rate: 11.0000 % | | Insurance Cost(3): 25,056 | | 0.5036 |
| Occup Adj Factor: 0.9000 | Chase Rate: 10.0000 % | | Taxes Cost(3): 0 | | 0.0000 |
| ROE Factor 0.016770 | Amortization Rate: 11.0000 % | | Home Office(3): 27,258 | | 0.5478 |
| | Interest Only: False | | Replacement(3&4): 986,742 | | 0.0000 |
| | Yearly Payment: 749,360 | | Total FRVS PD: | | 16.7739 |

(1) 80% Capital (\$6,049,930) amortized at 11.0000% for 20 years Principal & Interest of \$749,360 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$15.2077

(2) 20% ROE (\$1,512,483) times the ROE factor (0.016770) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.5148

(3) Pass-throughs: 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: 50,500 |
| Comparison Bed 150 | Effective PBS Limitation 4,526,100 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 102.0469 | 102.0469 | 5.9518 | 96.0951 |
| Indirect Care | 62.0525 | 62.0525 | 3.6192 | 58.4333 |
| Property | 13.6500 | 16.7739 | 0.9783 | 15.7956 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.1200 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 230.7969 | 233.9208 | 13.6432 | 247.2300 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 261254-00 - 2013/01 |
| 222.46 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 49.84051% Occupancy: 84.46119% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.48936% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 59.4961 | 83.2819 | 65.1648 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 59.4961 | 83.2819 | 65.1648 | 20.0300 | 0.6666 | 228.6394 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 56.6452 | | 58.8985 | | | |
| 7 | Provider Target Rate | 58.2671 | | 60.5849 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 57.9295 | 83.2819 | 60.5849 | 13.6500 | 0.6666 | 216.1129 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 57.9295 | 83.2819 | 60.5849 | 13.6500 | 0.6666 | 216.1129 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 261254-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

222.46

Alhambra Health & Rehab Center

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|----------------|---------------|
| Began FRVS: | 4/13/1994 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 458,612.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1994/01 | Type: | Variable [3] | 80% Capital(1): | 863,893 | 3.6180 |
| Indexed Asset Value | 1,079,866 | < 60% of Base: | False | 20% ROE(2): | 215,973 | 0.2648 |
| FRVS Base Asset: | 615,660 | Interest Rate: | 5.5000 % | Insurance Cost(3): | 35,262 | 1.9064 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.2500 % | Taxes Cost(3): | 19,056 | 1.0302 |
| ROE Factor | 0.024170 | Amortization Rate: | 5.5000 % | Home Office(3): | 15,123 | 0.8176 |
| | | Interest Only: | False | Replacement(3&4): | 32,584 | 0.0000 |
| | | Yearly Payment: | 71,311 | Total FRVS PD: | | 7.6370 |

(1) 80% Capital (\$863,893) amortized at 5.5000% for 20 years Principal & Interest of \$71,311 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$3.6180

(2) 20% ROE (\$215,973) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.2648

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 615,660 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 57.9295 | 57.9295 | 3.3787 | 54.5508 |
| Patient Care | | | | |
| Direct Care | 83.2819 | 83.2819 | 4.8573 | 78.4246 |
| Indirect Care | 60.5849 | 60.5849 | 3.5336 | 57.0513 |
| Property | 13.6500 | 7.6370 | 0.4454 | 7.1916 |
| ROE | 0.6666 | 0.6516 | 0.0380 | 0.6136 |
| ROE Adjustment | -0.6516 | -0.6516 | -0.0380 | -0.6136 |
| Quality Assess-Medicaid Share | | | | \$16.4129 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.4613 | 209.4333 | 12.2150 | 222.4636 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 261611-00 - 2013/01

212.77

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 75.25819% Occupancy: 75.89518% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 95.68927% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.22078676 Semester Index: 1.30828184 Cost: 1.07167106 Target: 1.02004310 DC FY Index: 1.17400000 DC Sem Index: 1.22250000 DC Inflation: 1.04131175 PS Target: 1.02863299 | |

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 | 38.8454 | 84.5413 | 51.7225 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.8454 | 84.5413 | 51.7225 | 29.9200 | | 205.0292 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.4967 | | 50.6799 | | | |
| 7 | Provider Target Rate | 53.9998 | | 52.1310 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.8454 | 84.5413 | 51.7225 | 13.6500 | | 188.7592 |
| 12/13 | Medicaid Adjustment Rate | | 2.4023 | 1.4697 | | | |
| 14 | Prospective Per Diem 11 | 38.8454 | 86.9436 | 53.1922 | 13.6500 | | 192.6312 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 261611-00 - 2013/01
212.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 50,500 |
| Comparison Bed 115 | Effective PBS Limitation 3,277,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.8454 | 38.8454 | 2.2656 | 36.5798 |
| Patient Care | | | | |
| Direct Care | 86.9436 | 86.9436 | 5.0709 | 81.8727 |
| Indirect Care | 53.1922 | 53.1922 | 3.1024 | 50.0898 |
| Property | 13.6500 | 16.1190 | 0.9401 | 15.1789 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.2200 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.6312 | 195.1002 | 11.3790 | 212.7736 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 261629-00 - 2013/01 191.57 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.46699% Occupancy: 83.43187% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 105.19159% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 35.6319 | 77.6904 | 44.5877 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 35.6319 | 77.6904 | 44.5877 | 17.8000 | | 175.7100 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.1836 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 35.6319 | 77.6904 | 44.5877 | 13.6500 | | 171.5600 |
| 12/13 | Medicaid Adjustment Rate | | 2.0511 | 1.1771 | | | |
| 14 | Prospective Per Diem 11 | 35.6319 | 79.7415 | 45.7648 | 13.6500 | | 174.7882 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 261629-00 - 2013/01
191.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 2,509,962 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): | 2,007,970 | 10.0554 |
| | < 60% of Base: | False | 20% ROE(2): | 501,992 | 0.3888 |
| | 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: | 313,805 | Total FRVS PD: | | 13.0575 | |

(1) 80% Capital (\$2,007,970) amortized at 14.8040% for 20 years Principal & Interest of \$313,805 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$10.0554

(2) 20% ROE (\$501,992) times the ROE factor (0.024170) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$0.3888

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 95 | Effective PBS Limitation | 2,707,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 35.6319 | 35.6319 | 2.0782 | 33.5537 |
| Patient Care | | | | |
| Direct Care | 79.7415 | 79.7415 | 4.6509 | 75.0906 |
| Indirect Care | 45.7648 | 45.7648 | 2.6692 | 43.0956 |
| Property | 13.6500 | 13.0575 | 0.7616 | 12.2959 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.7029 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.7882 | 174.1957 | 10.1599 | 191.5711 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 261637-00 - 2013/01

206.96

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,613 Medicare: 12,754 Medicaid: 23,093 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 56.86110% Occupancy: 92.72375% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.90687% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 829,575 | 1,817,378 | 1,297,755 | 603,651 | 0 | 4,548,359 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 35.9232 | 78.6982 | 56.1969 | 26.1400 | | 196.9583 |
| 3 | Cost Per Diem Inflated | 37.4895 | 80.8815 | 58.6472 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.4895 | 80.8815 | 58.6472 | 26.1400 | | 203.1582 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 56.3426 | | | |
| 7 | Provider Target Rate | 44.2100 | | 57.9559 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.4895 | 80.8815 | 57.9559 | 13.6500 | | 189.9769 |
| 12/13 | Medicaid Adjustment Rate | | 0.6243 | 0.4473 | | | |
| 14 | Prospective Per Diem 11 | 37.4895 | 81.5058 | 58.4032 | 13.6500 | | 191.0485 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 261637-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

206.96

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 4,977,150 FRVS Base Asset: 2,656,745 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,139,792.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 3,981,720 | 12.0200 |
| | < 60% of Base: | False | 20% ROE(2): | 995,430 | 0.6103 |
| | Interest Rate: | 10.4000 % | Insurance Cost(3): | 55,452 | 1.3654 |
| | Chase Rate: | 9.0000 % | Taxes Cost(3): | 94,810 | 2.3345 |
| | Amortization Rate: | 10.4000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 78,272 | 0.0000 |
| Yearly Payment: | 473,827 | Total FRVS PD: | 16.3302 | | |

(1) 80% Capital (\$3,981,720) amortized at 10.4000% for 20 years Principal & Interest of \$473,827 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.0200

(2) 20% ROE (\$995,430) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6103

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 91 | Effective PBS Limitation | 2,656,745 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.4895 | 37.4895 | 2.1865 | 35.3030 |
| Patient Care | | | | |
| Direct Care | 81.5058 | 81.5058 | 4.7538 | 76.7520 |
| Indirect Care | 58.4032 | 58.4032 | 3.4063 | 54.9969 |
| Property | 13.6500 | 16.3302 | 0.9524 | 15.3778 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.7017 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.0485 | 193.7287 | 11.2990 | 206.9638 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 261670-00 - 2013/01 |
| 201.32 |

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 | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 40,803 Medicare: 13,796 Medicaid: 18,008 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 44.13401% Occupancy: 92.90301% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.13288% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 646,170 | 1,497,527 | 851,036 | 649,729 | 0 | 3,644,462 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 35.8824 | 83.1590 | 47.2588 | 36.0800 | | 202.3802 |
| 3 | Cost Per Diem Inflated | 37.0617 | 85.0727 | 48.8120 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.0617 | 85.0727 | 48.8120 | 36.0800 | | 207.0264 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 50.3046 | | | |
| 7 | Provider Target Rate | 42.0237 | | 51.7450 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.0617 | 85.0727 | 48.8120 | 13.6500 | | 184.5964 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 37.0617 | 85.0727 | 48.8120 | 13.6500 | | 184.5964 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 261670-00 - 2013/01
201.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,776,346 | 12.8922 |
| Indexed Asset Value | 5,970,433 | < 60% of Base: | False | 20% ROE(2): | 1,194,087 | 0.5395 |
| FRVS Base Asset: | 3,092,490 | Interest Rate: | 8.7965 % | Insurance Cost(3): | 80,448 | 1.9716 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.3356 % | Taxes Cost(3): | 80,400 | 1.9704 |
| ROE Factor | 0.017810 | Amortization Rate: | 8.7965 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 66,195 | 0.0000 |
| | | Yearly Payment: | 508,212 | Total FRVS PD: | | 17.3737 |

(1) 80% Capital (\$4,776,346) amortized at 8.7965% for 20 years Principal & Interest of \$508,212 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.8922

(2) 20% ROE (\$1,194,087) times the ROE factor (0.017810) divided by annual available days (43,800) 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: | 34,361 |
| Comparison Date: 7/1/1994 | Current RS PBS: | 50,500 |
| Comparison Bed 90 | Effective PBS Limitation | 3,092,490 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.0617 | 37.0617 | 2.1616 | 34.9001 |
| Patient Care | | | | |
| Direct Care | 85.0727 | 85.0727 | 4.9618 | 80.1109 |
| Indirect Care | 48.8120 | 48.8120 | 2.8469 | 45.9651 |
| Property | 13.6500 | 17.3737 | 1.0133 | 16.3604 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.1506 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.5964 | 188.3201 | 10.9836 | 201.3195 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 263389-00 - 2013/01 |
| 207.41 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,709 Medicare: 8,480 Medicaid: 23,476 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.66784% Occupancy: 92.94292% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.18321% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 988,969 | 1,954,032 | 1,067,009 | 921,433 | 0 | 4,931,443 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.1268 | 83.2353 | 45.4511 | 39.2500 | | 210.0632 |
| 3 | Cost Per Diem Inflated | 43.9636 | 85.5445 | 47.4329 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.9636 | 85.5445 | 47.4329 | 39.2500 | | 216.1910 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.5168 | | 54.3158 | | | |
| 7 | Provider Target Rate | 51.9632 | | 55.8710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.9636 | 85.5445 | 47.4329 | 13.6500 | | 190.5910 |
| 12/13 | Medicaid Adjustment Rate | | 0.7379 | 0.4092 | | | |
| 14 | Prospective Per Diem 11 | 43.9636 | 86.2824 | 47.8421 | 13.6500 | | 191.7381 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263389-00 - 2013/01
207.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,449,376 | 9.9001 |
| Indexed Asset Value | 5,561,720 | < 60% of Base: | False | 20% ROE(2): | 1,112,344 | 0.6820 |
| FRVS Base Asset: | 2,094,240 | Interest Rate: | 8.0700 % | Insurance Cost(3): | 32,130 | 0.7893 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 75,635 | 1.8579 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 12,727 | 0.3126 |
| | | Interest Only: | False | Replacement(3&4): | 37,580 | 0.0000 |
| | | Yearly Payment: | 390,261 | Total FRVS PD: | | 13.5419 |

(1) 80% Capital (\$4,449,376) amortized at 6.2500% for 20 years Principal & Interest of \$390,261 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9001

(2) 20% ROE (\$1,112,344) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6820

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 2,094,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.9636 | 43.9636 | 2.5641 | 41.3995 |
| Patient Care | | | | |
| Direct Care | 86.2824 | 86.2824 | 5.0323 | 81.2501 |
| Indirect Care | 47.8421 | 47.8421 | 2.7903 | 45.0518 |
| Property | 13.6500 | 13.5419 | 0.7898 | 12.7521 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.1218 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.7381 | 191.6300 | 11.1765 | 207.4077 |

***Medicaid Trend Adjustment :**



0 263443-00 - 2013/01
188.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 58,387 Medicare: 10,386 Medicaid: 43,708 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.85913% Occupancy: 88.86910% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.04690% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 2,166,177 | 3,113,587 | 1,705,096 | 1,752,691 | 0 | 8,737,551 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.5602 | 71.2361 | 39.0111 | 40.1000 | | 199.9074 |
| 3 | Cost Per Diem Inflated | 51.7211 | 73.2124 | 40.7121 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.7211 | 73.2124 | 40.7121 | 40.1000 | | 205.7456 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.5819 | | 47.4134 | | | |
| 7 | Provider Target Rate | 42.7725 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.7725 | 73.2124 | 40.7121 | 13.6500 | | 170.3470 |
| 12/13 | Medicaid Adjustment Rate | | 2.0475 | 1.1386 | | | |
| 14 | Prospective Per Diem 11 | 42.7725 | 75.2599 | 41.8507 | 13.6500 | | 173.5331 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263443-00 - 2013/01
188.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 6,874,109 FRVS Base Asset: 1,432,662 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 5,325,551.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 5,499,287 | 8.1575 |
| | < 60% of Base: | False | 20% ROE(2): | 1,374,822 | 0.5620 |
| | Interest Rate: | 8.0700 % | Insurance Cost(3): | 55,005 | 0.9421 |
| | Chase Rate: | 3.2500 % | Taxes Cost(3): | 56,783 | 0.9725 |
| | Amortization Rate: | 6.2500 % | Home Office(3): | 18,254 | 0.3126 |
| | Interest Only: | False | Replacement(3&4): | 39,438 | 0.0000 |
| Yearly Payment: | 482,350 | Total FRVS PD: | 10.9467 | | |

(1) 80% Capital (\$5,499,287) amortized at 6.2500% for 20 years Principal & Interest of \$482,350 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.1575

(2) 20% ROE (\$1,374,822) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5620

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 42.7725 | 42.7725 | 2.4947 | 40.2778 |
| Patient Care | | | | |
| Direct Care | 75.2599 | 75.2599 | 4.3895 | 70.8704 |
| Indirect Care | 41.8507 | 41.8507 | 2.4409 | 39.4098 |
| Property | 13.6500 | 10.9467 | 0.6385 | 10.3082 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.8183 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 173.5331 | 170.8298 | 9.9636 | 188.5169 |

***Medicaid Trend Adjustment :**



0 263451-00 - 2013/01
210.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Riviera Palms 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 |
|---|--|--|--|
| 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,763 Medicare: 8,729 Medicaid: 26,825 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.20259% Occupancy: 88.50000% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.58153% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,152,637 | 2,293,151 | 1,201,511 | 1,064,416 | 0 | 5,711,715 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.9688 | 85.4856 | 44.7907 | 39.6800 | | 212.9251 |
| 3 | Cost Per Diem Inflated | 44.8423 | 87.8572 | 46.7437 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.8423 | 87.8572 | 46.7437 | 39.6800 | | 219.1232 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.2980 | | 53.5162 | | | |
| 7 | Provider Target Rate | 48.6523 | | 55.0485 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.8423 | 87.8572 | 46.7437 | 13.6500 | | 193.0932 |
| 12/13 | Medicaid Adjustment Rate | | 1.8980 | 1.0098 | | | |
| 14 | Prospective Per Diem 11 | 44.8423 | 89.7552 | 47.7535 | 13.6500 | | 196.0010 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263451-00 - 2013/01
210.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Riviera Palms Rehabilitation Center

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): | 4,113,821 | 9.1535 |
| Indexed Asset Value | 5,142,276 | < 60% of Base: | False | 20% ROE(2): | 1,028,455 | 0.6306 |
| FRVS Base Asset: | 2,648,070 | Interest Rate: | 8.0700 % | Insurance Cost(3): | 38,040 | 0.9813 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 57,307 | 1.4784 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 12,119 | 0.3126 |
| | | Interest Only: | False | Replacement(3&4): | 36,174 | 0.0000 |
| | | Yearly Payment: | 360,829 | Total FRVS PD: | | 12.5564 |

(1) 80% Capital (\$4,113,821) amortized at 6.2500% for 20 years Principal & Interest of \$360,829 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1535

(2) 20% ROE (\$1,028,455) times the ROE factor (0.024170) 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: | 29,423 |
| Comparison Date: 7/1/1987 | Current RS PBS: | 50,500 |
| Comparison Bed 90 | Effective PBS Limitation | 2,648,070 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.8423 | 44.8423 | 2.6154 | 42.2269 |
| Patient Care | | | | |
| Direct Care | 89.7552 | 89.7552 | 5.2349 | 84.5203 |
| Indirect Care | 47.7535 | 47.7535 | 2.7852 | 44.9683 |
| Property | 13.6500 | 12.5564 | 0.7323 | 11.8241 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.7354 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 196.0010 | 194.9074 | 11.3678 | 210.1074 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 263460-00 - 2013/01 |
| 216.51 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 168 Maximum: 61,320 Max Annualized: 61,320 Total Patient: 52,403 Medicare: 15,864 Medicaid: 27,257 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 52.01420% Occupancy: 85.45825% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 107.74647% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,159,667 | 2,412,065 | 1,364,982 | 1,659,951 | 0 | 6,596,665 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.5457 | 88.4934 | 50.0782 | 60.9000 | | 242.0173 |
| 3 | Cost Per Diem Inflated | 44.4008 | 90.9485 | 52.2617 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.4008 | 90.9485 | 52.2617 | 60.9000 | | 248.5110 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.3765 | | 58.7530 | | | |
| 7 | Provider Target Rate | 45.6471 | | 60.4353 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.4008 | 90.9485 | 52.2617 | 13.6500 | | 201.2610 |
| 12/13 | Medicaid Adjustment Rate | | 0.2061 | 0.1184 | | | |
| 14 | Prospective Per Diem 11 | 44.4008 | 91.1546 | 52.3801 | 13.6500 | | 201.5855 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263460-00 - 2013/01
216.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,427,186 | 10.2148 |
| Indexed Asset Value | 8,033,983 | < 60% of Base: | False | 20% ROE(2): | 1,606,797 | 0.7037 |
| FRVS Base Asset: | 1,235,042 | Interest Rate: | 8.0700 % | Insurance Cost(3): | 79,734 | 1.5216 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 152,153 | 2.9035 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 16,383 | 0.3126 |
| | | Interest Only: | False | Replacement(3&4): | 48,321 | 0.0000 |
| | | Yearly Payment: | 563,737 | Total FRVS PD: | | 15.6562 |

(1) 80% Capital (\$6,427,186) amortized at 6.2500% for 20 years Principal & Interest of \$563,737 divided by annual available days (61,320) divided by Occup. Adj. (0.9000) = \$10.2148

(2) 20% ROE (\$1,606,797) times the ROE factor (0.024170) divided by annual available days (61,320) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 168 | Effective PBS Limitation | 4,788,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.4008 | 44.4008 | 2.5896 | 41.8112 |
| Patient Care | | | | |
| Direct Care | 91.1546 | 91.1546 | 5.3165 | 85.8381 |
| Indirect Care | 52.3801 | 52.3801 | 3.0550 | 49.3251 |
| Property | 13.6500 | 15.6562 | 0.9131 | 14.7431 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.9605 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.5855 | 203.5917 | 11.8742 | 216.5104 |

***Medicaid Trend Adjustment :**



0 263478-00 - 2013/01

195.40

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

Arbor Trail Rehab and Skilled 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 |
|---|--|---|--|
| 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 39,356 Medicare: 10,882 Medicaid: 18,679 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 47.46163% Occupancy: 92.95229% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.19502% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 764,512 | 1,490,354 | 751,306 | 945,531 | 0 | 3,951,703 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.9290 | 79.7877 | 40.2220 | 50.6200 | | 211.5587 |
| 3 | Cost Per Diem Inflated | 42.7136 | 82.0012 | 41.9758 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.7136 | 82.0012 | 41.9758 | 50.6200 | | 217.3106 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.3697 | | 51.5545 | | | |
| 7 | Provider Target Rate | 44.6115 | | 53.0307 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.7136 | 82.0012 | 41.9758 | 13.6500 | | 180.3406 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.7136 | 82.0012 | 41.9758 | 13.6500 | | 180.3406 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263478-00 - 2013/01
195.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Arbor Trail Rehab and Skilled Nursing Center

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): 4,208,310 | 9.6866 |
| Indexed Asset Value 5,260,388 | < 60% of Base: False | 20% ROE(2): 1,052,078 | 0.6673 |
| FRVS Base Asset: 1,751,700 | Interest Rate: 8.0700 % | Insurance Cost(3): 48,590 | 1.2346 |
| Occup Adj Factor: 0.9000 | Chase Rate: 3.2500 % | Taxes Cost(3): 76,497 | 1.9437 |
| ROE Factor 0.024170 | Amortization Rate: 6.2500 % | Home Office(3): 12,304 | 0.3126 |
| | Interest Only: False | Replacement(3&4): 34,293 | 0.0000 |
| | Yearly Payment: 369,117 | Total FRVS PD: | 13.8448 |

(1) 80% Capital (\$4,208,310) amortized at 6.2500% for 20 years Principal & Interest of \$369,117 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$9.6866

(2) 20% ROE (\$1,052,078) times the ROE factor (0.024170) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.6673

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,751,700 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.7136 | 42.7136 | 2.4912 | 40.2224 |
| Patient Care | | | | |
| Direct Care | 82.0012 | 82.0012 | 4.7826 | 77.2186 |
| Indirect Care | 41.9758 | 41.9758 | 2.4482 | 39.5276 |
| Property | 13.6500 | 13.8448 | 0.8075 | 13.0373 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.5609 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.3406 | 180.5354 | 10.5295 | 195.3992 |

***Medicaid Trend Adjustment :**



0 263486-00 - 2013/01
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 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 73.82474% Occupancy: 84.31050% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.29938% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 156 Conditional: 26 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 56.1897 | 82.3408 | 52.7067 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.1897 | 82.3408 | 52.7067 | 18.3000 | | 209.5372 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.6530 | | 57.4579 | | | |
| 7 | Provider Target Rate | 61.3610 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 56.1897 | 82.3408 | 52.7067 | 13.6500 | | 204.8872 |
| 12/13 | Medicaid Adjustment Rate | | 1.8917 | 1.2109 | | | |
| 14 | Prospective Per Diem 11 | 56.1897 | 84.2325 | 53.9176 | 13.6500 | | 207.9898 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263486-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 2,216,018 | 9.8615 |
| Indexed Asset Value | 2,770,022 | < 60% of Base: | False | 20% ROE(2): | 554,004 | 0.6794 |
| 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: | 194,370 | Total FRVS PD: | | 13.5798 |

(1) 80% Capital (\$2,216,018) amortized at 6.2500% for 20 years Principal & Interest of \$194,370 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.8615

(2) 20% ROE (\$554,004) times the ROE factor (0.024170) divided by annual available days (21,900) 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: | 34,361 |
| Comparison Date: 7/1/1994 | Current RS PBS: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 2,061,660 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 56.1897 | 56.1897 | 3.2772 | 52.9125 |
| Patient Care | | | | |
| Direct Care | 84.2325 | 84.2325 | 4.9128 | 79.3197 |
| Indirect Care | 53.9176 | 53.9176 | 3.1447 | 50.7729 |
| Property | 13.6500 | 13.5798 | 0.7920 | 12.7878 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5956 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.9898 | 207.9196 | 12.1267 | 223.2209 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 263494-00 - 2013/01

208.71

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 163 Maximum: 59,495 Max Annualized: 59,495 Total Patient: 56,306 Medicare: 8,165 Medicaid: 41,192 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.15739% Occupancy: 94.63989% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.32275% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,749,823 | 3,506,815 | 1,758,732 | 968,012 | 0 | 7,983,382 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.4797 | 85.1334 | 42.6960 | 23.5000 | | 193.8091 |
| 3 | Cost Per Diem Inflated | 44.3319 | 87.4952 | 44.5576 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.3319 | 87.4952 | 44.5576 | 23.5000 | | 199.8847 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.0266 | | 49.1648 | | | |
| 7 | Provider Target Rate | 44.2586 | | 50.5725 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.2586 | 87.4952 | 44.5576 | 13.6500 | | 189.9614 |
| 12/13 | Medicaid Adjustment Rate | | 2.2794 | 1.1608 | | | |
| 14 | Prospective Per Diem 11 | 44.2586 | 89.7746 | 45.7184 | 13.6500 | | 193.4016 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263494-00 - 2013/01
208.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Jacksonville Nursing and Rehab

FRVS

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

| | | | | | |
|---|----------------------|---------------------|------------------------------|------------------|---------------|
| Began FRVS: 10/31/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 6,975,743 FRVS Base Asset: 3,017,400 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 5,227,709.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 5,580,594 | 9.1414 |
| | < 60% of Base: | False | 20% ROE(2): | 1,395,149 | 0.6298 |
| | Interest Rate: | 8.0700 % | Insurance Cost(3): | 46,664 | 0.8288 |
| | Chase Rate: | 3.2500 % | Taxes Cost(3): | 45,873 | 0.8147 |
| | Amortization Rate: | 6.2500 % | Home Office(3): | 17,603 | 0.3126 |
| | Interest Only: | False | Replacement(3&4): | 43,937 | 0.0000 |
| Yearly Payment: | 489,482 | Total FRVS PD: | | 11.7273 | |

(1) 80% Capital (\$5,580,594) amortized at 6.2500% for 20 years Principal & Interest of \$489,482 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$9.1414

(2) 20% ROE (\$1,395,149) times the ROE factor (0.024170) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$0.6298

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 100 | Effective PBS Limitation | 3,017,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.2586 | 44.2586 | 2.5813 | 41.6773 |
| Patient Care | | | | |
| Direct Care | 89.7746 | 89.7746 | 5.2360 | 84.5386 |
| Indirect Care | 45.7184 | 45.7184 | 2.6665 | 43.0519 |
| Property | 13.6500 | 11.7273 | 0.6840 | 11.0433 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5707 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.4016 | 191.4789 | 11.1678 | 208.7142 |

***Medicaid Trend Adjustment :**



0 263508-00 - 2013/01
217.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 36.86068% Occupancy: 89.27854% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.56312% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 44.6094 | 92.0601 | 55.4406 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.6094 | 92.0601 | 55.4406 | 59.2200 | | 251.3301 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.1897 | | 56.7471 | | | |
| 7 | Provider Target Rate | 48.5409 | | 58.3719 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.6094 | 92.0601 | 55.4406 | 13.6500 | | 205.7601 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.6094 | 92.0601 | 55.4406 | 13.6500 | | 205.7601 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263508-00 - 2013/01
217.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,393,447 | 9.7756 |
| Indexed Asset Value 5,491,809 | < 60% of Base: False | 20% ROE(2): 1,098,362 | 0.6735 |
| 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: 385,355 | Total FRVS PD: | 13.9664 |

(1) 80% Capital (\$4,393,447) amortized at 6.2500% for 20 years Principal & Interest of \$385,355 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7756

(2) 20% ROE (\$1,098,362) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6735

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,793,080 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.6094 | 44.6094 | 2.6018 | 42.0076 |
| Patient Care | | | | |
| Direct Care | 92.0601 | 92.0601 | 5.3693 | 86.6908 |
| Indirect Care | 55.4406 | 55.4406 | 3.2335 | 52.2071 |
| Property | 13.6500 | 13.9664 | 0.8146 | 13.1518 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.5141 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.7601 | 206.0765 | 12.0192 | 217.4038 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 263516-00 - 2013/01 |
| 201.06 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.35720% Occupancy: 93.06393% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.33577% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 45.2732 | 78.2315 | 44.0624 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.2732 | 78.2315 | 44.0624 | 33.3000 | | 200.8671 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.0095 | | 48.1460 | | | |
| 7 | Provider Target Rate | 48.3555 | | 49.5246 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.2732 | 78.2315 | 44.0624 | 13.6500 | | 181.2171 |
| 12/13 | Medicaid Adjustment Rate | | 1.7916 | 1.0091 | | | |
| 14 | Prospective Per Diem 11 | 45.2732 | 80.0231 | 45.0715 | 13.6500 | | 184.0178 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263516-00 - 2013/01
201.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Macclenny Nursing and Rehab

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 8/27/1990 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 4,102,079.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1995/07 | Type: | Fixed [2] | 80% Capital(1): | 4,378,750 | 9.7429 |
| Indexed Asset Value | 5,473,437 | < 60% of Base: | False | 20% ROE(2): | 1,094,687 | 0.6712 |
| FRVS Base Asset: | 3,917,950 | Interest Rate: | 8.0700 % | Insurance Cost(3): | 34,394 | 0.8438 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 62,570 | 1.5350 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 12,744 | 0.3126 |
| | | Interest Only: | False | Replacement(3&4): | 14,892 | 0.0000 |
| | | Yearly Payment: | 384,066 | Total FRVS PD: | | 13.1055 |

(1) 80% Capital (\$4,378,750) amortized at 6.2500% for 20 years Principal & Interest of \$384,066 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7429

(2) 20% ROE (\$1,094,687) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6712

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,810,440 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.2732 | 45.2732 | 2.6405 | 42.6327 |
| Patient Care | | | | |
| Direct Care | 80.0231 | 80.0231 | 4.6673 | 75.3558 |
| Indirect Care | 45.0715 | 45.0715 | 2.6288 | 42.4427 |
| Property | 13.6500 | 13.1055 | 0.7644 | 12.3411 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4584 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.0178 | 183.4733 | 10.7010 | 201.0631 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 263524-00 - 2013/01 |
| 205.08 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 117 Maximum: 42,705 Max Annualized: 42,705 Total Patient: 33,183 Medicare: 3,644 Medicaid: 22,232 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.99816% Occupancy: 77.70284% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 97.96839% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,109,329 | 1,747,384 | 953,224 | 212,093 | 0 | 4,022,030 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.8978 | 78.5977 | 42.8762 | 9.5400 | | 180.9117 |
| 3 | Cost Per Diem Inflated | 52.0734 | 80.7782 | 44.7457 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.0734 | 80.7782 | 44.7457 | 9.5400 | | 187.1373 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.6986 | | 63.8143 | | | |
| 7 | Provider Target Rate | 66.5511 | | 65.6415 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.0734 | 80.7782 | 44.7457 | 9.5400 | | 187.1373 |
| 12/13 | Medicaid Adjustment Rate | | 1.5447 | 0.8557 | | | |
| 14 | Prospective Per Diem 11 | 52.0734 | 82.3229 | 45.6014 | 9.5400 | | 189.5377 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263524-00 - 2013/01
205.08

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Medicana Nursing and Rehab

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|---------------|
| Began FRVS: | 2/1/1997 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 1,343,842.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1978/07 | Type: | Fixed [2] | 80% Capital(1): | 1,701,942 | 3.8840 |
| Indexed Asset Value | 2,127,428 | < 60% of Base: | False | 20% ROE(2): | 425,486 | 0.2676 |
| FRVS Base Asset: | 1,241,751 | Interest Rate: | 8.0700 % | Insurance Cost(3): | 19,672 | 0.5928 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 56,885 | 1.7143 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 10,374 | 0.3126 |
| | | Interest Only: | False | Replacement(3&4): | 8,888 | 0.0000 |
| | | Yearly Payment: | 149,280 | Total FRVS PD: | | 6.7713 |

(1) 80% Capital (\$1,701,942) amortized at 6.2500% for 20 years Principal & Interest of \$149,280 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$3.8840

(2) 20% ROE (\$425,486) times the ROE factor (0.024170) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.2676

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 117 | Effective PBS Limitation | 3,334,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.0734 | 52.0734 | 3.0371 | 49.0363 |
| Patient Care | | | | |
| Direct Care | 82.3229 | 82.3229 | 4.8014 | 77.5215 |
| Indirect Care | 45.6014 | 45.6014 | 2.6597 | 42.9417 |
| Property | 9.5400 | 6.7713 | 0.3949 | 6.3764 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.3763 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.5377 | 186.7690 | 10.8931 | 205.0846 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 263532-00 - 2013/01 210.24 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.02614% Occupancy: 91.01142% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.74794% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 49.3497 | 83.0889 | 46.0043 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.3497 | 83.0889 | 46.0043 | 44.4400 | | 222.8829 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.6603 | | 56.0799 | | | |
| 7 | Provider Target Rate | 53.1395 | | 57.6856 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.3497 | 83.0889 | 46.0043 | 13.6500 | | 192.0929 |
| 12/13 | Medicaid Adjustment Rate | | 1.4980 | 0.8294 | | | |
| 14 | Prospective Per Diem 11 | 49.3497 | 84.5869 | 46.8337 | 13.6500 | | 194.4203 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263532-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

210.24

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): | 4,189,230 | 9.3212 |
| Indexed Asset Value | 5,236,538 | < 60% of Base: | False | 20% ROE(2): | 1,047,308 | 0.6421 |
| 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: | 367,443 | Total FRVS PD: | | 13.2081 |

(1) 80% Capital (\$4,189,230) amortized at 6.2500% for 20 years Principal & Interest of \$367,443 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.3212

(2) 20% ROE (\$1,047,308) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6421

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,861,960 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 49.3497 | 49.3497 | 2.8783 | 46.4714 |
| Patient Care | | | | |
| Direct Care | 84.5869 | 84.5869 | 4.9335 | 79.6534 |
| Indirect Care | 46.8337 | 46.8337 | 2.7315 | 44.1022 |
| Property | 13.6500 | 13.2081 | 0.7704 | 12.4377 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.7396 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 194.4203 | 193.9784 | 11.3137 | 210.2367 |

***Medicaid Trend Adjustment :**



0 263541-00 - 2013/01
216.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,606 Medicare: 6,157 Medicaid: 28,581 Medicaid Utilization 72.16331% Occupancy: 90.42466% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.00815% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,423,071 | 2,375,601 | 1,321,851 | 637,356 | 0 | 5,757,879 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.7908 | 83.1182 | 46.2493 | 22.3000 | | 201.4583 |
| 3 | Cost Per Diem Inflated | 51.9618 | 85.4241 | 48.2659 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.9618 | 85.4241 | 48.2659 | 22.3000 | | 207.9518 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.8610 | | 55.0823 | | | |
| 7 | Provider Target Rate | 49.2314 | | 56.6595 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.2314 | 85.4241 | 48.2659 | 13.6500 | | 196.5714 |
| 12/13 | Medicaid Adjustment Rate | | 2.1299 | 1.2034 | | | |
| 14 | Prospective Per Diem 11 | 49.2314 | 87.5540 | 49.4693 | 13.6500 | | 199.9047 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263541-00 - 2013/01
216.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Metrowest Nursing and Rehab

FRVS

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

| | | | | | |
|--------------------------------------|------------------------------------|--|-------------------------------------|---------------------|-----------------|
| Began FRVS: 10/21/1994 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | Amount: 3,974,992.00 | | | Total Amount | Per Diem |
| RS to Start Calcs: 1995/07 | Type: Fixed [2] | | 80% Capital(1): 4,238,296 | | 9.4304 |
| Indexed Asset Value 5,297,870 | < 60% of Base: False | | 20% ROE(2): 1,059,574 | | 0.6497 |
| FRVS Base Asset: 4,070,662 | Interest Rate: 8.0700 % | | Insurance Cost(3): 32,954 | | 0.8320 |
| Occup Adj Factor: 0.9000 | Chase Rate: 3.2500 % | | Taxes Cost(3): 94,770 | | 2.3928 |
| ROE Factor 0.024170 | Amortization Rate: 6.2500 % | | Home Office(3): 12,382 | | 0.3126 |
| | Interest Only: False | | Replacement(3&4): 9,330 | | 0.0000 |
| | Yearly Payment: 371,747 | | Total FRVS PD: | | 13.6175 |

(1) 80% Capital (\$4,238,296) amortized at 6.2500% for 20 years Principal & Interest of \$371,747 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4304

(2) 20% ROE (\$1,059,574) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6497

(3) Pass-throughs: 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 4,058,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.2314 | 49.2314 | 2.8714 | 46.3600 |
| Patient Care | | | | |
| Direct Care | 87.5540 | 87.5540 | 5.1065 | 82.4475 |
| Indirect Care | 49.4693 | 49.4693 | 2.8853 | 46.5840 |
| Property | 13.6500 | 13.6175 | 0.7942 | 12.8233 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.3316 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.9047 | 199.8722 | 11.6574 | 216.3788 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 263559-00 - 2013/01 203.75 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 53.63304% Occupancy: 91.05936% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.80839% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 47.6027 | 82.9650 | 47.7529 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.6027 | 82.9650 | 47.7529 | 55.5200 | | 233.8406 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.3816 | | 50.3035 | | | |
| 7 | Provider Target Rate | 49.7669 | | 51.7438 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.6027 | 82.9650 | 47.7529 | 13.6500 | | 191.9706 |
| 12/13 | Medicaid Adjustment Rate | | 0.3391 | 0.1952 | | | |
| 14 | Prospective Per Diem 11 | 47.6027 | 83.3041 | 47.9481 | 13.6500 | | 192.5049 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263559-00 - 2013/01
203.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Moultrie Creek Nursing and Rehab

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 5/1/1996 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 4,102,200.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1986/07 | Type: | Fixed [2] | 80% Capital(1): | 4,283,278 | 9.5305 |
| Indexed Asset Value | 5,354,098 | < 60% of Base: | False | 20% ROE(2): | 1,070,820 | 0.6566 |
| FRVS Base Asset: | 1,629,898 | Interest Rate: | 8.0700 % | Insurance Cost(3): | 47,706 | 1.1961 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 24,188 | 0.6065 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 12,469 | 0.3126 |
| | | Interest Only: | False | Replacement(3&4): | 47,227 | 0.0000 |
| | | Yearly Payment: | 375,692 | Total FRVS PD: | | 12.3023 |

(1) 80% Capital (\$4,283,278) amortized at 6.2500% for 20 years Principal & Interest of \$375,692 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5305

(2) 20% ROE (\$1,070,820) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6566

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,724,220 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.6027 | 47.6027 | 2.7764 | 44.8263 |
| Patient Care | | | | |
| Direct Care | 83.3041 | 83.3041 | 4.8586 | 78.4455 |
| Indirect Care | 47.9481 | 47.9481 | 2.7965 | 45.1516 |
| Property | 13.6500 | 12.3023 | 0.7175 | 11.5848 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.9051 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.5049 | 191.1572 | 11.1490 | 203.7457 |

*Medicaid Trend Adjustment :



0 263567-00 - 2013/01
210.20

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 54.15979% Occupancy: 91.32877% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.14807% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 45.5012 | 86.3741 | 51.5142 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.5012 | 86.3741 | 51.5142 | 46.2200 | | 229.6095 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.0148 | | 49.3774 | | | |
| 7 | Provider Target Rate | 47.3323 | | 50.7912 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.5012 | 86.3741 | 50.7912 | 13.6500 | | 196.3165 |
| 12/13 | Medicaid Adjustment Rate | | 0.4042 | 0.2377 | | | |
| 14 | Prospective Per Diem 11 | 45.5012 | 86.7783 | 51.0289 | 13.6500 | | 196.9584 |
| 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 01/01/2013 through 06/30/2013

210.20

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): | 4,214,044 | 9.3765 |
| Indexed Asset Value | 5,267,555 | < 60% of Base: | False | 20% ROE(2): | 1,053,511 | 0.6460 |
| 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: | 369,620 | Total FRVS PD: | | 12.6367 |

(1) 80% Capital (\$4,214,044) amortized at 6.2500% for 20 years Principal & Interest of \$369,620 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.3765

(2) 20% ROE (\$1,053,511) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6460

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,642,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.5012 | 45.5012 | 2.6538 | 42.8474 |
| Patient Care | | | | |
| Direct Care | 86.7783 | 86.7783 | 5.0613 | 81.7170 |
| Indirect Care | 51.0289 | 51.0289 | 2.9762 | 48.0527 |
| Property | 13.6500 | 12.6367 | 0.7370 | 11.8997 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.8519 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 196.9584 | 195.9451 | 11.4283 | 210.2011 |

***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 01/01/2013 through 06/30/2013

| |
|---|
| 0 263575-00 - 2013/01 205.76 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 117 Maximum: 42,705 Max Annualized: 42,705 Total Patient: 38,468 Medicare: 15,339 Medicaid: 20,306 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 52.78673% Occupancy: 90.07844% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.57164% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,557,386 | 1,664,176 | 955,927 | 562,476 | 0 | 4,739,965 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 76.6959 | 81.9549 | 47.0761 | 27.7000 | | 233.4269 |
| 3 | Cost Per Diem Inflated | 80.0400 | 84.2286 | 49.1287 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 80.0400 | 84.2286 | 49.1287 | 27.7000 | | 241.0973 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.0563 | | 52.7333 | | | |
| 7 | Provider Target Rate | 45.3178 | | 54.2432 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.3178 | 84.2286 | 49.1287 | 13.6500 | | 192.3251 |
| 12/13 | Medicaid Adjustment Rate | | 0.2641 | 0.1540 | | | |
| 14 | Prospective Per Diem 11 | 45.3178 | 84.4927 | 49.2827 | 13.6500 | | 192.7432 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263575-00 - 2013/01
205.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 0.5932 |
| FRVS Base Asset: | 683,039 | Interest Rate: | 8.2500 % | Insurance Cost(3): | 34,056 | 0.8853 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 138,050 | 3.5887 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.2500 % | Home Office(3): | 12,027 | 0.3126 |
| | | Interest Only: | False | Replacement(3&4): | 41,169 | 0.0000 |
| | | Yearly Payment: | 385,777 | Total FRVS PD: | | 15.4171 |

(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 (0.024170) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.5932

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

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

| | | | |
|--------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 75 | Effective PBS Limitation | 2,137,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.3178 | 45.3178 | 2.6431 | 42.6747 |
| Patient Care | | | | |
| Direct Care | 84.4927 | 84.4927 | 4.9280 | 79.5647 |
| Indirect Care | 49.2827 | 49.2827 | 2.8744 | 46.4083 |
| Property | 13.6500 | 15.4171 | 0.8992 | 14.5179 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.7627 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.7432 | 194.5103 | 11.3447 | 205.7607 |

***Medicaid Trend Adjustment :**



0 263583-00 - 2013/01

198.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,869 Medicare: 11,455 Medicaid: 19,601 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 47.96056% Occupancy: 93.30822% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.64377% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 817,065 | 1,555,665 | 857,693 | 1,076,683 | 0 | 4,307,106 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.6849 | 79.3666 | 43.7576 | 54.9300 | | 219.7391 |
| 3 | Cost Per Diem Inflated | 43.5024 | 81.5684 | 45.6655 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.5024 | 81.5684 | 45.6655 | 54.9300 | | 225.6663 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.4678 | | 50.6017 | | | |
| 7 | Provider Target Rate | 45.7410 | | 52.0506 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.5024 | 81.5684 | 45.6655 | 13.6500 | | 184.3863 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.5024 | 81.5684 | 45.6655 | 13.6500 | | 184.3863 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263583-00 - 2013/01
198.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,089,747 | 9.0999 |
| Indexed Asset Value | 5,112,184 | < 60% of Base: | False | 20% ROE(2): | 1,022,437 | 0.6269 |
| FRVS Base Asset: | 3,861,960 | Interest Rate: | 8.0700 % | Insurance Cost(3): | 53,029 | 1.2975 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 63,462 | 1.5528 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 12,777 | 0.3126 |
| | | Interest Only: | False | Replacement(3&4): | 12,200 | 0.0000 |
| | | Yearly Payment: | 358,717 | Total FRVS PD: | | 12.8897 |

(1) 80% Capital (\$4,089,747) amortized at 6.2500% for 20 years Principal & Interest of \$358,717 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.0999

(2) 20% ROE (\$1,022,437) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6269

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,861,960 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.5024 | 43.5024 | 2.5372 | 40.9652 |
| Patient Care | | | | |
| Direct Care | 81.5684 | 81.5684 | 4.7574 | 76.8110 |
| Indirect Care | 45.6655 | 45.6655 | 2.6634 | 43.0021 |
| Property | 13.6500 | 12.8897 | 0.7518 | 12.1379 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.4743 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.3863 | 183.6260 | 10.7098 | 198.2229 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 263591-00 - 2013/01 211.71 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 46.95219% Occupancy: 91.45094% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.30210% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 46.7988 | 87.7236 | 53.8548 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.7988 | 87.7236 | 53.8548 | 57.1500 | | 245.5272 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 57.4579 | | | |
| 7 | Provider Target Rate | 50.1452 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.7988 | 87.7236 | 53.8548 | 13.6500 | | 202.0272 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.7988 | 87.7236 | 53.8548 | 13.6500 | | 202.0272 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263591-00 - 2013/01
211.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Tuskawilla Nursing and Rehab

FRVS

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

| | | | |
|--------------------------------------|------------------------------------|----------------------------------|---------------|
| Began FRVS: 11/7/1994 | Mortgage Information | Calculation of FRVS Per Diem | |
| Year of Phase-In/ Full: | Amount: 2,981,982.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1994/07 | Type: Fixed [2] | 80% Capital(1): 3,111,331 | 8.4770 |
| Indexed Asset Value 3,889,164 | < 60% of Base: False | 20% ROE(2): 777,833 | 0.5840 |
| FRVS Base Asset: 3,043,800 | Interest Rate: 8.0700 % | Insurance Cost(3): 48,204 | 1.4736 |
| Occup Adj Factor: 0.9000 | Chase Rate: 3.2500 % | Taxes Cost(3): 64,151 | 1.9611 |
| ROE Factor 0.024170 | Amortization Rate: 6.2500 % | Home Office(3): 10,227 | 0.3126 |
| | Interest Only: False | Replacement(3&4): 38,044 | 0.0000 |
| | Yearly Payment: 272,899 | Total FRVS PD: 12.8083 | |

(1) 80% Capital (\$3,111,331) amortized at 6.2500% for 20 years Principal & Interest of \$272,899 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$8.4770

(2) 20% ROE (\$777,833) times the ROE factor (0.024170) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$0.5840

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 90 | Effective PBS Limitation | 3,043,800 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.7988 | 46.7988 | 2.7295 | 44.0693 |
| Patient Care | | | | |
| Direct Care | 87.7236 | 87.7236 | 5.1164 | 82.6072 |
| Indirect Care | 53.8548 | 53.8548 | 3.1410 | 50.7138 |
| Property | 13.6500 | 12.8083 | 0.7470 | 12.0613 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.4295 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.0272 | 201.1855 | 11.7339 | 211.7135 |

***Medicaid Trend Adjustment :**



0 263605-00 - 2013/01

231.67

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 38,900 Medicare: 12,428 Medicaid: 22,820 Medicaid Utilization 58.66324% Occupancy: 91.87530% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.83713% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,071,636 | 2,098,833 | 1,605,991 | 1,331,775 | 0 | 6,108,235 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.9604 | 91.9734 | 70.3765 | 58.3600 | | 267.6703 |
| 3 | Cost Per Diem Inflated | 49.0080 | 94.5250 | 73.4451 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.0080 | 94.5250 | 73.4451 | 58.3600 | | 275.3381 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.6809 | | 74.3605 | | | |
| 7 | Provider Target Rate | 49.0461 | | 76.4897 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.0080 | 94.5250 | 59.0236 | 13.6500 | | 216.2066 |
| 12/13 | Medicaid Adjustment Rate | | 0.9213 | 0.5753 | | | |
| 14 | Prospective Per Diem 11 | 49.0080 | 95.4463 | 59.5989 | 13.6500 | | 217.7032 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263605-00 - 2013/01
231.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Hunter's Creek Nursing and Rehab

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 5/26/1998 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 4,052,231.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1998/01 | Type: | Fixed [2] | 80% Capital(1): | 4,296,545 | 9.8897 |
| Indexed Asset Value | 5,370,681 | < 60% of Base: | False | 20% ROE(2): | 1,074,136 | 0.6813 |
| FRVS Base Asset: | 4,343,620 | Interest Rate: | 8.0700 % | Insurance Cost(3): | 58,766 | 1.5107 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 141,997 | 3.6503 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 12,162 | 0.3126 |
| | | Interest Only: | False | Replacement(3&4): | 24,574 | 0.0000 |
| | | Yearly Payment: | 376,856 | Total FRVS PD: | | 16.0446 |

(1) 80% Capital (\$4,296,545) amortized at 6.2500% for 20 years Principal & Interest of \$376,856 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$9.8897

(2) 20% ROE (\$1,074,136) times the ROE factor (0.024170) divided by annual available days (42,340) 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: | 37,445 |
| Comparison Date: 7/1/1997 | Current RS PBS: | 50,500 |
| Comparison Bed 116 | Effective PBS Limitation | 4,343,620 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.0080 | 49.0080 | 2.8583 | 46.1497 |
| Patient Care | | | | |
| Direct Care | 95.4463 | 95.4463 | 5.5668 | 89.8795 |
| Indirect Care | 59.5989 | 59.5989 | 3.4761 | 56.1228 |
| Property | 13.6500 | 16.0446 | 0.9358 | 15.1088 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.5770 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.7032 | 220.0978 | 12.8370 | 231.6702 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 263613-00 - 2013/01

199.79

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 49.81160% Occupancy: 91.86613% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.82558% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 43.4032 | 83.7248 | 44.8057 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.4032 | 83.7248 | 44.8057 | 34.5200 | | 206.4537 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.0685 | | 58.1687 | | | |
| 7 | Provider Target Rate | 52.5307 | | 59.8342 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.4032 | 83.7248 | 44.8057 | 13.6500 | | 185.5837 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.4032 | 83.7248 | 44.8057 | 13.6500 | | 185.5837 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263613-00 - 2013/01
199.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,136,130 | 6.6130 |
| Indexed Asset Value | 5,170,162 | < 60% of Base: | False | 20% ROE(2): | 1,034,032 | 0.4556 |
| 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: | 362,786 | Total FRVS PD: | | 10.5160 |

(1) 80% Capital (\$4,136,130) amortized at 6.2500% for 20 years Principal & Interest of \$362,786 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$6.6130

(2) 20% ROE (\$1,034,032) times the ROE factor (0.024170) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$0.4556

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 110 | Effective PBS Limitation | 3,135,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.4032 | 43.4032 | 2.5315 | 40.8717 |
| Patient Care | | | | |
| Direct Care | 83.7248 | 83.7248 | 4.8832 | 78.8416 |
| Indirect Care | 44.8057 | 44.8057 | 2.6133 | 42.1924 |
| Property | 13.6500 | 10.5160 | 0.6133 | 9.9027 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1497 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 185.5837 | 182.4497 | 10.6413 | 199.7905 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 263621-00 - 2013/01 215.40 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 55.31760% Occupancy: 94.24201% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.82110% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,278 Medicare: 11,709 Medicaid: 22,834 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 46.9832 | 92.0275 | 48.7477 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.9832 | 92.0275 | 48.7477 | 55.6700 | | 243.4284 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.5887 | | 54.1903 | | | |
| 7 | Provider Target Rate | 48.9513 | | 55.7419 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.9832 | 92.0275 | 48.7477 | 13.6500 | | 201.4084 |
| 12/13 | Medicaid Adjustment Rate | | 0.5505 | 0.2916 | | | |
| 14 | Prospective Per Diem 11 | 46.9832 | 92.5780 | 49.0393 | 13.6500 | | 202.2505 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263621-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

215.40

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 5,012,935 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): | 4,010,348 | 8.9232 |
| | < 60% of Base: | False | 20% ROE(2): | 1,002,587 | 0.6147 |
| | 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: | 351,753 | Total FRVS PD: | | 13.3515 | |

(1) 80% Capital (\$4,010,348) amortized at 6.2500% for 20 years Principal & Interest of \$351,753 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.9232

(2) 20% ROE (\$1,002,587) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6147

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,930,360 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.9832 | 46.9832 | 2.7403 | 44.2429 |
| Patient Care | | | | |
| Direct Care | 92.5780 | 92.5780 | 5.3995 | 87.1785 |
| Indirect Care | 49.0393 | 49.0393 | 2.8602 | 46.1791 |
| Property | 13.6500 | 13.3515 | 0.7787 | 12.5728 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.3970 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.2505 | 201.9520 | 11.7787 | 215.4027 |

***Medicaid Trend Adjustment :**



0 263834-00 - 2013/01
205.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.44509% Occupancy: 89.44977% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.77901% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 56.0718 | 75.2038 | 52.7630 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.0718 | 75.2038 | 52.7630 | 22.0900 | | 206.1286 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 75.2038 | 50.8005 | 13.6500 | | 181.6780 |
| 12/13 | Medicaid Adjustment Rate | | 2.4066 | 1.6257 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 77.6104 | 52.4262 | 13.6500 | | 185.7103 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263834-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

205.86

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): | 4,092,704 | 11.0099 |
| Indexed Asset Value | 5,115,880 | < 60% of Base: | False | 20% ROE(2): | 1,023,176 | 0.6274 |
| 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: | 434,012 | Total FRVS PD: | | 15.4026 |

(1) 80% Capital (\$4,092,704) amortized at 8.7500% for 20 years Principal & Interest of \$434,012 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.0099

(2) 20% ROE (\$1,023,176) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6274

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 77.6104 | 77.6104 | 4.5266 | 73.0838 |
| Indirect Care | 52.4262 | 52.4262 | 3.0577 | 49.3685 |
| Property | 13.6500 | 15.4026 | 0.8983 | 14.5043 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.4999 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 185.7103 | 187.4629 | 10.9336 | 205.8616 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 263842-00 - 2013/01 195.25 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.72580% Occupancy: 85.61187% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 107.94016% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 40.5128 | 75.0489 | 49.7319 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.5128 | 75.0489 | 49.7319 | 27.1700 | | 192.4636 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.5128 | 75.0489 | 49.7319 | 13.6500 | | 178.9436 |
| 12/13 | Medicaid Adjustment Rate | | 0.7367 | 0.4882 | | | |
| 14 | Prospective Per Diem 11 | 40.5128 | 75.7856 | 50.2201 | 13.6500 | | 180.1685 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263842-00 - 2013/01
195.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Boca Raton Rehabilitation Center

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: | 3,700,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1978/07 | Type: | Variable [3] | 80% Capital(1): | 2,009,518 | 5.4059 |
| Indexed Asset Value | 2,511,898 | < 60% of Base: | False | 20% ROE(2): | 502,380 | 0.3080 |
| FRVS Base Asset: | 1,240,709 | Interest Rate: | 11.9600 % | Insurance Cost(3): | 89,620 | 2.3900 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.7500 % | Taxes Cost(3): | 87,052 | 2.3215 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 129,466 | 0.0000 |
| | | Yearly Payment: | 213,100 | Total FRVS PD: | | 10.4254 |

(1) 80% Capital (\$2,009,518) amortized at 8.7500% for 20 years Principal & Interest of \$213,100 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.4059

(2) 20% ROE (\$502,380) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3080

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.5128 | 40.5128 | 2.3629 | 38.1499 |
| Patient Care | | | | |
| Direct Care | 75.7856 | 75.7856 | 4.4201 | 71.3655 |
| Indirect Care | 50.2201 | 50.2201 | 2.9290 | 47.2911 |
| Property | 13.6500 | 10.4254 | 0.6081 | 9.8173 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.7933 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.1685 | 176.9439 | 10.3201 | 195.2495 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 263851-00 - 2013/01

209.51

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 194 Maximum: 70,810 Max Annualized: 70,810 Total Patient: 55,000 Medicare: 8,293 Medicaid: 34,883 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.42364% Occupancy: 77.67264% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 97.93031% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,363,155 | 2,530,821 | 1,934,060 | 1,015,793 | 0 | 6,843,829 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.0779 | 72.5517 | 55.4442 | 29.1200 | | 196.1938 |
| 3 | Cost Per Diem Inflated | 40.7818 | 74.5645 | 57.8617 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.7818 | 74.5645 | 57.8617 | 29.1200 | | 202.3280 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.9662 | | 59.0181 | | | |
| 7 | Provider Target Rate | 51.3969 | | 60.7080 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.7818 | 74.5645 | 57.8617 | 13.6500 | | 186.8580 |
| 12/13 | Medicaid Adjustment Rate | | 1.1260 | 0.8738 | | | |
| 14 | Prospective Per Diem 11 | 40.7818 | 75.6905 | 58.7355 | 13.6500 | | 188.8578 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263851-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

209.51

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): | 6,186,035 | 10.2936 |
| Indexed Asset Value | 7,732,544 | < 60% of Base: | False | 20% ROE(2): | 1,546,509 | 0.5865 |
| FRVS Base Asset: | 2,135,400 | Interest Rate: | 9.7100 % | Insurance Cost(3): | 150,415 | 2.7348 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.7500 % | Taxes Cost(3): | 200,247 | 3.6409 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 218,386 | 0.0000 |
| | | Yearly Payment: | 656,000 | Total FRVS PD: | | 17.2558 |

(1) 80% Capital (\$6,186,035) amortized at 8.7500% for 20 years Principal & Interest of \$656,000 divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = \$10.2936

(2) 20% ROE (\$1,546,509) times the ROE factor (0.024170) divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = \$0.5865

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 2,135,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.7818 | 40.7818 | 2.3786 | 38.4032 |
| Patient Care | | | | |
| Direct Care | 75.6905 | 75.6905 | 4.4146 | 71.2759 |
| Indirect Care | 58.7355 | 58.7355 | 3.4257 | 55.3098 |
| Property | 13.6500 | 17.2558 | 1.0064 | 16.2494 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4386 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.8578 | 192.4636 | 11.2253 | 209.5093 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 263869-00 - 2013/01 199.92 |
|---|

Rehabilitation and Healthcare Center of Cape Cor

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 S 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,064 Medicare: 11,088 Medicaid: 26,863 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.86221% Occupancy: 96.03653% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.08365% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,018,342 | 2,084,107 | 1,424,993 | 669,157 | 0 | 5,196,599 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 37.9087 | 77.5828 | 53.0467 | 24.9100 | | 193.4482 |
| 3 | Cost Per Diem Inflated | 39.5616 | 79.7352 | 55.3596 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.5616 | 79.7352 | 55.3596 | 24.9100 | | 199.5664 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.5616 | 79.7352 | 52.8299 | 13.6500 | | 185.7767 |
| 12/13 | Medicaid Adjustment Rate | | 1.2435 | 0.8239 | | | |
| 14 | Prospective Per Diem 11 | 39.5616 | 80.9787 | 53.6538 | 13.6500 | | 187.8441 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263869-00 - 2013/01
199.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Rehabilitation and Healthcare Center of Cape Cor

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 12/1/1985 | 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: | 1979/01 | Type: | Variable [3] | 80% Capital(1): | 2,172,439 | 5.8442 |
| Indexed Asset Value | 2,715,549 | < 60% of Base: | False | 20% ROE(2): | 543,110 | 0.3330 |
| FRVS Base Asset: | 1,715,226 | Interest Rate: | 11.9600 % | Insurance Cost(3): | 97,556 | 2.3192 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.7500 % | Taxes Cost(3): | 98,129 | 2.3329 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 973,591 | 0.0000 |
| | | Yearly Payment: | 230,377 | Total FRVS PD: | | 10.8293 |

(1) 80% Capital (\$2,172,439) amortized at 8.7500% for 20 years Principal & Interest of \$230,377 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.8442

(2) 20% ROE (\$543,110) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3330

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.5616 | 39.5616 | 2.3074 | 37.2542 |
| Patient Care | | | | |
| Direct Care | 80.9787 | 80.9787 | 4.7230 | 76.2557 |
| Indirect Care | 53.6538 | 53.6538 | 3.1293 | 50.5245 |
| Property | 13.6500 | 10.8293 | 0.6316 | 10.1977 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.8562 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.8441 | 185.0234 | 10.7913 | 199.9207 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 263877-00 - 2013/01

191.53

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 64.74120% Occupancy: 96.59817% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.79178% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 33.5492 | 75.8424 | 49.4926 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 33.5492 | 75.8424 | 49.4926 | 21.6900 | | 180.5742 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 33.5492 | 75.8424 | 49.4926 | 13.6500 | | 172.5342 |
| 12/13 | Medicaid Adjustment Rate | | 1.2578 | 0.8208 | | | |
| 14 | Prospective Per Diem 11 | 33.5492 | 77.1002 | 50.3134 | 13.6500 | | 174.6128 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263877-00 - 2013/01
191.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Carrollwood 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: 5,100,000.00 | | |
| RS to Start Calcs: 1987/01 | | Type: Variable [3] | 80% Capital(1): 4,271,068 | 11.4898 |
| Indexed Asset Value 5,338,835 | | < 60% of Base: False | 20% ROE(2): 1,067,767 | 0.6547 |
| FRVS Base Asset: 3,057,712 | | Interest Rate: 11.9600 % | Insurance Cost(3): 92,459 | 2.1853 |
| Occup Adj Factor: 0.9000 | | Chase Rate: 6.7500 % | Taxes Cost(3): 46,867 | 1.1077 |
| ROE Factor 0.024170 | | Amortization Rate: 8.7500 % | Home Office(3): 0 | 0.0000 |
| | | Interest Only: False | Replacement(3&4): 101,314 | 0.0000 |
| | | Yearly Payment: 452,927 | Total FRVS PD: 15.4375 | |

(1) 80% Capital (\$4,271,068) amortized at 8.7500% for 20 years Principal & Interest of \$452,927 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4898

(2) 20% ROE (\$1,067,767) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6547

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,441,840 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 33.5492 | 33.5492 | 1.9567 | 31.5925 |
| Patient Care | | | | |
| Direct Care | 77.1002 | 77.1002 | 4.4968 | 72.6034 |
| Indirect Care | 50.3134 | 50.3134 | 2.9345 | 47.3789 |
| Property | 13.6500 | 15.4375 | 0.7961 | 12.8539 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.2687 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.6128 | 176.4003 | 10.1841 | 191.5298 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 263885-00 - 2013/01 |
| 202.33 |

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 Street 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 64,017 Medicare: 9,322 Medicaid: 50,029 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.14955% Occupancy: 73.07877% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 92.13831% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 2,249,935 | 3,988,747 | 2,186,576 | 1,367,293 | 0 | 9,792,551 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.9726 | 79.7287 | 43.7062 | 27.3300 | | 195.7375 |
| 3 | Cost Per Diem Inflated | 46.9335 | 81.9406 | 45.6119 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.9335 | 81.9406 | 45.6119 | 27.3300 | | 201.8160 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 81.9406 | 45.6119 | 13.6500 | | 183.2262 |
| 12/13 | Medicaid Adjustment Rate | | 2.5949 | 1.4444 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 84.5355 | 47.0563 | 13.6500 | | 187.2655 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263885-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 4,756,946 | 6.3984 |
| Indexed Asset Value | 5,946,182 | < 60% of Base: | False | 20% ROE(2): | 1,189,236 | 0.3646 |
| FRVS Base Asset: | 3,474,070 | Interest Rate: | 11.9600 % | Insurance Cost(3): | 182,992 | 2.8585 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.7500 % | Taxes Cost(3): | 94,346 | 1.4738 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 426,950 | 0.0000 |
| | | Yearly Payment: | 504,452 | Total FRVS PD: | | 11.0953 |

(1) 80% Capital (\$4,756,946) amortized at 8.7500% for 20 years Principal & Interest of \$504,452 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$6.3984

(2) 20% ROE (\$1,189,236) times the ROE factor (0.024170) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.3646

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 240 | Effective PBS Limitation | 6,840,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 84.5355 | 84.5355 | 4.9305 | 79.6050 |
| Indirect Care | 47.0563 | 47.0563 | 2.7445 | 44.3118 |
| Property | 13.6500 | 11.0953 | 0.6471 | 10.4482 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5568 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.2655 | 184.7108 | 10.7731 | 202.3269 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 263893-00 - 2013/01 196.87 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 56.47981% Occupancy: 94.93836% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.69906% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 42.1344 | 73.4565 | 55.1244 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.1344 | 73.4565 | 55.1244 | 21.9300 | | 192.6453 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.6586 | | 47.4134 | | | |
| 7 | Provider Target Rate | 42.8514 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.1344 | 73.4565 | 48.7710 | 13.6500 | | 178.0119 |
| 12/13 | Medicaid Adjustment Rate | | 0.5355 | 0.3555 | | | |
| 14 | Prospective Per Diem 11 | 42.1344 | 73.9920 | 49.1265 | 13.6500 | | 178.9029 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263893-00 - 2013/01
196.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Evergreen Woods Health and Rehabilitation Cente

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): | 4,317,871 | 11.6157 |
| Indexed Asset Value | 5,397,339 | < 60% of Base: | False | 20% ROE(2): | 1,079,468 | 0.6619 |
| 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: | 457,890 | Total FRVS PD: | | 16.7615 |

(1) 80% Capital (\$4,317,871) amortized at 8.7500% for 20 years Principal & Interest of \$457,890 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6157

(2) 20% ROE (\$1,079,468) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6619

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.1344 | 42.1344 | 2.4575 | 39.6769 |
| Patient Care | | | | |
| Direct Care | 73.9920 | 73.9920 | 4.3155 | 69.6765 |
| Indirect Care | 49.1265 | 49.1265 | 2.8653 | 46.2612 |
| Property | 13.6500 | 16.7615 | 0.9776 | 15.7839 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.6439 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.9029 | 182.0144 | 10.6159 | 196.8748 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 263907-00 - 2013/01 195.30 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 82.54669% Occupancy: 87.40867% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.20558% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 33.4748 | 81.3226 | 47.8636 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 33.4748 | 81.3226 | 47.8636 | 30.1300 | | 192.7910 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 33.4748 | 81.3226 | 47.8636 | 13.6500 | | 176.3110 |
| 12/13 | Medicaid Adjustment Rate | | 2.9776 | 1.7525 | | | |
| 14 | Prospective Per Diem 11 | 33.4748 | 84.3002 | 49.6161 | 13.6500 | | 181.0411 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263907-00 - 2013/01
195.30

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Highland Pines 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: 2,400,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1971/07 | Type: Variable [3] | 80% Capital(1): 1,537,041 | 4.1349 |
| Indexed Asset Value 1,921,301 | < 60% of Base: False | 20% ROE(2): 384,260 | 0.2356 |
| FRVS Base Asset: 1,236,839 | Interest Rate: 11.9600 % | Insurance Cost(3): 117,821 | 3.0775 |
| Occup Adj Factor: 0.9000 | Chase Rate: 6.7500 % | Taxes Cost(3): 58,186 | 1.5198 |
| ROE Factor 0.024170 | 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 33.4748 | 33.4748 | 1.9524 | 31.5224 |
| Patient Care | | | | |
| Direct Care | 84.3002 | 84.3002 | 4.9167 | 79.3835 |
| Indirect Care | 49.6161 | 49.6161 | 2.8938 | 46.7223 |
| Property | 13.6500 | 8.9678 | 0.5230 | 8.4448 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.3914 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 181.0411 | 176.3589 | 10.2859 | 195.2968 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 263915-00 - 2013/01 |
| 207.39 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 65.42153% Occupancy: 96.31106% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.42978% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 43.5125 | 72.9760 | 54.1821 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.5125 | 72.9760 | 54.1821 | 24.3700 | | 195.0406 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 62.7314 | | | |
| 7 | Provider Target Rate | 55.1063 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.5125 | 72.9760 | 54.1821 | 13.6500 | | 184.3206 |
| 12/13 | Medicaid Adjustment Rate | | 1.2661 | 0.9400 | | | |
| 14 | Prospective Per Diem 11 | 43.5125 | 74.2421 | 55.1221 | 13.6500 | | 186.5267 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263915-00 - 2013/01
207.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Rehabilitation Center of The Palm Beaches

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: | 1971/07 | Type: | Variable [3] | 80% Capital(1): | 3,498,391 | 11.4075 |
| Indexed Asset Value | 4,372,989 | < 60% of Base: | False | 20% ROE(2): | 874,598 | 0.6500 |
| FRVS Base Asset: | 1,055,594 | Interest Rate: | 11.9600 % | Insurance Cost(3): | 79,196 | 2.2756 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.7500 % | Taxes Cost(3): | 122,464 | 3.5189 |
| ROE Factor | 0.024170 | 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: | 50,500 |
| Comparison Bed 99 | Effective PBS Limitation | 2,821,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.5125 | 43.5125 | 2.5378 | 40.9747 |
| Patient Care | | | | |
| Direct Care | 74.2421 | 74.2421 | 4.3301 | 69.9120 |
| Indirect Care | 55.1221 | 55.1221 | 3.2149 | 51.9072 |
| Property | 13.6500 | 17.8520 | 1.0412 | 16.8108 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.9575 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 186.5267 | 190.7287 | 11.1240 | 207.3946 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 263923-00 - 2013/01

204.54

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 127 Maximum: 46,355 Max Annualized: 46,355 Total Patient: 42,192 Medicare: 6,395 Medicaid: 33,265 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.84196% Occupancy: 91.01931% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.75790% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,315,877 | 2,423,365 | 1,617,515 | 811,333 | 0 | 6,168,090 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.5574 | 72.8503 | 48.6251 | 24.3900 | | 185.4228 |
| 3 | Cost Per Diem Inflated | 41.2822 | 74.8714 | 50.7453 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.2822 | 74.8714 | 50.7453 | 24.3900 | | 191.2889 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.2822 | 74.8714 | 50.7453 | 13.6500 | | 180.5489 |
| 12/13 | Medicaid Adjustment Rate | | 2.4294 | 1.6465 | | | |
| 14 | Prospective Per Diem 11 | 41.2822 | 77.3008 | 52.3918 | 13.6500 | | 184.6248 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263923-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

204.54

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 5,288,958 FRVS Base Asset: 3,642,614 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,500,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,231,166 | 10.7550 |
| | < 60% of Base: | False | 20% ROE(2): | 1,057,792 | 0.6128 |
| | Interest Rate: | 11.9600 % | Insurance Cost(3): | 94,747 | 2.2456 |
| | Chase Rate: | 6.7500 % | Taxes Cost(3): | 110,498 | 2.6189 |
| | Amortization Rate: | 8.7500 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 137,776 | 0.0000 |
| Yearly Payment: | 448,695 | Total FRVS PD: | 16.2323 | | |

(1) 80% Capital (\$4,231,166) amortized at 8.7500% for 20 years Principal & Interest of \$448,695 divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = \$10.7550

(2) 20% ROE (\$1,057,792) times the ROE factor (0.024170) divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = \$0.6128

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 127 | Effective PBS Limitation | 3,642,614 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.2822 | 41.2822 | 2.4077 | 38.8745 |
| Patient Care | | | | |
| Direct Care | 77.3008 | 77.3008 | 4.5085 | 72.7923 |
| Indirect Care | 52.3918 | 52.3918 | 3.0557 | 49.3361 |
| Property | 13.6500 | 16.2323 | 0.9467 | 15.2856 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4206 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.6248 | 187.2071 | 10.9186 | 204.5415 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 263931-00 - 2013/01 184.59 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 114 Maximum: 41,610 Max Annualized: 41,610 Total Patient: 39,757 Medicare: 7,903 Medicaid: 27,054 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 68.04839% Occupancy: 95.54675% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.46613% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 867,991 | 2,068,944 | 1,172,546 | 606,010 | 0 | 4,715,491 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 32.0836 | 76.4746 | 43.3409 | 22.4000 | | 174.2991 |
| 3 | Cost Per Diem Inflated | 33.4825 | 78.5962 | 45.2306 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 33.4825 | 78.5962 | 45.2306 | 22.4000 | | 179.7093 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 33.4825 | 78.5962 | 45.2306 | 13.6500 | | 170.9593 |
| 12/13 | Medicaid Adjustment Rate | | 1.5959 | 0.9184 | | | |
| 14 | Prospective Per Diem 11 | 33.4825 | 80.1921 | 46.1490 | 13.6500 | | 173.4736 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263931-00 - 2013/01
184.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 1,459,475 | 4.1328 |
| Indexed Asset Value 1,824,344 | < 60% of Base: False | 20% ROE(2): 364,869 | 0.2355 |
| FRVS Base Asset: 952,106 | Interest Rate: 11.9600 % | Insurance Cost(3): 85,063 | 2.1396 |
| Occup Adj Factor: 0.9000 | Chase Rate: 6.7500 % | Taxes Cost(3): 33,397 | 0.8400 |
| ROE Factor 0.024170 | Amortization Rate: 8.7500 % | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | Replacement(3&4): 849,946 | 0.0000 |
| | Yearly Payment: 154,770 | Total FRVS PD: | 7.3479 |

(1) 80% Capital (\$1,459,475) amortized at 8.7500% for 20 years Principal & Interest of \$154,770 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$4.1328

(2) 20% ROE (\$364,869) times the ROE factor (0.024170) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$0.2355

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

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

| | |
|-----------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 114 | Effective PBS Limitation 3,249,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 33.4825 | 33.4825 | 1.9528 | 31.5297 |
| Patient Care | | | | |
| Direct Care | 80.1921 | 80.1921 | 4.6771 | 75.5150 |
| Indirect Care | 46.1490 | 46.1490 | 2.6916 | 43.4574 |
| Property | 13.6500 | 7.3479 | 0.4286 | 6.9193 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.3399 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 173.4736 | 167.1715 | 9.7501 | 184.5937 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 263940-00 - 2013/01

194.00

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.87345% Occupancy: 94.16470% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.72363% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 50.5411 | 74.3652 | 51.0388 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.5411 | 74.3652 | 51.0388 | 23.1100 | | 199.0551 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 74.3652 | 50.8005 | 13.6500 | | 180.8394 |
| 12/13 | Medicaid Adjustment Rate | | 1.4116 | 0.9643 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 75.7768 | 51.7648 | 13.6500 | | 183.2153 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263940-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

194.00

Rehabilitation and Healthcare Center of Tampa

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 2,613,870 FRVS Base Asset: 1,545,483 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): | 2,091,096 | 3.8795 |
| | < 60% of Base: | False | 20% ROE(2): | 522,774 | 0.2211 |
| | Interest Rate: | 11.9600 % | Insurance Cost(3): | 130,172 | 2.1766 |
| | Chase Rate: | 6.7500 % | Taxes Cost(3): | 117,052 | 1.9573 |
| | 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: | 50,500 |
| Comparison Bed | 174 | Effective PBS Limitation | 4,959,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 75.7768 | 75.7768 | 4.4196 | 71.3572 |
| Indirect Care | 51.7648 | 51.7648 | 3.0191 | 48.7457 |
| Property | 13.6500 | 8.2345 | 0.4803 | 7.7542 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.7340 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.2153 | 177.7998 | 10.3700 | 193.9962 |

***Medicaid Trend Adjustment :**



0 263958-00 - 2013/01
203.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

The AbbeV 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 Martin Luther King Jr. S 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 152 Maximum: 55,480 Max Annualized: 55,480 Total Patient: 38,953 Medicare: 4,514 Medicaid: 32,636 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 83.78302% Occupancy: 70.21089% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 88.52246% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,244,618 | 2,550,624 | 1,615,961 | 903,364 | 0 | 6,314,567 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.1364 | 78.1537 | 49.5147 | 27.6800 | | 193.4848 |
| 3 | Cost Per Diem Inflated | 39.7992 | 80.3219 | 51.6736 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.7992 | 80.3219 | 51.6736 | 27.6800 | | 199.4747 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.7992 | 80.3219 | 50.8005 | 13.6500 | | 184.5716 |
| 12/13 | Medicaid Adjustment Rate | | 3.0527 | 1.9307 | | | |
| 14 | Prospective Per Diem 11 | 39.7992 | 83.3746 | 52.7312 | 13.6500 | | 189.5550 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263958-00 - 2013/01
203.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

The Abbey 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: 2,600,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1977/07 | Type: Variable [3] | 80% Capital(1): 2,088,863 | 4.4363 |
| Indexed Asset Value 2,611,079 | < 60% of Base: False | 20% ROE(2): 522,216 | 0.2528 |
| FRVS Base Asset: 1,258,236 | Interest Rate: 11.9600 % | Insurance Cost(3): 122,006 | 3.1321 |
| Occup Adj Factor: 0.9000 | Chase Rate: 6.7500 % | Taxes Cost(3): 45,292 | 1.1627 |
| ROE Factor 0.024170 | Amortization Rate: 8.7500 % | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | Replacement(3&4): 42,937 | 0.0000 |
| | Yearly Payment: 221,514 | Total FRVS PD: 8.9839 | |

(1) 80% Capital (\$2,088,863) amortized at 8.7500% for 20 years Principal & Interest of \$221,514 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$4.4363

(2) 20% ROE (\$522,216) times the ROE factor (0.024170) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$0.2528

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.7992 | 39.7992 | 2.3213 | 37.4779 |
| Patient Care | | | | |
| Direct Care | 83.3746 | 83.3746 | 4.8627 | 78.5119 |
| Indirect Care | 52.7312 | 52.7312 | 3.0755 | 49.6557 |
| Property | 13.6500 | 8.9839 | 0.5240 | 8.4599 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.2374 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.5550 | 184.8889 | 10.7835 | 203.1752 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 263966-00 - 2013/01 |
| 197.60 |

The Oaks at Avon 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 |
|---|--|--|--|
| 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 33,899 Medicare: 9,274 Medicaid: 19,866 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.60350% Occupancy: 89.30190% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.59257% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 919,100 | 1,400,811 | 940,784 | 586,246 | 0 | 3,846,941 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.2650 | 70.5130 | 47.3565 | 29.5100 | | 193.6445 |
| 3 | Cost Per Diem Inflated | 48.2822 | 72.4692 | 49.4213 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.2822 | 72.4692 | 49.4213 | 29.5100 | | 199.6827 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8995 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0706 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0706 | 72.4692 | 49.4213 | 13.6500 | | 177.6111 |
| 12/13 | Medicaid Adjustment Rate | | 0.7014 | 0.4783 | | | |
| 14 | Prospective Per Diem 11 | 42.0706 | 73.1706 | 49.8996 | 13.6500 | | 178.7908 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263966-00 - 2013/01
197.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

The Oaks at Avon Park

FRVS

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

| | | | |
|--------------------------------------|------------------------------------|----------------------------------|----------------|
| Began FRVS: 1/5/1993 | Mortgage Information | Calculation of FRVS Per Diem | |
| Year of Phase-In/ Full: | Amount: 1,764,618.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1993/01 | Type: Fixed [2] | 80% Capital(1): 3,799,753 | 11.1636 |
| Indexed Asset Value 4,749,691 | < 60% of Base: False | 20% ROE(2): 949,938 | 0.6721 |
| FRVS Base Asset: 2,781,592 | Interest Rate: 8.0000 % | Insurance Cost(3): 77,658 | 2.2909 |
| Occup Adj Factor: 0.9000 | Chase Rate: 7.7500 % | Taxes Cost(3): 119,817 | 3.5345 |
| ROE Factor 0.024170 | Amortization Rate: 8.0000 % | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | Replacement(3&4): 19,055 | 0.0000 |
| | Yearly Payment: 381,392 | Total FRVS PD: | 17.6611 |

(1) 80% Capital (\$3,799,753) amortized at 8.0000% for 20 years Principal & Interest of \$381,392 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$11.1636

(2) 20% ROE (\$949,938) times the ROE factor (0.024170) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.6721

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 88 | Effective PBS Limitation | 2,781,592 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0706 | 42.0706 | 2.4537 | 39.6169 |
| Patient Care | | | | |
| Direct Care | 73.1706 | 73.1706 | 4.2676 | 68.9030 |
| Indirect Care | 49.8996 | 49.8996 | 2.9103 | 46.9893 |
| Property | 13.6500 | 17.6611 | 1.0301 | 16.6310 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.6278 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.7908 | 182.8019 | 10.6617 | 197.6004 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 263974-00 - 2013/01 199.48 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 157 Maximum: 57,305 Max Annualized: 57,305 Total Patient: 42,576 Medicare: 5,333 Medicaid: 31,718 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.49737% Occupancy: 74.29718% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 93.67450% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,075,619 | 2,540,374 | 1,530,932 | 844,333 | 0 | 5,991,258 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 33.9119 | 80.0925 | 48.2670 | 26.6200 | | 188.8914 |
| 3 | Cost Per Diem Inflated | 35.3905 | 82.3145 | 50.3715 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 35.3905 | 82.3145 | 50.3715 | 26.6200 | | 194.6965 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 35.3905 | 82.3145 | 50.3715 | 13.6500 | | 181.7265 |
| 12/13 | Medicaid Adjustment Rate | | 2.2685 | 1.3882 | | | |
| 14 | Prospective Per Diem 11 | 35.3905 | 84.5830 | 51.7597 | 13.6500 | | 185.3832 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263974-00 - 2013/01
199.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Titusville 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: 4,300,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1971/07 | Type: Variable [3] | 80% Capital(1): 2,561,214 | 5.2663 |
| Indexed Asset Value 3,201,518 | < 60% of Base: False | 20% ROE(2): 640,304 | 0.3001 |
| FRVS Base Asset: 1,729,005 | Interest Rate: 11.9600 % | Insurance Cost(3): 117,152 | 2.7516 |
| Occup Adj Factor: 0.9000 | Chase Rate: 6.7500 % | Taxes Cost(3): 48,795 | 1.1461 |
| ROE Factor 0.024170 | Amortization Rate: 8.7500 % | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | Replacement(3&4): 95,669 | 0.0000 |
| | Yearly Payment: 271,605 | Total FRVS PD: 9.4641 | |

(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 (0.024170) divided by annual available days (57,305) divided by Occup. Adj. (0.9000) = \$0.3001

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

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

| | |
|-----------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 157 | Effective PBS Limitation 4,474,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 35.3905 | 35.3905 | 2.0641 | 33.3264 |
| Patient Care | | | | |
| Direct Care | 84.5830 | 84.5830 | 4.9332 | 79.6498 |
| Indirect Care | 51.7597 | 51.7597 | 3.0188 | 48.7409 |
| Property | 13.6500 | 9.4641 | 0.5520 | 8.9121 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.0228 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 185.3832 | 181.1973 | 10.5681 | 199.4844 |

*Medicaid Trend Adjustment :



0 263982-00 - 2013/01
198.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 South 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 169 Maximum: 61,685 Max Annualized: 61,685 Total Patient: 46,173 Medicare: 5,164 Medicaid: 39,716 Medicaid Utilization 86.01564% Occupancy: 74.85288% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 94.37513% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,287,962 | 3,010,111 | 1,863,619 | 1,036,190 | 0 | 7,197,882 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 32.4293 | 75.7909 | 46.9236 | 26.0900 | | 181.2338 |
| 3 | Cost Per Diem Inflated | 33.8433 | 77.8935 | 48.9696 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 33.8433 | 77.8935 | 48.9696 | 26.0900 | | 186.7964 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 33.8433 | 77.8935 | 48.9696 | 13.6500 | | 174.3564 |
| 12/13 | Medicaid Adjustment Rate | | 3.1561 | 1.9841 | | | |
| 14 | Prospective Per Diem 11 | 33.8433 | 81.0496 | 50.9537 | 13.6500 | | 179.4966 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 263982-00 - 2013/01
198.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Sarasota 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: | 4,000,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1971/07 | Type: | Variable [3] | 80% Capital(1): | 4,629,748 | 8.8436 |
| Indexed Asset Value | 5,787,185 | < 60% of Base: | False | 20% ROE(2): | 1,157,437 | 0.5039 |
| FRVS Base Asset: | 3,074,906 | Interest Rate: | 11.9600 % | Insurance Cost(3): | 126,564 | 2.7411 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.7500 % | Taxes Cost(3): | 65,137 | 1.4107 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 105,049 | 0.0000 |
| | | Yearly Payment: | 490,963 | Total FRVS PD: | | 13.4993 |

(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 (0.024170) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$0.5039

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 169 | Effective PBS Limitation | 4,816,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 33.8433 | 33.8433 | 1.9739 | 31.8694 |
| Patient Care | | | | |
| Direct Care | 81.0496 | 81.0496 | 4.7271 | 76.3225 |
| Indirect Care | 50.9537 | 50.9537 | 2.9718 | 47.9819 |
| Property | 13.6500 | 13.4993 | 0.7873 | 12.7120 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.3300 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 179.4966 | 179.3459 | 10.4601 | 198.0482 |

***Medicaid Trend Adjustment :**



0 263991-00 - 2013/01
190.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 103 Maximum: 37,595 Max Annualized: 37,595 Total Patient: 34,913 Medicare: 4,942 Medicaid: 20,344 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.27056% Occupancy: 92.86608% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.08632% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 705,605 | 1,376,353 | 972,983 | 436,175 | 0 | 3,491,116 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 34.6837 | 67.6540 | 47.8265 | 21.4400 | | 171.6042 |
| 3 | Cost Per Diem Inflated | 36.1960 | 69.5309 | 49.9118 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.1960 | 69.5309 | 49.9118 | 21.4400 | | 177.0787 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.1960 | 69.5309 | 49.9118 | 13.6500 | | 169.2887 |
| 12/13 | Medicaid Adjustment Rate | | 0.6469 | 0.4644 | | | |
| 14 | Prospective Per Diem 11 | 36.1960 | 70.1778 | 50.3762 | 13.6500 | | 170.4000 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 263991-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

190.77

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): | 3,618,515 | 11.3409 |
| Indexed Asset Value | 4,523,144 | < 60% of Base: | False | 20% ROE(2): | 904,629 | 0.6462 |
| FRVS Base Asset: | 1,720,920 | Interest Rate: | 11.9600 % | Insurance Cost(3): | 86,856 | 2.4878 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.7500 % | Taxes Cost(3): | 38,760 | 1.1102 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 55,277 | 0.0000 |
| | | Yearly Payment: | 383,726 | Total FRVS PD: | | 15.5851 |

(1) 80% Capital (\$3,618,515) amortized at 8.7500% for 20 years Principal & Interest of \$383,726 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$11.3409

(2) 20% ROE (\$904,629) times the ROE factor (0.024170) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$0.6462

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 1,720,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.1960 | 36.1960 | 2.1111 | 34.0849 |
| Patient Care | | | | |
| Direct Care | 70.1778 | 70.1778 | 4.0931 | 66.0847 |
| Indirect Care | 50.3762 | 50.3762 | 2.9381 | 47.4381 |
| Property | 13.6500 | 15.5851 | 0.9090 | 14.6761 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.6499 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 170.4000 | 172.3351 | 10.0513 | 190.7661 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 264008-00 - 2013/01 203.25 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 77.14754% Occupancy: 93.42238% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.78771% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 42.9165 | 74.9319 | 47.0032 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.9165 | 74.9319 | 47.0032 | 23.6200 | | 188.4716 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.9165 | 74.9319 | 47.0032 | 13.6500 | | 178.5016 |
| 12/13 | Medicaid Adjustment Rate | | 2.2885 | 1.4355 | | | |
| 14 | Prospective Per Diem 11 | 42.9165 | 77.2204 | 48.4387 | 13.6500 | | 182.2256 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 264008-00 - 2013/01 |
| 203.25 |

| |
|----------------------|
| 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 5,304,544 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): | 4,243,635 | 11.4160 |
| | < 60% of Base: | False | 20% ROE(2): | 1,060,909 | 0.6505 |
| | 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: | 450,018 | Total FRVS PD: | 16.6554 | | |

(1) 80% Capital (\$4,243,635) amortized at 8.7500% for 20 years Principal & Interest of \$450,018 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4160

(2) 20% ROE (\$1,060,909) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6505

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,123,320 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 42.9165 | 42.9165 | 2.5031 | 40.4134 | |
| Patient Care | | | | | |
| Direct Care | 77.2204 | 77.2204 | 4.5038 | 72.7166 | |
| Indirect Care | 48.4387 | 48.4387 | 2.8251 | 45.6136 | |
| Property | 13.6500 | 16.6554 | 0.9714 | 15.6840 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$19.9850 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 182.2256 | 185.2310 | 10.8034 | 203.2450 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 264482-00 - 2013/01 183.88 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | | | FY Index: 1.24804976 Semester Index: 1.30828184 Cost: 1.04826096 Target: 1.02004310 DC FY Index: 1.18649811 DC Sem Index: 1.22250000 DC Inflation: 1.03034298 PS Target: 1.02863299 |

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 | 42.6604 | 62.5382 | 39.2276 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.6604 | 62.5382 | 39.2276 | 27.0500 | | 171.4762 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.1836 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.6604 | 62.5382 | 39.2276 | 13.6500 | | 158.0762 |
| 12/13 | Medicaid Adjustment Rate | | 2.2338 | 1.4012 | | | |
| 14 | Prospective Per Diem 11 | 42.6604 | 64.7720 | 40.6288 | 13.6500 | | 161.7112 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 264482-00 - 2013/01
183.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 2,706,633 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): | 2,165,306 | 12.4289 |
| | < 60% of Base: | False | 20% ROE(2): | 541,327 | 0.6866 |
| | 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: | 244,974 | Total FRVS PD: | 15.9365 | | |

(1) 80% Capital (\$2,165,306) amortized at 9.6630% for 20 years Principal & Interest of \$244,974 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.4289

(2) 20% ROE (\$541,327) times the ROE factor (0.025000) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6866

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 2,191,560 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 42.6604 | 42.6604 | 2.4881 | 40.1723 |
| Patient Care | | | | |
| Direct Care | 64.7720 | 64.7720 | 3.7778 | 60.9942 |
| Indirect Care | 40.6288 | 40.6288 | 2.3696 | 38.2592 |
| Property | 13.6500 | 15.9365 | 0.9295 | 15.0070 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.6172 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 161.7112 | 163.9977 | 9.5650 | 183.8823 |

***Medicaid Trend Adjustment :**



0 264491-00 - 2013/01
223.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 25.93799% Occupancy: 96.75342% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.98752% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 47.8744 | 103.4310 | 55.0595 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.8744 | 103.4310 | 55.0595 | 12.5600 | | 218.9249 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.8855 | | 52.2843 | | | |
| 7 | Provider Target Rate | 60.5716 | | 53.7814 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.8744 | 96.2398 | 53.7814 | 12.5600 | | 210.4556 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 47.8744 | 96.2398 | 53.7814 | 12.5600 | | 210.4556 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 264491-00 - 2013/01
223.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Clifford Chester Sims State Veterans Nursing Hom

FRVS

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

| | | | | |
|--------------------------------------|------------------------------------|--|----------------------------------|---------------|
| Began FRVS: 11/5/2003 | Mortgage Information | | Calculation of FRVS Per Diem | |
| Year of Phase-In/ Full: | Amount: 0.00 | | Total Amount | Per Diem |
| RS to Start Calcs: 2003/07 | Type: None [1] | | 80% Capital(1): 4,302,074 | 4.2992 |
| Indexed Asset Value 5,377,593 | < 60% of Base: True | | 20% ROE(2): 1,075,519 | 0.7047 |
| FRVS Base Asset: 5,104,200 | Interest Rate: 4.0000 % | | Insurance Cost(3): 8,581 | 0.2025 |
| 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): 50,731 | 1.1971 |
| | Interest Only: True | | Replacement(3&4): 27,992 | 0.0000 |
| | Yearly Payment: 169,474 | | Total FRVS PD: | 6.4035 |

- (1) 80% Capital (\$4,302,074) amortized at 4.0000% for 20 years Interest of \$169,474 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.2992
- (2) 20% ROE (\$1,075,519) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7047
- (3) Pass-throughs: 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 5,104,200 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.8744 | 47.8744 | 2.7922 | 45.0822 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 53.7814 | 53.7814 | 3.1368 | 50.6446 |
| Property | 12.5600 | 6.4035 | 0.3735 | 6.0300 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.8805 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 210.4556 | 204.2991 | 11.9156 | 223.0964 |

***Medicaid Trend Adjustment :**



0 264512-00 - 2013/01
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 01/01/2013 through 06/30/2013

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: 2013/01 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: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.60863% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 52.0202 | 85.9614 | 58.4348 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.0202 | 85.9614 | 58.4348 | 18.3300 | | 214.7464 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.7621 | | 60.7182 | | | |
| 7 | Provider Target Rate | 51.1869 | | 62.4567 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 85.9614 | 58.4348 | 13.6500 | | 208.6522 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 85.9614 | 58.4348 | 13.6500 | | 208.6522 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 264512-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): 4,297,922 | 10.6121 |
| Indexed Asset Value 5,372,403 | < 60% of Base: False | 20% ROE(2): 1,074,481 | 0.6588 |
| 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: 418,328 | Total FRVS PD: 14.2638 | |

(1) 80% Capital (\$4,297,922) amortized at 7.5900% for 20 years Principal & Interest of \$418,328 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6121

(2) 20% ROE (\$1,074,481) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6588

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,663,600 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 85.9614 | 85.9614 | 5.0136 | 80.9478 |
| Indirect Care | 58.4348 | 58.4348 | 3.4082 | 55.0266 |
| Property | 13.6500 | 14.2638 | 0.8319 | 13.4319 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.2673 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 208.6522 | 209.2660 | 12.2052 | 220.1605 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 264521-00 - 2013/01 215.88 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 55.31225% Occupancy: 92.27397% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.33979% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 49.5824 | 89.6641 | 63.7247 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.5824 | 89.6641 | 63.7247 | 19.4700 | | 222.4412 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.7660 | | 49.7698 | | | |
| 7 | Provider Target Rate | 46.0478 | | 51.1949 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.0478 | 89.6641 | 51.1949 | 13.6500 | | 200.5568 |
| 12/13 | Medicaid Adjustment Rate | | 0.5359 | 0.3060 | | | |
| 14 | Prospective Per Diem 11 | 46.0478 | 90.2000 | 51.5009 | 13.6500 | | 201.3987 |
| 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 01/01/2013 through 06/30/2013

0 264521-00 - 2013/01

215.88

Belleair East Health 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: | 1,852,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1981/07 | Type: | Variable [3] | 80% Capital(1): | 3,560,256 | 10.4588 |
| Indexed Asset Value | 4,450,320 | < 60% of Base: | False | 20% ROE(2): | 890,064 | 0.5457 |
| FRVS Base Asset: | 2,648,565 | Interest Rate: | 10.0000 % | Insurance Cost(3): | 52,652 | 1.3028 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.0000 % | Taxes Cost(3): | 52,333 | 1.2949 |
| ROE Factor | 0.024170 | Amortization Rate: | 10.0000 % | Home Office(3): | 16,105 | 0.3985 |
| | | Interest Only: | False | Replacement(3&4): | 173,238 | 0.0000 |
| | | Yearly Payment: | 412,287 | Total FRVS PD: | | 14.0007 |

(1) 80% Capital (\$3,560,256) amortized at 10.0000% for 20 years Principal & Interest of \$412,287 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.4588

(2) 20% ROE (\$890,064) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5457

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.0478 | 46.0478 | 2.6857 | 43.3621 |
| Patient Care | | | | |
| Direct Care | 90.2000 | 90.2000 | 5.2608 | 84.9392 |
| Indirect Care | 51.5009 | 51.5009 | 3.0037 | 48.4972 |
| Property | 13.6500 | 14.0007 | 0.8166 | 13.1841 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.0627 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.3987 | 201.7494 | 11.7668 | 215.8777 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 264539-00 - 2013/01 221.15 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.17870% Occupancy: 93.26484% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.58908% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 49.5362 | 89.1081 | 56.6218 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.5362 | 89.1081 | 56.6218 | 12.1900 | | 207.4561 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7180 | | 51.3061 | | | |
| 7 | Provider Target Rate | 50.1129 | | 52.7751 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.5362 | 89.1081 | 52.7751 | 12.1900 | | 203.6094 |
| 12/13 | Medicaid Adjustment Rate | | 0.4189 | 0.2481 | | | |
| 14 | Prospective Per Diem 11 | 49.5362 | 89.5270 | 53.0232 | 12.1900 | | 204.2764 |
| 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 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 264539-00 - 2013/01 |
| 221.15 |

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|---------------------------------------|
| East Bay Rehabilitation Center |
|---------------------------------------|

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|-------------|
| 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 5,673,053 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): | 4,538,442 | 11.7285 |
| | < 60% of Base: | False | 20% ROE(2): | 1,134,611 | 0.6957 |
| | 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: | 462,338 | Total FRVS PD: | 15.5528 | | |

(1) 80% Capital (\$4,538,442) amortized at 8.2000% for 20 years Principal & Interest of \$462,338 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.7285

(2) 20% ROE (\$1,134,611) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6957

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,602,760 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 49.5362 | 49.5362 | 2.8892 | 46.6470 | |
| Patient Care | | | | | |
| Direct Care | 89.5270 | 89.5270 | 5.2216 | 84.3054 | |
| Indirect Care | 53.0232 | 53.0232 | 3.0925 | 49.9307 | |
| Property | 12.1900 | 15.5528 | 0.9071 | 14.6457 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$16.7901 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 204.2764 | 207.6392 | 12.1104 | 221.1513 | |

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|-------------------------------------|
| *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 01/01/2013 through 06/30/2013

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| 0 264547-00 - 2013/01 224.85 |
|---|

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: 2013/01 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 Medicaid Utilization 54.52693% Occupancy: 95.21918% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.05312% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 51.6191 | 91.2090 | 58.8305 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.6191 | 91.2090 | 58.8305 | 16.7500 | | 218.4086 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.6711 | | 50.4567 | | | |
| 7 | Provider Target Rate | 50.0647 | | 51.9014 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.0647 | 91.2090 | 51.9014 | 13.6500 | | 206.8251 |
| 12/13 | Medicaid Adjustment Rate | | 0.4645 | 0.2643 | | | |
| 14 | Prospective Per Diem 11 | 50.0647 | 91.6735 | 52.1657 | 13.6500 | | 207.5539 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 264547-00 - 2013/01
224.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,740,928 | 14.5252 |
| Indexed Asset Value | 5,926,160 | < 60% of Base: | False | 20% ROE(2): | 1,185,232 | 0.7267 |
| 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: | 572,583 | Total FRVS PD: | | 17.9622 |

(1) 80% Capital (\$4,740,928) amortized at 10.6200% for 20 years Principal & Interest of \$572,583 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.5252

(2) 20% ROE (\$1,185,232) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7267

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,557,520 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.0647 | 50.0647 | 2.9200 | 47.1447 |
| Patient Care | | | | |
| Direct Care | 91.6735 | 91.6735 | 5.3468 | 86.3267 |
| Indirect Care | 52.1657 | 52.1657 | 3.0425 | 49.1232 |
| Property | 13.6500 | 17.9622 | 1.0476 | 16.9146 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.5114 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.5539 | 211.8661 | 12.3569 | 224.8530 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 264563-00 - 2013/01 |
| 209.81 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 41.93028% Occupancy: 94.76484% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.48030% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 49.0682 | 83.8827 | 61.7469 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.0682 | 83.8827 | 61.7469 | 14.0300 | | 208.7278 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.3594 | | 52.7889 | | | |
| 7 | Provider Target Rate | 54.8872 | | 54.3004 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 83.8827 | 54.3004 | 13.6500 | | 199.9976 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 83.8827 | 54.3004 | 13.6500 | | 199.9976 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 264563-00 - 2013/01
209.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,704,592 | 8.9353 |
| Indexed Asset Value | 5,880,740 | < 60% of Base: | False | 20% ROE(2): | 1,176,148 | 0.7211 |
| 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: | 352,230 | Total FRVS PD: | | 12.2268 |

(1) 80% Capital (\$4,704,592) amortized at 4.3375% for 20 years Principal & Interest of \$352,230 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.9353

(2) 20% ROE (\$1,176,148) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7211

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 88 | Effective PBS Limitation | 2,524,016 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 83.8827 | 83.8827 | 4.8924 | 78.9903 |
| Indirect Care | 54.3004 | 54.3004 | 3.1670 | 51.1334 |
| Property | 13.6500 | 12.2268 | 0.7131 | 11.5137 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.9854 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.9976 | 198.5744 | 11.5817 | 209.8105 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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|---|
| 0 264571-00 - 2013/01 223.30 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 40.66810% Occupancy: 91.03653% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.77960% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 53.7638 | 96.4778 | 59.1730 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.7638 | 96.4778 | 59.1730 | 18.9100 | | 228.3246 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.3919 | | 50.7282 | | | |
| 7 | Provider Target Rate | 53.8920 | | 52.1807 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 96.4778 | 52.1807 | 13.6500 | | 212.9145 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 96.4778 | 52.1807 | 13.6500 | | 212.9145 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 264571-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

223.30

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): | 4,373,925 | 10.7997 |
| Indexed Asset Value | 5,467,406 | < 60% of Base: | False | 20% ROE(2): | 1,093,481 | 0.6705 |
| 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: | 425,726 | Total FRVS PD: | | 15.2415 |

(1) 80% Capital (\$4,373,925) amortized at 7.5900% for 20 years Principal & Interest of \$425,726 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7997

(2) 20% ROE (\$1,093,481) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6705

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,642,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 96.4778 | 96.4778 | 5.6270 | 90.8508 |
| Indirect Care | 52.1807 | 52.1807 | 3.0434 | 49.1373 |
| Property | 13.6500 | 15.2415 | 0.8889 | 14.3526 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.4708 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 212.9145 | 214.5060 | 12.5108 | 223.2984 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 265381-00 - 2013/01 221.64 |
|---|

| |
|-----------------------------------|
| 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 # | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 155 Maximum: 56,730 Max Annualized: 56,575 Total Patient: 45,794 Medicare: 16,402 Medicaid: 21,854 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 47.72241% Occupancy: 80.72272% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 101.77587% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 |

| |
|--------------------------|
| Rate Calculations |
|--------------------------|

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 946,954 | 1,996,328 | 1,325,087 | 731,890 | 0 | 5,000,259 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.3309 | 91.3484 | 60.6336 | 33.4900 | | 228.8029 |
| 3 | Cost Per Diem Inflated | 44.7550 | 93.4506 | 62.6263 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.7550 | 93.4506 | 62.6263 | 33.4900 | | 234.3219 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.7984 | | 56.7441 | | | |
| 7 | Provider Target Rate | 52.2529 | | 58.3689 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.7550 | 93.4506 | 58.3689 | 13.6500 | | 210.2245 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.7550 | 93.4506 | 58.3689 | 13.6500 | | 210.2245 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 265381-00 - 2013/01
221.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Life Care Center of Estero

FRVS

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

| | | | | | |
|---|----------------------|----------------------|------------------------------|------------------|---------------|
| Began FRVS: 10/23/2003 Year of Phase-In/ Full: RS to Start Calcs: 2003/07 Indexed Asset Value 7,614,371 FRVS Base Asset: 6,592,925 Occup Adj Factor: 0.9000 ROE Factor 0.017810 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 11,100,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 6,091,497 | 8.9282 |
| | < 60% of Base: | False | 20% ROE(2): | 1,522,874 | 0.5327 |
| | Interest Rate: | 4.3000 % | Insurance Cost(3): | 28,377 | 0.6197 |
| | Chase Rate: | 3.2500 % | Taxes Cost(3): | 125,118 | 2.7322 |
| | Amortization Rate: | 4.3000 % | Home Office(3): | 45,909 | 1.0025 |
| | Interest Only: | False | Replacement(3&4): | 62,982 | 0.0000 |
| Yearly Payment: | 454,600 | Total FRVS PD: | 13.8153 | | |

(1) 80% Capital (\$6,091,497) amortized at 4.3000% for 20 years Principal & Interest of \$454,600 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$8.9282

(2) 20% ROE (\$1,522,874) times the ROE factor (0.017810) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.5327

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 155 | Effective PBS Limitation | 6,592,925 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.7550 | 44.7550 | 2.6103 | 42.1447 |
| Patient Care | | | | |
| Direct Care | 93.4506 | 93.4506 | 5.4504 | 88.0002 |
| Indirect Care | 58.3689 | 58.3689 | 3.4043 | 54.9646 |
| Property | 13.6500 | 13.8153 | 0.8058 | 13.0095 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.6915 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 210.2245 | 210.3898 | 12.2708 | 221.6429 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 265560-00 - 2013/01 |
| 186.65 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 300 Maximum: 109,500 Max Annualized: 109,500 Total Patient: 88,281 Medicare: 10,260 Medicaid: 55,515 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.88443% Occupancy: 80.62192% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 101.64878% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,914,792 | 4,589,764 | 2,666,388 | 932,097 | 0 | 10,103,041 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 34.4914 | 82.6761 | 48.0300 | 16.7900 | | 181.9875 |
| 3 | Cost Per Diem Inflated | 35.9953 | 84.9698 | 50.1242 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 35.9953 | 84.9698 | 50.1242 | 16.7900 | | 187.8793 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 52.2959 | | | |
| 7 | Provider Target Rate | 42.0237 | | 53.7933 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 35.9953 | 84.9698 | 50.1242 | 13.6500 | | 184.7393 |
| 12/13 | Medicaid Adjustment Rate | | 1.2316 | 0.7265 | | | |
| 14 | Prospective Per Diem 11 | 35.9953 | 86.2014 | 50.8507 | 13.6500 | | 186.6974 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 265560-00 - 2013/01
186.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 8,121,494 | | 9.4648 |
| Indexed Asset Value 10,151,867 | < 60% of Base: False | | 20% ROE(2): 2,030,373 | | 0.4980 |
| FRVS Base Asset: 5,789,828 | Interest Rate: 9.8800 % | | Insurance Cost(3): 96,557 | | 1.0937 |
| Occup Adj Factor: 0.9000 | Chase Rate: 7.7500 % | | Taxes Cost(3): 68,839 | | 0.7798 |
| ROE Factor 0.024170 | Amortization Rate: 9.8800 % | | Home Office(3): 16,225 | | 0.1838 |
| | Interest Only: False | | Replacement(3&4): 94,361 | | 0.0000 |
| | Yearly Payment: 932,755 | | Total FRVS PD: | | 12.0201 |

(1) 80% Capital (\$8,121,494) amortized at 9.8800% for 20 years Principal & Interest of \$932,755 divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = \$9.4648

(2) 20% ROE (\$2,030,373) times the ROE factor (0.024170) divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = \$0.4980

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

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

| | |
|-----------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 300 | Effective PBS Limitation 8,550,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 35.9953 | 35.9953 | 2.0994 | 33.8959 |
| Patient Care | | | | |
| Direct Care | 86.2014 | 86.2014 | 5.0276 | 81.1738 |
| Indirect Care | 50.8507 | 50.8507 | 2.9658 | 47.8849 |
| Property | 13.6500 | 12.0201 | 0.7011 | 11.3190 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.5440 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 186.6974 | 185.0675 | 10.7939 | 186.6500 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 265721-00 - 2013/01 |
| 168.74 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 86.12714% Occupancy: 95.35388% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.22296% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 45.9535 | 59.2065 | 29.7295 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.9535 | 59.2065 | 29.7295 | 8.3600 | | 143.2495 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.1287 | | 47.4134 | | | |
| 7 | Provider Target Rate | 48.4781 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.9535 | 59.2065 | 29.7295 | 8.3600 | | 143.2495 |
| 12/13 | Medicaid Adjustment Rate | | 2.4063 | 1.2083 | | | |
| 14 | Prospective Per Diem 11 | 45.9535 | 61.6128 | 30.9378 | 8.3600 | | 146.8641 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 265721-00 - 2013/01
168.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 45.9535 | 45.9535 | 2.6802 | 43.2733 |
| Patient Care | | | | |
| Direct Care | 61.6128 | 61.6128 | 3.5935 | 58.0193 |
| Indirect Care | 30.9378 | 30.9378 | 1.8044 | 29.1334 |
| Property | 8.3600 | 8.5781 | 0.5003 | 8.0778 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.4009 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 146.8641 | 147.0822 | 8.5784 | 168.7371 |

***Medicaid Trend Adjustment :**



0 265730-00 - 2013/01

190.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 04/01/2011-12/31/2011 Days In CR 275 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 276 Maximum: 75,900 Max Annualized: 100,740 Total Patient: 67,647 Medicare: 12,124 Medicaid: 51,718 | Superior: 0 Standard: 153 Conditional: 29 Total: 182 |
| | Medicaid Utilization 76.45276% Occupancy: 89.12648% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.37140% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,874,525 | 4,244,408 | 2,275,668 | 709,571 | 0 | 9,104,172 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 36.2451 | 82.0683 | 44.0015 | 13.7200 | | 176.0349 |
| 3 | Cost Per Diem Inflated | 37.7326 | 84.2743 | 45.8074 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.7326 | 84.2743 | 45.8074 | 13.7200 | | 181.5343 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 52.7753 | | | |
| 7 | Provider Target Rate | 44.2100 | | 54.2864 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.7326 | 84.2743 | 45.8074 | 13.6500 | | 181.4643 |
| 12/13 | Medicaid Adjustment Rate | | 2.1083 | 1.1460 | | | |
| 14 | Prospective Per Diem 11 | 37.7326 | 86.3826 | 46.9534 | 13.6500 | | 184.7186 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 265730-00 - 2013/01
190.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 9,447,293 | 15.2735 |
| Indexed Asset Value | 11,809,116 | < 60% of Base: | False | 20% ROE(2): | 2,361,823 | 0.5861 |
| FRVS Base Asset: | 6,410,022 | Interest Rate: | 13.6960 % | Insurance Cost(3): | 113,980 | 1.6849 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 42,231 | 0.6243 |
| ROE Factor | 0.022500 | Amortization Rate: | 13.6960 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 51,514 | 0.0000 |
| | | Yearly Payment: | 1,384,788 | Total FRVS PD: | | 18.1688 |

(1) 80% Capital (\$9,447,293) amortized at 13.6960% for 20 years Principal & Interest of \$1,384,788 divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = \$15.2735

(2) 20% ROE (\$2,361,823) times the ROE factor (0.022500) divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = \$0.5861

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 276 | Effective PBS Limitation | 7,866,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 37.7326 | 37.7326 | 2.2007 | 35.5319 |
| Patient Care | | | | |
| Direct Care | 86.3826 | 86.3826 | 5.0382 | 81.3444 |
| Indirect Care | 46.9534 | 46.9534 | 2.7385 | 44.2149 |
| Property | 13.6500 | 18.1688 | 1.0597 | 17.1091 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.2913 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.7186 | 189.2374 | 11.0371 | 190.3240 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 266108-00 - 2013/01 |
| 214.54 |

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 | 02/01/2011-01/31/2012 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,634 Medicare: 23,432 Medicaid: 11,320 Medicaid Utilization 28.56134% Occupancy: 90.48858% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.08875% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25516245 Semester Index: 1.30828184 Cost: 1.04232073 Target: 1.02004310 DC FY Index: 1.18999979 DC Sem Index: 1.22250000 DC Inflation: 1.02731111 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 481,536 | 1,008,650 | 662,119 | 290,924 | 0 | 2,443,229 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.5385 | 89.1034 | 58.4911 | 25.7000 | | 215.8330 |
| 3 | Cost Per Diem Inflated | 44.3388 | 91.5369 | 60.9665 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.3388 | 91.5369 | 60.9665 | 25.7000 | | 222.5422 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.1547 | | 54.8822 | | | |
| 7 | Provider Target Rate | 49.5335 | | 56.4536 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.3388 | 91.5369 | 56.4536 | 13.6500 | | 205.9793 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.3388 | 91.5369 | 56.4536 | 13.6500 | | 205.9793 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 266108-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

214.54

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 5,743,252 FRVS Base Asset: 4,545,840 Occup Adj Factor: 0.9000 ROE Factor 0.023020 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 7,929,850.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,594,602 | 12.1379 |
| | < 60% of Base: | False | 20% ROE(2): | 1,148,650 | 0.6708 |
| | Interest Rate: | 8.5000 % | Insurance Cost(3): | 34,909 | 0.8808 |
| | Chase Rate: | 8.5000 % | Taxes Cost(3): | 56,008 | 1.4131 |
| | Amortization Rate: | 8.5000 % | Home Office(3): | 42,636 | 1.0757 |
| | Interest Only: | False | Replacement(3&4): | 384,478 | 0.0000 |
| Yearly Payment: | 478,476 | Total FRVS PD: | 16.1783 | | |

(1) 80% Capital (\$4,594,602) amortized at 8.5000% for 20 years Principal & Interest of \$478,476 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.1379

(2) 20% ROE (\$1,148,650) times the ROE factor (0.023020) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6708

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,545,840 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 44.3388 | 44.3388 | 2.5860 | 41.7528 |
| Patient Care | | | | |
| Direct Care | 91.5369 | 91.5369 | 5.3388 | 86.1981 |
| Indirect Care | 56.4536 | 56.4536 | 3.2926 | 53.1610 |
| Property | 13.6500 | 16.1783 | 0.9436 | 15.2347 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$9.3572 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.9793 | 208.5076 | 12.1610 | 214.5362 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 266124-00 - 2013/01 |
| 223.68 |

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 | 04/01/2011-12/31/2011 Days In CR 275 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 33,000 Max Annualized: 43,800 Total Patient: 27,335 Medicare: 2,793 Medicaid: 22,344 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 81.74136% Occupancy: 82.83333% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.43695% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,348,523 | 1,722,097 | 1,246,802 | 437,496 | 0 | 4,754,918 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 60.3528 | 77.0720 | 55.8003 | 19.5800 | | 212.8051 |
| 3 | Cost Per Diem Inflated | 62.8297 | 79.1437 | 58.0904 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 62.8297 | 79.1437 | 58.0904 | 19.5800 | | 219.6438 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.3684 | | 51.3593 | | | |
| 7 | Provider Target Rate | 59.0110 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 79.1437 | 52.8299 | 13.6500 | | 198.6711 |
| 12/13 | Medicaid Adjustment Rate | | 2.8261 | 1.8865 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 81.9698 | 54.7164 | 13.6500 | | 203.3837 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 266124-00 - 2013/01
223.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,316,660 | 10.9912 | |
| Indexed Asset Value 5,395,825 | < 60% of Base: False | | 20% ROE(2): 1,079,165 | 0.6160 | |
| FRVS Base Asset: 3,092,950 | Interest Rate: 8.0000 % | | Insurance Cost(3): 68,378 | 2.5015 | |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.5000 % | | Taxes Cost(3): 68,038 | 2.4890 | |
| ROE Factor 0.022500 | Amortization Rate: 8.0000 % | | Home Office(3): 0 | 0.0000 | |
| | Interest Only: False | | Replacement(3&4): 23,111 | 0.0000 | |
| | Yearly Payment: 433,275 | | Total FRVS PD: | 16.5977 | |

(1) 80% Capital (\$4,316,660) amortized at 8.0000% for 20 years Principal & Interest of \$433,275 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9912

(2) 20% ROE (\$1,079,165) times the ROE factor (0.022500) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6160

(3) Pass-throughs: Cost 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,448,440 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 81.9698 | 81.9698 | 4.7808 | 77.1890 |
| Indirect Care | 54.7164 | 54.7164 | 3.1913 | 51.5251 |
| Property | 13.6500 | 16.5977 | 0.9680 | 15.6297 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.5512 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 203.3837 | 206.3314 | 12.0340 | 223.6810 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 266281-00 - 2013/01 |
| 172.52 |

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,983 Medicare: 6,531 Medicaid: 25,686 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 59.75851% Occupancy: 98.13470% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 123.72905% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 849,874 | 1,699,360 | 832,991 | 859,197 | 0 | 4,241,422 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 33.0871 | 66.1590 | 32.4298 | 33.4500 | | 165.1259 |
| 3 | Cost Per Diem Inflated | 34.5298 | 67.9944 | 33.8438 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 34.5298 | 67.9944 | 33.8438 | 33.4500 | | 169.8180 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 34.5298 | 67.9944 | 33.8438 | 13.6500 | | 150.0180 |
| 12/13 | Medicaid Adjustment Rate | | 0.7465 | 0.3715 | | | |
| 14 | Prospective Per Diem 11 | 34.5298 | 68.7409 | 34.2153 | 13.6500 | | 151.1360 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 266281-00 - 2013/01
172.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,432,241 | 10.6640 |
| Indexed Asset Value 5,540,301 | < 60% of Base: False | 20% ROE(2): 1,108,060 | 0.6794 |
| FRVS Base Asset: 5,163,720 | Interest Rate: 8.1900 % | Insurance Cost(3): 47,607 | 1.1076 |
| Occup Adj Factor: 0.9000 | Chase Rate: 5.2500 % | Taxes Cost(3): 131,659 | 3.0630 |
| ROE Factor 0.024170 | Amortization Rate: 7.2500 % | Home Office(3): 9,285 | 0.2160 |
| | Interest Only: False | Replacement(3&4): 42,262 | 0.0000 |
| | Yearly Payment: 420,376 | Total FRVS PD: 15.7300 | |

(1) 80% Capital (\$4,432,241) amortized at 7.2500% for 20 years Principal & Interest of \$420,376 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6640

(2) 20% ROE (\$1,108,060) times the ROE factor (0.024170) 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: | 43,031 |
| Comparison Date: 7/1/2003 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 5,163,720 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 34.5298 | 34.5298 | 2.0139 | 32.5159 |
| Patient Care | | | | |
| Direct Care | 68.7409 | 68.7409 | 4.0093 | 64.7316 |
| Indirect Care | 34.2153 | 34.2153 | 1.9956 | 32.2197 |
| Property | 13.6500 | 15.7300 | 0.9174 | 14.8126 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.4120 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 151.1360 | 153.2160 | 8.9362 | 172.5242 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 266612-00 - 2013/01

149.78

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 East Chelsea Street 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 76,185 Medicare: 3,248 Medicaid: 68,628 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 90.08072% Occupancy: 86.96918% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.65146% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,781,229 | 4,625,177 | 2,368,262 | 846,870 | 0 | 9,621,538 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 25.9548 | 67.3949 | 34.5087 | 12.3400 | | 140.1984 |
| 3 | Cost Per Diem Inflated | 27.0865 | 69.2646 | 36.0133 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 27.0865 | 69.2646 | 36.0133 | 12.3400 | | 144.7044 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 27.0865 | 69.2646 | 36.0133 | 12.3400 | | 144.7044 |
| 12/13 | Medicaid Adjustment Rate | | 3.1169 | 1.6206 | | | |
| 14 | Prospective Per Diem 11 | 27.0865 | 72.3815 | 37.6339 | 12.3400 | | 149.4419 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 266612-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

149.78

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): | 5,500,661 | 6.6173 |
| Indexed Asset Value | 6,875,826 | < 60% of Base: | False | 20% ROE(2): | 1,375,165 | 0.4216 |
| FRVS Base Asset: | 3,774,478 | Interest Rate: | 7.9632 % | Insurance Cost(3): | 110,856 | 1.4551 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.2500 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.024170 | Amortization Rate: | 7.2500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 516,186 | 0.0000 |
| | | Yearly Payment: | 521,711 | Total FRVS PD: | | 8.4940 |

(1) 80% Capital (\$5,500,661) amortized at 7.2500% for 20 years Principal & Interest of \$521,711 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$6.6173

(2) 20% ROE (\$1,375,165) times the ROE factor (0.024170) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.4216

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

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

| | | | |
|---------------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 240 | Effective PBS Limitation | 6,840,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|-----------------|
| Operating | 27.0865 | 27.0865 | 1.5798 | 25.5067 |
| Patient Care | | | | |
| Direct Care | 72.3815 | 72.3815 | 4.2216 | 68.1599 |
| Indirect Care | 37.6339 | 37.6339 | 2.1950 | 35.4389 |
| Property | 12.3400 | 8.4940 | 0.4954 | 7.9986 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.8390 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 149.4419 | 145.5959 | 8.4918 | 149.7755 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 267724-00 - 2013/01 |
| 220.46 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 109 Maximum: 39,785 Max Annualized: 39,785 Total Patient: 36,259 Medicare: 13,739 Medicaid: 14,478 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 39.92940% Occupancy: 91.13736% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.90674% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 650,411 | 1,345,333 | 962,592 | 311,856 | 0 | 3,270,192 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.9241 | 92.9226 | 66.4865 | 21.5400 | | 225.8732 |
| 3 | Cost Per Diem Inflated | 46.8829 | 95.5005 | 69.3854 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.8829 | 95.5005 | 69.3854 | 21.5400 | | 233.3088 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.6635 | | 60.3745 | | | |
| 7 | Provider Target Rate | 46.9710 | | 62.1032 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.8829 | 95.5005 | 59.0236 | 13.6500 | | 215.0570 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.8829 | 95.5005 | 59.0236 | 13.6500 | | 215.0570 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 267724-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

220.46

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): | 2,043,355 | 4.8071 |
| Indexed Asset Value | 2,554,194 | < 60% of Base: | True | 20% ROE(2): | 510,839 | 0.3448 |
| FRVS Base Asset: | 1,963,200 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 57,955 | 1.5984 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 47,156 | 1.3005 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.5000 % | Home Office(3): | 6,497 | 0.1792 |
| | | Interest Only: | True | Replacement(3&4): | 24,144 | 0.0000 |
| | | Yearly Payment: | 172,125 | Total FRVS PD: | | 8.2300 |

(1) 80% Capital (\$2,043,355) amortized at 8.5000% for 20 years Interest of \$172,125 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$4.8071

(2) 20% ROE (\$510,839) times the ROE factor (0.024170) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.3448

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 150 | Effective PBS Limitation | 1,963,200 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.8829 | 46.8829 | 2.7344 | 44.1485 |
| Patient Care | | | | |
| Direct Care | 95.5005 | 95.5005 | 5.5700 | 89.9305 |
| Indirect Care | 59.0236 | 59.0236 | 3.4425 | 55.5811 |
| Property | 13.6500 | 8.2300 | 0.4800 | 7.7500 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.2167 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.0570 | 209.6370 | 12.2269 | 220.4592 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 267902-00 - 2013/01 |
| 186.93 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,587 Medicare: 26,734 Medicaid: 5,978 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 14.03715% Occupancy: 97.23060% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.58914% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 230,618 | 371,195 | 368,234 | 235,533 | 0 | 1,205,580 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.5778 | 62.0935 | 61.5982 | 39.4000 | | 201.6695 |
| 3 | Cost Per Diem Inflated | 40.2599 | 63.8161 | 64.2840 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.2599 | 63.8161 | 64.2840 | 39.4000 | | 207.7600 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.5708 | | 67.2815 | | | |
| 7 | Provider Target Rate | 47.9043 | | 69.2080 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.2599 | 63.8161 | 60.9022 | 13.6500 | | 178.6282 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 40.2599 | 63.8161 | 60.9022 | 13.6500 | | 178.6282 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 267902-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

186.93

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 | 0.5999 |
| FRVS Base Asset: | 4,058,400 | Interest Rate: | 8.1900 % | Insurance Cost(3): | 73,844 | 1.7340 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 5.2500 % | Taxes Cost(3): | 137,097 | 3.2192 |
| ROE Factor | 0.024170 | Amortization Rate: | 7.2500 % | Home Office(3): | 5,552 | 0.1304 |
| | | Interest Only: | False | Replacement(3&4): | 62,653 | 0.0000 |
| | | Yearly Payment: | 371,214 | Total FRVS PD: | | 15.1004 |

(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 (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5999

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,058,400 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 40.2599 | 40.2599 | 2.3481 | 37.9118 |
| Patient Care | | | | |
| Direct Care | 63.8161 | 63.8161 | 3.7220 | 60.0941 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 15.1004 | 0.8807 | 14.2197 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$8.5208 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.6282 | 180.0786 | 10.5029 | 186.9289 |

***Medicaid Trend Adjustment :**



0 268003-00 - 2013/01

200.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 78.15473% Occupancy: 93.34018% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.68408% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 38.5619 | 76.4173 | 51.2641 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.5619 | 76.4173 | 51.2641 | 13.9300 | | 180.1733 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.5619 | 76.4173 | 48.7710 | 13.6500 | | 177.4002 |
| 12/13 | Medicaid Adjustment Rate | | 2.4204 | 1.5448 | | | |
| 14 | Prospective Per Diem 11 | 38.5619 | 78.8377 | 50.3158 | 13.6500 | | 181.3654 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 268003-00 - 2013/01
200.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,852,693 | 11.3179 |
| Indexed Asset Value | 4,815,866 | < 60% of Base: | False | 20% ROE(2): | 963,173 | 0.6311 |
| 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: | 446,152 | Total FRVS PD: | | 14.3694 |

- (1) 80% Capital (\$3,852,693) amortized at 10.0000% for 20 years Principal & Interest of \$446,152 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3179
- (2) 20% ROE (\$963,173) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6311
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 55 | Effective PBS Limitation | 1,567,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.5619 | 38.5619 | 2.2491 | 36.3128 |
| Patient Care | | | | |
| Direct Care | 78.8377 | 78.8377 | 4.5981 | 74.2396 |
| Indirect Care | 50.3158 | 50.3158 | 2.9346 | 47.3812 |
| Property | 13.6500 | 14.3694 | 0.8381 | 13.5313 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.7507 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 181.3654 | 182.0848 | 10.6199 | 200.0480 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 268062-00 - 2013/01 |
| 235.70 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.77903% Occupancy: 93.95890% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.46416% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 54.9920 | 95.0261 | 62.2867 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.9920 | 95.0261 | 62.2867 | 9.8600 | | 222.1648 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 63.8356 | | 56.4009 | | | |
| 7 | Provider Target Rate | 65.6634 | | 58.0158 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 95.0261 | 58.0158 | 9.8600 | | 215.9494 |
| 12/13 | Medicaid Adjustment Rate | | 1.1523 | 0.7035 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 96.1784 | 58.7193 | 9.8600 | | 217.8052 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 268062-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

235.70

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): | 4,555,978 | 13.8466 |
| Indexed Asset Value | 5,694,973 | < 60% of Base: | False | 20% ROE(2): | 1,138,995 | 0.6984 |
| 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: | 545,832 | Total FRVS PD: | | 16.6084 |

(1) 80% Capital (\$4,555,978) amortized at 10.5000% for 20 years Principal & Interest of \$545,832 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.8466

(2) 20% ROE (\$1,138,995) times the ROE factor (0.024170) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 96.1784 | 96.1784 | 5.6095 | 90.5689 |
| Indirect Care | 58.7193 | 58.7193 | 3.4248 | 55.2945 |
| Property | 9.8600 | 16.6084 | 0.9687 | 15.6397 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.4080 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.8052 | 224.5536 | 13.0969 | 235.6971 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 268186-00 - 2013/01 |
| 204.42 |

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 141 Maximum: 51,465 Max Annualized: 51,465 Total Patient: 48,004 Medicare: 17,479 Medicaid: 18,998 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 39.57587% Occupancy: 93.27504% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.60194% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 774,639 | 1,533,707 | 977,862 | 451,772 | 0 | 3,737,980 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.7748 | 80.7299 | 51.4718 | 23.7800 | | 196.7565 |
| 3 | Cost Per Diem Inflated | 42.5527 | 82.9696 | 53.7161 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.5527 | 82.9696 | 53.7161 | 23.7800 | | 203.0184 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.1633 | | 53.9764 | | | |
| 7 | Provider Target Rate | 56.7428 | | 55.5219 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.5527 | 82.9696 | 53.7161 | 13.6500 | | 192.8884 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.5527 | 82.9696 | 53.7161 | 13.6500 | | 192.8884 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 268186-00 - 2013/01
204.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 5,634,393 | 8.8457 |
| Indexed Asset Value | 7,042,991 | < 60% of Base: | False | 20% ROE(2): | 1,408,598 | 0.7350 |
| FRVS Base Asset: | 0 | Interest Rate: | 4.0000 % | Insurance Cost(3): | 17,439 | 0.3633 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 102,575 | 2.1368 |
| ROE Factor | 0.024170 | Amortization Rate: | 4.0000 % | Home Office(3): | 44,600 | 0.9291 |
| | | Interest Only: | False | Replacement(3&4): | 81,806 | 0.0000 |
| | | Yearly Payment: | 409,720 | Total FRVS PD: | | 13.0099 |

(1) 80% Capital (\$5,634,393) amortized at 4.0000% for 20 years Principal & Interest of \$409,720 divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = \$8.8457

(2) 20% ROE (\$1,408,598) times the ROE factor (0.024170) divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = \$0.7350

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 141 | Effective PBS Limitation | 5,997,435 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.5527 | 42.5527 | 2.4818 | 40.0709 |
| Patient Care | | | | |
| Direct Care | 82.9696 | 82.9696 | 4.8391 | 78.1305 |
| Indirect Care | 53.7161 | 53.7161 | 3.1329 | 50.5832 |
| Property | 13.6500 | 13.0099 | 0.7588 | 12.2511 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.5554 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.8884 | 192.2483 | 11.2126 | 204.4235 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 268585-00 - 2013/01 223.51 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 23.43998% Occupancy: 90.55479% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.17223% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 52.6185 | 99.9587 | 62.0666 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.6185 | 99.9587 | 62.0666 | 32.5699 | | 247.2137 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 62.7314 | | | |
| 7 | Provider Target Rate | 55.1063 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.6185 | 99.9587 | 62.0666 | 13.6500 | | 228.2938 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.6185 | 99.9587 | 62.0666 | 13.6500 | | 228.2938 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 268585-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

223.51

HarborChase of Naples

FRVS

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

| | | | | | | | |
|--|-----------------------------|-----------------------|--|------------------|----------------|---------------------|-----------------|
| Began FRVS: 6/16/1998 Year of Phase-In/ Full: RS to Start Calcs: 1997/07 Indexed Asset Value 1,844,288 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | | | |
| | Amount: | 13,681,685.00 | <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): | 1,475,430 | 10.6497 | | |
| | < 60% of Base: | False | 20% ROE(2): | 368,858 | 0.6785 | | |
| | Interest Rate: | 11.8800 % | Insurance Cost(3): | 11,328 | 0.8568 | | |
| | Chase Rate: | 5.2500 % | Taxes Cost(3): | 15,142 | 1.1453 | | |
| | 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: | 50,500 |
| Comparison Bed 40 | Effective PBS Limitation | 1,497,800 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 52.6185 | 52.6185 | 3.0689 | 49.5496 |
| Patient Care | | | | |
| Direct Care | 99.9587 | 99.9587 | 5.8300 | 94.1287 |
| Indirect Care | 62.0666 | 62.0666 | 3.6200 | 58.4466 |
| Property | 13.6500 | 13.3303 | 0.7775 | 12.5528 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 228.2938 | 227.9741 | 13.2964 | 223.5101 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 268755-00 - 2013/01 224.97 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 79 Maximum: 28,835 Max Annualized: 28,835 Total Patient: 24,295 Medicare: 4,081 Medicaid: 17,009 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.01029% Occupancy: 84.25525% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.22971% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,049,236 | 1,340,896 | 866,568 | 304,801 | 0 | 3,561,501 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 61.6871 | 78.8345 | 50.9476 | 17.9200 | | 209.3892 |
| 3 | Cost Per Diem Inflated | 64.3768 | 81.0216 | 53.1690 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 64.3768 | 81.0216 | 53.1690 | 17.9200 | | 216.4874 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 67.0249 | | 62.7314 | | | |
| 7 | Provider Target Rate | 68.9440 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 81.0216 | 53.1690 | 13.6500 | | 209.8721 |
| 12/13 | Medicaid Adjustment Rate | | 1.8239 | 1.1969 | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 82.8455 | 54.3659 | 13.6500 | | 212.8929 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 268755-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

224.97

Abbieian Russell 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: | 425,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1976/07 | Type: | Fixed [2] | 80% Capital(1): | 2,488,786 | 4.0157 |
| Indexed Asset Value | 3,110,982 | < 60% of Base: | True | 20% ROE(2): | 622,196 | 0.5795 |
| FRVS Base Asset: | 1,587,352 | Interest Rate: | 8.0000 % | Insurance Cost(3): | 65,213 | 2.6842 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.2500 % | Taxes Cost(3): | 55,829 | 2.2980 |
| ROE Factor | 0.024170 | Amortization Rate: | 4.2500 % | Home Office(3): | 11,572 | 0.4763 |
| | | Interest Only: | True | Replacement(3&4): | 25,338 | 0.0000 |
| | | Yearly Payment: | 104,213 | Total FRVS PD: | | 10.0537 |

- (1) 80% Capital (\$2,488,786) amortized at 4.2500% for 20 years Interest of \$104,213 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$4.0157
- (2) 20% ROE (\$622,196) times the ROE factor (0.024170) divided by annual available days (28,835) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 78 | Effective PBS Limitation | 2,223,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 82.8455 | 82.8455 | 4.8319 | 78.0136 |
| Indirect Care | 54.3659 | 54.3659 | 3.1708 | 51.1951 |
| Property | 13.6500 | 10.0537 | 0.5864 | 9.4673 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.0450 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 212.8929 | 209.2966 | 12.2070 | 224.9670 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 268763-00 - 2013/01

195.31

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 76.21635% Occupancy: 98.35106% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 124.00184% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 36.0528 | 81.2415 | 42.0322 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.0528 | 81.2415 | 42.0322 | 12.0600 | | 171.3865 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.4392 | | 51.2007 | | | |
| 7 | Provider Target Rate | 43.6544 | | 52.6667 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.0528 | 81.2415 | 42.0322 | 12.0600 | | 171.3865 |
| 12/13 | Medicaid Adjustment Rate | | 2.3961 | 1.2397 | | | |
| 14 | Prospective Per Diem 11 | 36.0528 | 83.6376 | 43.2719 | 12.0600 | | 175.0223 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 268763-00 - 2013/01
195.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 5,201,498 | 9.1499 |
| | < 60% of Base: | False | 20% ROE(2): | 1,300,375 | 0.6351 |
| | Interest Rate: | 7.0000 % | Insurance Cost(3): | 25,113 | 0.4345 |
| | Chase Rate: | 10.5000 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 7.0000 % | Home Office(3): | 97,523 | 1.6874 |
| | Interest Only: | False | Replacement(3&4): | 25,724 | 0.0000 |
| Yearly Payment: | 483,926 | 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: | 50,500 |
| Comparison Bed 107 | Effective PBS Limitation | 3,049,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 36.0528 | 36.0528 | 2.1027 | 33.9501 |
| Patient Care | | | | |
| Direct Care | 83.6376 | 83.6376 | 4.8781 | 78.7595 |
| Indirect Care | 43.2719 | 43.2719 | 2.5238 | 40.7481 |
| Property | 12.0600 | 11.9069 | 0.6945 | 11.2124 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.8025 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 175.0223 | 174.8692 | 10.1991 | 195.3050 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 268780-00 - 2013/01

228.86

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 119 Maximum: 43,435 Max Annualized: 43,435 Total Patient: 40,339 Medicare: 8,128 Medicaid: 21,600 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 53.54620% Occupancy: 92.87211% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.09392% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 885,068 | 2,090,670 | 1,262,321 | 559,440 | 19,609 | 4,817,108 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.9754 | 96.7903 | 58.4408 | 25.9000 | 0.9078 | 223.0143 |
| 3 | Cost Per Diem Inflated | 42.7620 | 99.4755 | 60.9889 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.7620 | 99.4755 | 60.9889 | 25.9000 | 0.9078 | 230.0342 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.3999 | | 58.6532 | | | |
| 7 | Provider Target Rate | 47.7285 | | 60.3326 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.7620 | 99.4755 | 60.3326 | 13.6500 | 0.9078 | 217.1279 |
| 12/13 | Medicaid Adjustment Rate | | 0.3969 | 0.2407 | | | |
| 14 | Prospective Per Diem 11 | 42.7620 | 99.8724 | 60.5733 | 13.6500 | 0.9078 | 217.7655 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 268780-00 - 2013/01
228.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,407,280 | 7.3422 |
| Indexed Asset Value | 4,259,100 | < 60% of Base: | True | 20% ROE(2): | 851,820 | 0.5267 |
| FRVS Base Asset: | 1,523,061 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 59,499 | 1.4750 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 60,849 | 1.5084 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.5000 % | Home Office(3): | 7,413 | 0.1838 |
| | | Interest Only: | True | Replacement(3&4): | 30,594 | 0.0000 |
| | | Yearly Payment: | 287,017 | Total FRVS PD: | | 11.0361 |

- (1) 80% Capital (\$3,407,280) amortized at 8.5000% for 20 years Interest of \$287,017 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$7.3422
- (2) 20% ROE (\$851,820) times the ROE factor (0.024170) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.5267
- (3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 53 | Effective PBS Limitation | 1,523,061 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.7620 | 42.7620 | 2.4941 | 40.2679 |
| Patient Care | | | | |
| Direct Care | 99.8724 | 99.8724 | 5.8250 | 94.0474 |
| Indirect Care | 60.5733 | 60.5733 | 3.5329 | 57.0404 |
| Property | 13.6500 | 11.0361 | 0.6437 | 10.3924 |
| ROE | 0.9078 | 0.5788 | 0.0338 | 0.5450 |
| ROE Adjustment | -0.5788 | -0.5788 | -0.0338 | -0.5450 |
| Quality Assess-Medicaid Share | | | | \$18.2778 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.1867 | 214.2438 | 12.4957 | 228.8583 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 269000-00 - 2013/01 200.40 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 32.85385% Occupancy: 92.69224% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.86714% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 63.2615 | 101.6873 | 46.5863 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 63.2615 | 101.6873 | 46.5863 | 13.9300 | | 225.4651 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.1987 | | 47.4134 | | | |
| 7 | Provider Target Rate | 55.7506 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 96.2398 | 46.5863 | 13.6500 | | 204.6406 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 96.2398 | 46.5863 | 13.6500 | | 204.6406 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 269000-00 - 2013/01 |
| 200.40 |

Majestic Oaks Nursing Home

FRVS

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 1/21/2003 Year of Phase-In/ Full: RS to Start Calcs: 2003/01 Indexed Asset Value 6,647,658 FRVS Base Asset: 6,296,700 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 7,059,913.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 5,318,126 | 9.2105 |
| | < 60% of Base: | False | 20% ROE(2): | 1,329,532 | 0.6522 |
| | Interest Rate: | 5.9085 % | Insurance Cost(3): | 94,232 | 1.8568 |
| | Chase Rate: | 4.2500 % | Taxes Cost(3): | 36,449 | 0.7182 |
| | Amortization Rate: | 5.9085 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 92,547 | 0.0000 |
| Yearly Payment: | 453,846 | Total FRVS PD: | 12.4377 | | |

(1) 80% Capital (\$5,318,126) amortized at 5.9085% for 20 years Principal & Interest of \$453,846 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$9.2105

(2) 20% ROE (\$1,329,532) times the ROE factor (0.024170) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.6522

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 150 | Effective PBS Limitation | 6,296,700 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 46.5863 | 46.5863 | 2.7171 | 43.8692 |
| Property | 13.6500 | 12.4377 | 0.7254 | 11.7123 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 204.6406 | 203.4283 | 11.8648 | 200.3959 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 269107-00 - 2013/01 189.39 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 203 Maximum: 74,095 Max Annualized: 74,095 Total Patient: 73,673 Medicare: 19,363 Medicaid: 38,207 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 51.86025% Occupancy: 99.43046% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 125.36274% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,234,449 | 2,666,256 | 2,033,942 | 877,997 | 0 | 6,812,644 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 32.3095 | 69.7845 | 53.2348 | 22.9800 | | 178.3088 |
| 3 | Cost Per Diem Inflated | 33.7183 | 71.7205 | 55.5559 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 33.7183 | 71.7205 | 55.5559 | 22.9800 | | 183.9747 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 55.9319 | | | |
| 7 | Provider Target Rate | 44.2100 | | 57.5334 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 33.7183 | 71.7205 | 55.5559 | 13.6500 | | 174.6447 |
| 12/13 | Medicaid Adjustment Rate | | 0.1501 | 0.1163 | | | |
| 14 | Prospective Per Diem 11 | 33.7183 | 71.8706 | 55.6722 | 13.6500 | | 174.9111 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 269107-00 - 2013/01
189.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Harmony Health 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: 6,000,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1998/07 | Type: Fixed [2] | 80% Capital(1): 6,997,828 | 9.0217 |
| Indexed Asset Value 8,747,285 | < 60% of Base: False | 20% ROE(2): 1,749,457 | 0.6341 |
| FRVS Base Asset: 8,747,285 | Interest Rate: 6.0000 % | Insurance Cost(3): 66,865 | 0.9076 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.0000 % | Taxes Cost(3): 141,826 | 1.9251 |
| ROE Factor 0.024170 | Amortization Rate: 6.0000 % | Home Office(3): 5,552 | 0.0754 |
| | Interest Only: False | Replacement(3&4): 49,692 | 0.0000 |
| | Yearly Payment: 601,615 | Total FRVS PD: 12.5639 | |

(1) 80% Capital (\$6,997,828) amortized at 6.0000% for 20 years Principal & Interest of \$601,615 divided by annual available days (74,095) divided by Occup. Adj. (0.9000) = \$9.0217

(2) 20% ROE (\$1,749,457) times the ROE factor (0.024170) divided by annual available days (74,095) 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: | 37,882 |
| Comparison Date: 1/1/1998 | Current RS PBS: | 50,500 |
| Comparison Bed 203 | Effective PBS Limitation | 7,690,046 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 33.7183 | 33.7183 | 1.9666 | 31.7517 |
| Patient Care | | | | |
| Direct Care | 71.8706 | 71.8706 | 4.1918 | 67.6788 |
| Indirect Care | 55.6722 | 55.6722 | 3.2470 | 52.4252 |
| Property | 13.6500 | 12.5639 | 0.7328 | 11.8311 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.8740 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.9111 | 173.8250 | 10.1382 | 189.3932 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 269492-00 - 2013/01 224.99 |
|---|

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 Grayton Terrace 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 # | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 43,496 Medicare: 2,302 Medicaid: 16,201 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 37.24710% Occupancy: 99.03461% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 124.86365% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 744,241 | 1,659,559 | 826,593 | 149,211 | 0 | 3,379,604 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 45.9380 | 102.4356 | 51.0211 | 9.2100 | | 208.6047 |
| 3 | Cost Per Diem Inflated | 47.4478 | 104.7929 | 52.6979 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.4478 | 104.7929 | 52.6979 | 9.2100 | | 214.1486 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 75.8179 | | 64.3117 | | | |
| 7 | Provider Target Rate | 77.9888 | | 66.1531 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.4478 | 100.1552 | 52.6979 | 9.2100 | | 209.5109 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 47.4478 | 100.1552 | 52.6979 | 9.2100 | | 209.5109 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 269492-00 - 2013/01
224.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,473,007 | 4.4700 |
| Indexed Asset Value 5,591,259 | < 60% of Base: True | | 20% ROE(2): 1,118,252 | 0.5052 |
| FRVS Base Asset: 5,163,720 | Interest Rate: 4.0000 % | | Insurance Cost(3): 9,109 | 0.2094 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.0000 % | | Taxes Cost(3): 0 | 0.0000 |
| ROE Factor 0.017810 | Amortization Rate: 4.0000 % | | Home Office(3): 45,296 | 1.0414 |
| | Interest Only: True | | Replacement(3&4): 52,516 | 0.0000 |
| | Yearly Payment: 176,207 | | Total FRVS PD: 6.2260 | |

- (1) 80% Capital (\$4,473,007) amortized at 4.0000% for 20 years Interest of \$176,207 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.4700
- (2) 20% ROE (\$1,118,252) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5052
- (3) Pass-throughs: 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 5,163,720 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.4478 | 47.4478 | 2.7674 | 44.6804 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 52.6979 | 52.6979 | 3.0736 | 49.6243 |
| Property | 9.2100 | 6.2260 | 0.3631 | 5.8629 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.6786 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.5109 | 206.5269 | 12.0456 | 224.9923 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 269697-00 - 2013/01 |
| 199.24 |

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 Boul 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,433 Medicare: 8,782 Medicaid: 24,464 | Superior: 0 Standard: 152 Conditional: 30 Total: 182 |
| | Medicaid Utilization 60.50503% Occupancy: 92.31278% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.38871% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 873,038 | 1,739,156 | 1,227,904 | 794,101 | 0 | 4,634,199 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 35.6866 | 71.0904 | 50.1923 | 32.4600 | | 189.4293 |
| 3 | Cost Per Diem Inflated | 37.2426 | 73.0626 | 52.3808 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.2426 | 73.0626 | 52.3808 | 32.4600 | | 195.1460 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.2744 | | 60.2541 | | | |
| 7 | Provider Target Rate | 52.7425 | | 61.9794 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.2426 | 73.0626 | 52.3808 | 13.6500 | | 176.3360 |
| 12/13 | Medicaid Adjustment Rate | | 0.7211 | 0.5170 | | | |
| 14 | Prospective Per Diem 11 | 37.2426 | 73.7837 | 52.8978 | 13.6500 | | 177.5741 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 269697-00 - 2013/01
199.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 5,229,400 FRVS Base Asset: 3,578,520 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,762,500.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,183,520 | 11.8709 |
| | < 60% of Base: | False | 20% ROE(2): | 1,045,880 | 0.6413 |
| | Interest Rate: | 9.5000 % | Insurance Cost(3): | 82,365 | 2.0371 |
| | Chase Rate: | 8.5000 % | Taxes Cost(3): | 190,024 | 4.6997 |
| | Amortization Rate: | 9.5000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 41,322 | 0.0000 |
| Yearly Payment: | 467,951 | Total FRVS PD: | 19.2490 | | |

(1) 80% Capital (\$4,183,520) amortized at 9.5000% for 20 years Principal & Interest of \$467,951 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.8709

(2) 20% ROE (\$1,045,880) times the ROE factor (0.024170) 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: | 29,821 |
| Comparison Date: 1/1/1989 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,578,520 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.2426 | 37.2426 | 2.1721 | 35.0705 |
| Patient Care | | | | |
| Direct Care | 73.7837 | 73.7837 | 4.3034 | 69.4803 |
| Indirect Care | 52.8978 | 52.8978 | 3.0852 | 49.8126 |
| Property | 13.6500 | 19.2490 | 1.1227 | 18.1263 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.9183 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.5741 | 183.1731 | 10.6834 | 199.2404 |

***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 01/01/2013 through 06/30/2013

0 269719-00 - 2013/01

196.97

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,193 Medicare: 10,426 Medicaid: 23,761 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.62562% Occupancy: 89.48174% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.81931% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 926,076 | 1,731,405 | 1,074,515 | 1,010,318 | 0 | 4,742,314 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.9746 | 72.8675 | 45.2218 | 42.5200 | | 199.5839 |
| 3 | Cost Per Diem Inflated | 40.6740 | 74.8890 | 47.1936 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.6740 | 74.8890 | 47.1936 | 42.5200 | | 205.2766 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.3558 | | 53.1743 | | | |
| 7 | Provider Target Rate | 45.6258 | | 54.6968 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.6740 | 74.8890 | 47.1936 | 13.6500 | | 176.4066 |
| 12/13 | Medicaid Adjustment Rate | | 0.8952 | 0.5641 | | | |
| 14 | Prospective Per Diem 11 | 40.6740 | 75.7842 | 47.7577 | 13.6500 | | 177.8659 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 269719-00 - 2013/01
196.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,014,476 | 10.2218 |
| Indexed Asset Value | 5,018,095 | < 60% of Base: | False | 20% ROE(2): | 1,003,619 | 0.6154 |
| FRVS Base Asset: | 3,559,440 | Interest Rate: | 8.0000 % | Insurance Cost(3): | 82,721 | 2.1106 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 187,688 | 4.7888 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.0000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 9,781 | 0.0000 |
| | | Yearly Payment: | 402,944 | Total FRVS PD: | | 17.7366 |

- (1) 80% Capital (\$4,014,476) amortized at 8.0000% for 20 years Principal & Interest of \$402,944 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2218
- (2) 20% ROE (\$1,003,619) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6154
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,559,440 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.6740 | 40.6740 | 2.3723 | 38.3017 |
| Patient Care | | | | |
| Direct Care | 75.7842 | 75.7842 | 4.4200 | 71.3642 |
| Indirect Care | 47.7577 | 47.7577 | 2.7854 | 44.9723 |
| Property | 13.6500 | 17.7366 | 1.0345 | 16.7021 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.8009 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.8659 | 181.9525 | 10.6122 | 196.9736 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 269727-00 - 2013/01 190.93 |
|---|

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 A.C. 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,039 Medicare: 5,724 Medicaid: 27,414 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 68.46824% Occupancy: 91.41324% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.25457% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 906,476 | 1,991,948 | 1,139,032 | 1,010,206 | 0 | 5,047,662 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 33.0662 | 72.6617 | 41.5493 | 36.8500 | | 184.1272 |
| 3 | Cost Per Diem Inflated | 34.5080 | 74.6775 | 43.3609 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 34.5080 | 74.6775 | 43.3609 | 36.8500 | | 189.3964 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.2846 | | 52.4465 | | | |
| 7 | Provider Target Rate | 46.5812 | | 53.9482 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 34.5080 | 74.6775 | 43.3609 | 13.6500 | | 166.1964 |
| 12/13 | Medicaid Adjustment Rate | | 1.5516 | 0.9009 | | | |
| 14 | Prospective Per Diem 11 | 34.5080 | 76.2291 | 44.2618 | 13.6500 | | 168.6489 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 269727-00 - 2013/01
190.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,853,790 | 9.9960 |
| Indexed Asset Value 4,817,238 | < 60% of Base: False | 20% ROE(2): 963,448 | 0.5907 |
| FRVS Base Asset: 3,049,500 | Interest Rate: 8.2500 % | Insurance Cost(3): 60,226 | 1.5042 |
| Occup Adj Factor: 0.9000 | Chase Rate: 12.0000 % | Taxes Cost(3): 218,411 | 5.4550 |
| ROE Factor 0.024170 | Amortization Rate: 8.2500 % | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | Replacement(3&4): 9,859 | 0.0000 |
| | Yearly Payment: 394,042 | Total FRVS PD: | 17.5459 |

(1) 80% Capital (\$3,853,790) amortized at 8.2500% for 20 years Principal & Interest of \$394,042 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9960

(2) 20% ROE (\$963,448) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5907

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

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

| | |
|-----------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 107 | Effective PBS Limitation 3,049,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 34.5080 | 34.5080 | 2.0126 | 32.4954 |
| Patient Care | | | | |
| Direct Care | 76.2291 | 76.2291 | 4.4460 | 71.7831 |
| Indirect Care | 44.2618 | 44.2618 | 2.5815 | 41.6803 |
| Property | 13.6500 | 17.5459 | 1.0233 | 16.5226 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.6176 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 168.6489 | 172.5448 | 10.0634 | 190.9314 |

***Medicaid Trend Adjustment :**



0 281743-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

166.02

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 299 Maximum: 109,135 Max Annualized: 109,135 Total Patient: 102,632 Medicare: 8,750 Medicaid: 91,382 | Superior: 0 Standard: 120 Conditional: 62 Total: 182 |
| | Medicaid Utilization 89.03851% Occupancy: 94.04132% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.56807% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 3,428,938 | 7,018,202 | 3,055,549 | 2,145,649 | 0 | 15,648,338 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 37.5231 | 76.8007 | 33.4371 | 23.4800 | | 171.2409 |
| 3 | Cost Per Diem Inflated | 39.1592 | 78.9314 | 34.8950 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.1592 | 78.9314 | 34.8950 | 23.4800 | | 176.4656 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.1592 | 78.9314 | 34.8950 | 13.6500 | | 166.6356 |
| 12/13 | Medicaid Adjustment Rate | | 2.2856 | 1.0105 | | | |
| 14 | Prospective Per Diem 11 | 39.1592 | 81.2170 | 35.9055 | 13.6500 | | 169.9317 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 281743-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

166.02

Jacaranda 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 5,943,223 FRVS Base Asset: 2,853,393 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,179,545.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,754,578 | 5.5098 |
| | < 60% of Base: | False | 20% ROE(2): | 1,188,645 | 0.2925 |
| | Interest Rate: | 11.2200 % | Insurance Cost(3): | 22,063 | 0.2150 |
| | Chase Rate: | 7.7500 % | Taxes Cost(3): | 52,740 | 0.5139 |
| | Amortization Rate: | 9.7500 % | Home Office(3): | 21,926 | 0.2136 |
| | Interest Only: | False | Replacement(3&4): | 106,650 | 0.0000 |
| Yearly Payment: | 541,176 | Total FRVS PD: | | 6.7448 | |

(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 (0.024170) divided by annual available days (109,135) divided by Occup. Adj. (0.9000) = \$0.2925

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 299 | Effective PBS Limitation | 8,521,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|-----------------|
| Operating | 39.1592 | 39.1592 | 2.2839 | 36.8753 |
| Patient Care | | | | |
| Direct Care | 81.2170 | 81.2170 | 4.7369 | 76.4801 |
| Indirect Care | 35.9055 | 35.9055 | 2.0942 | 33.8113 |
| Property | 13.6500 | 6.7448 | 0.3934 | 6.3514 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.6681 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 169.9317 | 163.0265 | 9.5084 | 166.0186 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 281913-00 - 2013/01 |
| 190.17 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 75.78848% Occupancy: 94.03425% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.55916% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 34.4623 | 76.8591 | 46.3513 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 34.4623 | 76.8591 | 46.3513 | 21.6900 | | 179.3627 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 34.4623 | 76.8591 | 46.3513 | 13.6500 | | 171.3227 |
| 12/13 | Medicaid Adjustment Rate | | 2.2298 | 1.3447 | | | |
| 14 | Prospective Per Diem 11 | 34.4623 | 79.0889 | 47.6960 | 13.6500 | | 174.8972 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 281913-00 - 2013/01
190.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Community 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: 3,432,920.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1976/07 | Type: Variable [3] | 80% Capital(1): 2,563,806 | 6.8970 |
| Indexed Asset Value 3,204,758 | < 60% of Base: False | 20% ROE(2): 640,952 | 0.4200 |
| FRVS Base Asset: 1,653,368 | Interest Rate: 11.7683 % | Insurance Cost(3): 85,804 | 2.0833 |
| Occup Adj Factor: 0.9000 | Chase Rate: 6.7500 % | Taxes Cost(3): 17,790 | 0.4319 |
| ROE Factor 0.025830 | Amortization Rate: 8.7500 % | Home Office(3): 0 | 0.0000 |
| | Interest Only: False | Replacement(3&4): 4,751 | 0.0000 |
| | Yearly Payment: 271,880 | Total FRVS PD: 9.8322 | |

(1) 80% Capital (\$2,563,806) amortized at 8.7500% for 20 years Principal & Interest of \$271,880 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.8970

(2) 20% ROE (\$640,952) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4200

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 34.4623 | 34.4623 | 2.0100 | 32.4523 |
| Patient Care | | | | |
| Direct Care | 79.0889 | 79.0889 | 4.6128 | 74.4761 |
| Indirect Care | 47.6960 | 47.6960 | 2.7818 | 44.9142 |
| Property | 13.6500 | 9.8322 | 0.5735 | 9.2587 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.2390 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.8972 | 171.0794 | 9.9781 | 190.1727 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 282359-00 - 2013/01 229.71 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,981 Medicare: 24,709 Medicaid: 14,048 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 33.46276% Occupancy: 95.84703% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.84473% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 851,031 | 1,277,701 | 1,224,460 | 260,871 | 0 | 3,614,063 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 60.5802 | 90.9525 | 87.1626 | 18.5700 | | 257.2653 |
| 3 | Cost Per Diem Inflated | 63.2216 | 93.4758 | 90.9631 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 63.2216 | 93.4758 | 90.9631 | 18.5700 | | 266.2305 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.0527 | | 75.4640 | | | |
| 7 | Provider Target Rate | 63.8295 | | 77.6248 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 93.4758 | 60.9022 | 13.6500 | | 221.0755 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 93.4758 | 60.9022 | 13.6500 | | 221.0755 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 282359-00 - 2013/01
229.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

West Gables Health Care Center

FRVS

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

| | | | | | |
|--|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: 10/6/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 5,878,010 FRVS Base Asset: 5,339,160 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 5,566,419.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,702,408 | 13.0363 |
| | < 60% of Base: | False | 20% ROE(2): | 1,175,602 | 0.7208 |
| | Interest Rate: | 9.1700 % | Insurance Cost(3): | 16,743 | 0.3988 |
| | Chase Rate: | 10.0000 % | Taxes Cost(3): | 121,734 | 2.8997 |
| | Amortization Rate: | 9.1700 % | Home Office(3): | 2,995 | 0.0713 |
| | Interest Only: | False | Replacement(3&4): | 42,424 | 0.0000 |
| Yearly Payment: | 513,891 | Total FRVS PD: | 17.1269 | | |

(1) 80% Capital (\$4,702,408) amortized at 9.1700% for 20 years Principal & Interest of \$513,891 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.0363

(2) 20% ROE (\$1,175,602) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7208

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,339,160 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 93.4758 | 93.4758 | 5.4519 | 88.0239 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 17.1269 | 0.9989 | 16.1280 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$9.4175 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 221.0755 | 224.5524 | 13.0968 | 229.7055 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 282464-00 - 2013/01 |
| 205.16 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.23004% Occupancy: 94.23630% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.81391% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 45.4118 | 77.4629 | 49.0372 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.4118 | 77.4629 | 49.0372 | 28.8400 | 0.4129 | 201.1648 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 61.3327 | | 74.7799 | | | |
| 7 | Provider Target Rate | 63.0888 | | 76.9211 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.4118 | 77.4629 | 49.0372 | 13.6500 | 0.4129 | 185.9748 |
| 12/13 | Medicaid Adjustment Rate | | 0.8915 | 0.5644 | | | |
| 14 | Prospective Per Diem 11 | 45.4118 | 78.3544 | 49.6016 | 13.6500 | 0.4129 | 187.4307 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 282464-00 - 2013/01
205.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 7,115,130 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): | 5,692,104 | 10.6047 |
| | < 60% of Base: | False | 20% ROE(2): | 1,423,026 | 0.6544 |
| | 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: | 557,384 | Total FRVS PD: | 14.6573 | | |

(1) 80% Capital (\$5,692,104) amortized at 7.6700% for 20 years Principal & Interest of \$557,384 divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = \$10.6047

(2) 20% ROE (\$1,423,026) times the ROE factor (0.024170) divided by annual available days (58,400) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 134 | Effective PBS Limitation | 3,819,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.4118 | 45.4118 | 2.6486 | 42.7632 |
| Patient Care | | | | |
| Direct Care | 78.3544 | 78.3544 | 4.5699 | 73.7845 |
| Indirect Care | 49.6016 | 49.6016 | 2.8930 | 46.7086 |
| Property | 13.6500 | 14.6573 | 0.8549 | 13.8024 |
| ROE | 0.4129 | 0.3682 | 0.0215 | 0.3467 |
| ROE Adjustment | -0.3682 | -0.3682 | -0.0215 | -0.3467 |
| Quality Assess-Medicaid Share | | | | \$19.2698 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.0625 | 188.0251 | 10.9664 | 205.1609 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 282529-00 - 2013/01

238.06

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.66398% Occupancy: 91.77449% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.71004% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.22078676 Semester Index: 1.30828184 Cost: 1.07167106 Target: 1.02004310 DC FY Index: 1.17400000 DC Sem Index: 1.22250000 DC Inflation: 1.04131175 PS Target: 1.02863299 |

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 | 53.1915 | 102.1620 | 54.5673 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.1915 | 102.1620 | 54.5673 | 25.9300 | | 235.8508 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.7756 | | 61.4007 | | | |
| 7 | Provider Target Rate | 55.3154 | | 63.1588 | | | |
| 7a | Interim Adjustment | | | | 1.6577 | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 15.3077 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 100.1552 | 54.5673 | 15.3077 | | 223.0777 |
| 12/13 | Medicaid Adjustment Rate | | 0.9762 | 0.5319 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 101.1314 | 55.0992 | 15.3077 | | 224.5858 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 282529-00 - 2013/01
238.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 7,012,670 | 9.9149 |
| Indexed Asset Value | 8,765,837 | < 60% of Base: | False | 20% ROE(2): | 1,753,167 | 0.8183 |
| FRVS Base Asset: | 4,188,480 | Interest Rate: | 10.1419 % | Insurance Cost(3): | 118,820 | 1.9943 |
| Occup Adj Factor: | 0.9000 | 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: | 586,269 | Total FRVS PD: | | 14.6309 |

(1) 80% Capital (\$7,012,670) amortized at 5.6551% for 20 years Principal & Interest of \$586,269 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.9149

(2) 20% ROE (\$1,753,167) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8183

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,188,480 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 101.1314 | 101.1314 | 5.8984 | 95.2330 |
| Indirect Care | 55.0992 | 55.0992 | 3.2136 | 51.8856 |
| Property | 15.3077 | 14.6309 | 0.8533 | 13.7776 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.3765 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 224.5858 | 223.9090 | 13.0592 | 238.0587 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 282537-00 - 2013/01 239.53 |
|---|

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: 2013/01 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 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 82.49874% Occupancy: 85.08847% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 107.28024% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 46.1713 | 98.9967 | 55.7931 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.1713 | 98.9967 | 55.7931 | 36.2400 | | 237.2011 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.3451 | | 60.5876 | | | |
| 7 | Provider Target Rate | 50.7580 | | 62.3224 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.1713 | 98.9967 | 55.7931 | 13.6500 | | 214.6111 |
| 12/13 | Medicaid Adjustment Rate | | 3.6194 | 2.0399 | | | |
| 14 | Prospective Per Diem 11 | 46.1713 | 102.6161 | 57.8330 | 13.6500 | | 220.2704 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 282537-00 - 2013/01
239.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,568,506 | 10.3248 |
| Indexed Asset Value | 4,460,632 | < 60% of Base: | False | 20% ROE(2): | 892,126 | 0.7307 |
| FRVS Base Asset: | 4,460,632 | 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: | 325,604 | Total FRVS PD: | | 15.7905 |

(1) 80% Capital (\$3,568,506) amortized at 6.7500% for 20 years Principal & Interest of \$325,604 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$10.3248

(2) 20% ROE (\$892,126) times the ROE factor (0.025830) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$0.7307

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 96 | Effective PBS Limitation | 3,298,656 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.1713 | 46.1713 | 2.6929 | 43.4784 |
| Patient Care | | | | |
| Direct Care | 102.6161 | 102.6161 | 5.9850 | 96.6311 |
| Indirect Care | 57.8330 | 57.8330 | 3.3731 | 54.4599 |
| Property | 13.6500 | 15.7905 | 0.9210 | 14.8695 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.2624 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 220.2704 | 222.4109 | 12.9720 | 239.5337 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 282553-00 - 2013/01 |
| 166.88 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 50.46588% Occupancy: 97.46829% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.88883% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 36.3568 | 67.2446 | 32.7236 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.3568 | 67.2446 | 32.7236 | 26.2900 | | 162.6150 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.1548 | | 51.8069 | | | |
| 7 | Provider Target Rate | 48.5050 | | 53.2903 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.3568 | 67.2446 | 32.7236 | 13.6500 | | 149.9750 |
| 12/13 | Medicaid Adjustment Rate | | 0.0352 | 0.0172 | | | |
| 14 | Prospective Per Diem 11 | 36.3568 | 67.2798 | 32.7408 | 13.6500 | | 150.0274 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 282553-00 - 2013/01
166.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

The Terrace at Daytona Beach

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 6/29/1998 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 8,748,560.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1998/01 | Type: | Variable [3] | 80% Capital(1): | 4,038,886 | 8.2781 |
| Indexed Asset Value | 5,048,607 | < 60% of Base: | False | 20% ROE(2): | 1,009,721 | 0.7351 |
| FRVS Base Asset: | 2,246,700 | Interest Rate: | 3.9998 % | Insurance Cost(3): | 46,561 | 1.2118 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.0000 % | Taxes Cost(3): | 80,083 | 2.0843 |
| ROE Factor | 0.025830 | Amortization Rate: | 3.9998 % | Home Office(3): | 6,957 | 0.1811 |
| | | Interest Only: | False | Replacement(3&4): | 2,313 | 0.0000 |
| | | Yearly Payment: | 293,692 | Total FRVS PD: | | 12.4904 |

(1) 80% Capital (\$4,038,886) amortized at 3.9998% for 20 years Principal & Interest of \$293,692 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$8.2781

(2) 20% ROE (\$1,009,721) times the ROE factor (0.025830) divided by annual available days (39,420) 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: | 37,445 |
| Comparison Date: 7/1/1997 | Current RS PBS: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 2,246,700 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 36.3568 | 36.3568 | 2.1205 | 34.2363 |
| Patient Care | | | | |
| Direct Care | 67.2798 | 67.2798 | 3.9240 | 63.3558 |
| Indirect Care | 32.7408 | 32.7408 | 1.9096 | 30.8312 |
| Property | 13.6500 | 12.4904 | 0.7285 | 11.7619 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.8642 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 150.0274 | 148.8678 | 8.6826 | 166.8818 |

*Medicaid Trend Adjustment :



0 282618-00 - 2013/01
223.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 County: Hendry [26] 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: 12/1/1980 Acquired Date: 12/1/1980 Entered Medicaid 2/1/1981 Med # Active Date: 10/29/2004 Previous Med # 221601 | 07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/07 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 155 Maximum: 56,575 Max Annualized: 56,575 Total Patient: 43,996 Medicare: 4,643 Medicaid: 32,828 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.61587% Occupancy: 77.76580% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 98.04776% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 43.5239 | 83.8822 | 61.8855 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.5239 | 83.8822 | 61.8855 | 37.0400 | | 226.3316 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.3725 | | 69.1755 | | | |
| 7 | Provider Target Rate | 59.0152 | | 71.1562 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.5239 | 83.8822 | 60.9022 | 13.6500 | | 201.9583 |
| 12/13 | Medicaid Adjustment Rate | | 2.3229 | 1.6866 | | | |
| 14 | Prospective Per Diem 11 | 43.5239 | 86.2051 | 62.5888 | 13.6500 | | 205.9678 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 282618-00 - 2013/01
223.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,068,986 | | 10.1080 |
| Indexed Asset Value 5,086,232 | < 60% of Base: False | | 20% ROE(2): 1,017,246 | | 0.5160 |
| 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: 514,672 | | Total FRVS PD: | | 14.3658 |

- (1) 80% Capital (\$4,068,986) amortized at 11.3200% for 20 years Principal & Interest of \$514,672 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$10.1080
- (2) 20% ROE (\$1,017,246) times the ROE factor (0.025830) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.5160
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.5239 | 43.5239 | 2.5385 | 40.9854 |
| Patient Care | | | | |
| Direct Care | 86.2051 | 86.2051 | 5.0278 | 81.1773 |
| Indirect Care | 62.5888 | 62.5888 | 3.6504 | 58.9384 |
| Property | 13.6500 | 14.3658 | 0.8379 | 13.5279 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.4744 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 205.9678 | 206.6836 | 12.0546 | 223.9358 |

***Medicaid Trend Adjustment :**



0 282626-00 - 2013/01
216.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 59.58390% Occupancy: 90.18734% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.70895% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 44.0105 | 92.2640 | 48.9059 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.0105 | 92.2640 | 48.9059 | 27.0400 | | 212.2204 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.9102 | | 49.3864 | | | |
| 7 | Provider Target Rate | 43.1102 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.1102 | 92.2640 | 48.9059 | 13.6500 | | 197.9301 |
| 12/13 | Medicaid Adjustment Rate | | 0.9948 | 0.5273 | | | |
| 14 | Prospective Per Diem 11 | 43.1102 | 93.2588 | 49.4332 | 13.6500 | | 199.4522 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 282626-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

216.62

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 6,815,505 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 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 5,452,404 | 8.1862 |
| | < 60% of Base: | False | 20% ROE(2): | 1,363,101 | 0.5794 |
| | Interest Rate: | 7.1000 % | Insurance Cost(3): | 88,219 | 1.4486 |
| | Chase Rate: | 4.7500 % | Taxes Cost(3): | 84,405 | 1.3860 |
| | Amortization Rate: | 6.7500 % | Home Office(3): | 115,303 | 1.8933 |
| | Interest Only: | False | Replacement(3&4): | 46,701 | 0.0000 |
| Yearly Payment: | 497,497 | Total FRVS PD: | 13.4935 | | |

(1) 80% Capital (\$5,452,404) amortized at 6.7500% for 20 years Principal & Interest of \$497,497 divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = \$8.1862

(2) 20% ROE (\$1,363,101) times the ROE factor (0.025830) divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = \$0.5794

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.1102 | 43.1102 | 2.5144 | 40.5958 |
| Patient Care | | | | |
| Direct Care | 93.2588 | 93.2588 | 5.4392 | 87.8196 |
| Indirect Care | 49.4332 | 49.4332 | 2.8831 | 46.5501 |
| Property | 13.6500 | 13.4935 | 0.7870 | 12.7065 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1142 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.4522 | 199.2957 | 11.6237 | 216.6186 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 283193-00 - 2013/01 217.84 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 20.98490% Occupancy: 92.26027% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.32252% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 45.2786 | 99.4735 | 61.1841 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.2786 | 99.4735 | 61.1841 | 33.8900 | | 239.8262 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 73.7590 | | 76.2500 | | | |
| 7 | Provider Target Rate | 75.8709 | | 78.4333 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.2786 | 96.2398 | 57.2593 | 13.6500 | | 212.4277 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 45.2786 | 96.2398 | 57.2593 | 13.6500 | | 212.4277 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 283193-00 - 2013/01
217.84

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 5,221,080 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 45.2786 | 45.2786 | 2.6408 | 42.6378 |
| Patient Care | | | | |
| Direct Care | 96.2398 | 96.2398 | 5.6131 | 90.6267 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 13.6500 | 13.5875 | 0.7925 | 12.7950 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$9.0285 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 212.4277 | 212.3652 | 12.3860 | 217.8401 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 284289-00 - 2013/01

183.32

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 47.84343% Occupancy: 95.38661% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.26422% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 | |
| | | Semester Index: 1.30828184 | |
| | | Cost: 1.05690037 | |
| | | Target: 1.02004310 | |
| | | DC FY Index: 1.18133049 | |
| | | DC Sem Index: 1.22250000 | |
| | | DC Inflation: 1.03485012 | |
| | | PS Target: 1.02863299 | |

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 | 39.0666 | 77.8052 | 39.7593 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.0666 | 77.8052 | 39.7593 | 19.3900 | | 176.0211 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.3166 | | 47.4134 | | | |
| 7 | Provider Target Rate | 47.6428 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.0666 | 77.8052 | 39.7593 | 13.6500 | | 170.2811 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 39.0666 | 77.8052 | 39.7593 | 13.6500 | | 170.2811 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 284289-00 - 2013/01
183.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,747,172 | 8.8524 |
| Indexed Asset Value | 8,433,965 | < 60% of Base: | False | 20% ROE(2): | 1,686,793 | 0.7368 |
| 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: | 523,443 | Total FRVS PD: | | 12.5971 |

(1) 80% Capital (\$6,747,172) amortized at 4.7550% for 20 years Principal & Interest of \$523,443 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.8524

(2) 20% ROE (\$1,686,793) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7368

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 6,488,460 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 39.0666 | 39.0666 | 2.2785 | 36.7881 |
| Patient Care | | | | |
| Direct Care | 77.8052 | 77.8052 | 4.5379 | 73.2673 |
| Indirect Care | 39.7593 | 39.7593 | 2.3189 | 37.4404 |
| Property | 13.6500 | 12.5971 | 0.7347 | 11.8624 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.1280 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 170.2811 | 169.2282 | 9.8700 | 183.3186 |

***Medicaid Trend Adjustment :**



0 284785-00 - 2013/01

171.21

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 61.35932% Occupancy: 98.79757% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 124.56479% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 33.8621 | 68.7373 | 34.3429 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 33.8621 | 68.7373 | 34.3429 | 33.2200 | | 170.1623 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 33.8621 | 68.7373 | 34.3429 | 13.6500 | | 150.5923 |
| 12/13 | Medicaid Adjustment Rate | | 0.8784 | 0.4389 | | | |
| 14 | Prospective Per Diem 11 | 33.8621 | 69.6157 | 34.7818 | 13.6500 | | 151.9096 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 284785-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

171.21

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): | 4,010,501 | 10.7215 |
| Indexed Asset Value | 5,013,126 | < 60% of Base: | False | 20% ROE(2): | 1,002,625 | 0.7300 |
| 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: | 380,376 | Total FRVS PD: | | 14.5454 |

(1) 80% Capital (\$4,010,501) amortized at 7.2500% for 20 years Principal & Interest of \$380,376 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$10.7215

(2) 20% ROE (\$1,002,625) times the ROE factor (0.025830) divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$0.7300

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 108 | Effective PBS Limitation | 4,738,392 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 33.8621 | 33.8621 | 1.9750 | 31.8871 |
| Patient Care | | | | |
| Direct Care | 69.6157 | 69.6157 | 4.0603 | 65.5554 |
| Indirect Care | 34.7818 | 34.7818 | 2.0286 | 32.7532 |
| Property | 13.6500 | 14.5454 | 0.8483 | 13.6971 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.4843 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 151.9096 | 152.8050 | 8.9122 | 171.2095 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 284793-00 - 2013/01 217.21 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 22.11187% Occupancy: 93.17504% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.47586% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 58.0065 | 96.3077 | 72.3546 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.0065 | 96.3077 | 72.3546 | 13.3800 | | 240.0488 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.3455 | | 57.4579 | | | |
| 7 | Provider Target Rate | 66.1879 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 57.9295 | 96.3077 | 59.1031 | 13.3800 | | 226.7203 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 57.9295 | 96.3077 | 59.1031 | 13.3800 | | 226.7203 |
| 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 01/01/2013 through 06/30/2013

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| 0 284793-00 - 2013/01 |
| 217.21 |

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| Brighton Gardens of Tampa |
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|-------------|
| 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: | 50,500 |
| Comparison Bed | 45 | Effective PBS Limitation | 1,748,070 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|--------------------------|-----------------|-----------------|----------------|-----------------|--|
| Operating | 57.9295 | 57.9295 | 3.3787 | 54.5508 | |
| Patient Care | | | | | |
| Direct Care | 96.3077 | 96.3077 | 5.6171 | 90.6906 | |
| Indirect Care | 59.1031 | 59.1031 | 3.4471 | 55.6560 | |
| Property | 13.3800 | 7.9470 | 0.4635 | 7.4835 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 226.7203 | 221.2873 | 12.9064 | 217.2133 | |

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|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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| 0 284823-00 - 2013/01 263.59 |
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|---|
| 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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 75.03316% Occupancy: 93.65721% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.08379% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

| |
|--------------------------|
| 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 | 79.7625 | 100.5828 | 73.7976 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 79.7625 | 100.5828 | 73.7976 | 15.8800 | | 270.0229 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 75.5151 | | 68.6953 | | | |
| 7 | Provider Target Rate | 77.6773 | | 70.6623 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 100.5828 | 70.6623 | 13.6500 | | 246.9266 |
| 12/13 | Medicaid Adjustment Rate | | 2.8326 | 1.9900 | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 103.4154 | 72.6523 | 13.6500 | | 251.7492 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 284823-00 - 2013/01
263.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,292,151 | 10.0873 |
| Indexed Asset Value | 2,865,189 | < 60% of Base: | True | 20% ROE(2): | 573,038 | 0.5199 |
| 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: | 284,977 | Total FRVS PD: | | 11.6918 |

(1) 80% Capital (\$2,292,151) amortized at 12.5000% for 20 years Interest of \$284,977 divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = \$10.0873

(2) 20% ROE (\$573,038) times the ROE factor (0.025630) divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = \$0.5199

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

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

| | | | |
|--------------------------------|------------------|--------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 50 | Effective PBS Limitation | 1,425,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 103.4154 | 103.4154 | 6.0316 | 97.3838 |
| Indirect Care | 72.6523 | 72.6523 | 4.2374 | 68.4149 |
| Property | 13.6500 | 11.6918 | 0.6819 | 11.0099 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5397 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 251.7492 | 249.7910 | 14.5688 | 263.5943 |

***Medicaid Trend Adjustment :**



0 307998-00 - 2013/01
213.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 36.03469% Occupancy: 88.46118% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.53259% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 54.4079 | 94.1066 | 65.7552 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.4079 | 94.1066 | 65.7552 | 27.8200 | | 242.0897 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.7326 | | 76.5987 | | | |
| 7 | Provider Target Rate | 51.1566 | | 78.7919 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 94.1066 | 57.2593 | 13.6500 | | 213.1804 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 94.1066 | 57.2593 | 13.6500 | | 213.1804 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 307998-00 - 2013/01
213.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Cypress Village

FRVS

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

| | | | | | | |
|-------------------------|-------------------|-----------------------------|---------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: | 10/14/1991 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 8,103,119.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1991/07 | Type: | Fixed [2] | 80% Capital(1): | 4,758,222 | 10.9020 |
| Indexed Asset Value | 5,947,778 | < 60% of Base: | False | 20% ROE(2): | 1,189,556 | 0.7294 |
| FRVS Base Asset: | 1,831,800 | Interest Rate: | 6.6200 % | Insurance Cost(3): | 36,722 | 0.9478 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 5.7500 % | Taxes Cost(3): | 94,472 | 2.4382 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.6200 % | Home Office(3): | 122,590 | 3.1639 |
| | | Interest Only: | False | Replacement(3&4): | 1,310,222 | 0.0000 |
| | | Yearly Payment: | 429,756 | Total FRVS PD: | | 18.1813 |

(1) 80% Capital (\$4,758,222) amortized at 6.6200% for 20 years Principal & Interest of \$429,756 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9020

(2) 20% ROE (\$1,189,556) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7294

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,831,800 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 94.1066 | 94.1066 | 5.4887 | 88.6179 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 13.6500 | 18.1813 | 1.0604 | 17.1209 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 213.1804 | 217.7117 | 12.6979 | 213.8462 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 308111-00 - 2013/01 |
| 207.43 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.50674% Occupancy: 88.50231% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.58445% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25083252 Semester Index: 1.30828184 Cost: 1.04592887 Target: 1.02004310 DC FY Index: 1.18799810 DC Sem Index: 1.22250000 DC Inflation: 1.02904205 PS Target: 1.02863299 | |

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 | 44.9139 | 82.5140 | 49.1737 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.9139 | 82.5140 | 49.1737 | 38.8700 | | 215.4716 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.9048 | | 52.1843 | | | |
| 7 | Provider Target Rate | 52.3624 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.9139 | 82.5140 | 49.1737 | 13.6500 | | 190.2516 |
| 12/13 | Medicaid Adjustment Rate | | 0.4184 | 0.2493 | | | |
| 14 | Prospective Per Diem 11 | 44.9139 | 82.9324 | 49.4230 | 13.6500 | | 190.9193 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 308111-00 - 2013/01
207.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,467,583 | 13.1966 |
| Indexed Asset Value | 4,334,479 | < 60% of Base: | False | 20% ROE(2): | 866,896 | 0.6964 |
| 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: | 390,158 | Total FRVS PD: | | 17.6421 |

(1) 80% Capital (\$3,467,583) amortized at 9.5841% for 20 years Principal & Interest of \$390,158 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$13.1966

(2) 20% ROE (\$866,896) times the ROE factor (0.023750) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.6964

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,995,300 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.9139 | 44.9139 | 2.6196 | 42.2943 |
| Patient Care | | | | |
| Direct Care | 82.9324 | 82.9324 | 4.8370 | 78.0954 |
| Indirect Care | 49.4230 | 49.4230 | 2.8826 | 46.5404 |
| Property | 13.6500 | 17.6421 | 1.0290 | 16.6131 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.0592 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.9193 | 194.9114 | 11.3682 | 207.4348 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 308242-00 - 2013/01 237.28 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 72.73475% Occupancy: 86.43572% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.97888% 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 | 65.6242 | 98.9284 | 76.8803 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 65.6242 | 98.9284 | 76.8803 | 10.8500 | | 252.2829 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.0165 | | 60.7512 | | | |
| 7 | Provider Target Rate | 50.4200 | | 62.4907 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.4200 | 98.9284 | 60.9022 | 10.8500 | | 221.1006 |
| 12/13 | Medicaid Adjustment Rate | | 2.5303 | 1.5577 | | | |
| 14 | Prospective Per Diem 11 | 50.4200 | 101.4587 | 62.4599 | 10.8500 | | 225.1886 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 308242-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

237.28

Hebrew Home of South Beach

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: | 525,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1971/07 | Type: | Fixed [2] | 80% Capital(1): | 2,026,595 | 7.3750 |
| Indexed Asset Value | 2,533,244 | < 60% of Base: | True | 20% ROE(2): | 506,649 | 0.3801 |
| FRVS Base Asset: | 1,372,286 | Interest Rate: | 5.2500 % | Insurance Cost(3): | 14,834 | 0.4521 |
| 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): | 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: | 50,500 |
| Comparison Bed 104 | Effective PBS Limitation | 2,964,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.4200 | 50.4200 | 2.9407 | 47.4793 |
| Patient Care | | | | |
| Direct Care | 101.4587 | 101.4587 | 5.9175 | 95.5412 |
| Indirect Care | 62.4599 | 62.4599 | 3.6429 | 58.8170 |
| Property | 10.8500 | 8.6823 | 0.5064 | 8.1759 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.4293 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 225.1886 | 223.0209 | 13.0075 | 237.2751 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 308251-00 - 2013/01 233.20 |
|---|

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 | 02/01/2011-01/31/2012 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 147 Maximum: 53,655 Max Annualized: 53,655 Total Patient: 48,522 Medicare: 14,289 Medicaid: 32,146 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.25036% Occupancy: 90.43332% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.01908% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25516245 Semester Index: 1.30828184 Cost: 1.04232073 Target: 1.02004310 DC FY Index: 1.18999979 DC Sem Index: 1.22250000 DC Inflation: 1.02731111 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,605,368 | 2,908,638 | 2,096,143 | 1,443,998 | 0 | 8,054,147 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.9399 | 90.4821 | 65.2070 | 44.9200 | | 250.5490 |
| 3 | Cost Per Diem Inflated | 52.0534 | 92.9533 | 67.9666 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.0534 | 92.9533 | 67.9666 | 44.9200 | | 257.8933 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.5615 | | 63.1261 | | | |
| 7 | Provider Target Rate | 47.8947 | | 64.9336 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.8947 | 92.9533 | 60.9022 | 13.6500 | | 215.4002 |
| 12/13 | Medicaid Adjustment Rate | | 1.6993 | 1.1134 | | | |
| 14 | Prospective Per Diem 11 | 47.8947 | 94.6526 | 62.0156 | 13.6500 | | 218.2129 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 308251-00 - 2013/01 |
| 233.20 |

| |
|---|
| Ponce Plaza Nursing & Rehab Center |
|---|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 4/21/2000 Year of Phase-In/ Full: RS to Start Calcs: 2000/01 Indexed Asset Value 7,022,521 FRVS Base Asset: 4,718,880 Occup Adj Factor: 0.9000 ROE Factor 0.023020 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 5,846,571.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 5,618,017 | 14.3472 |
| | < 60% of Base: | False | 20% ROE(2): | 1,404,504 | 0.6695 |
| | Interest Rate: | 11.0000 % | Insurance Cost(3): | 53,166 | 1.0957 |
| | Chase Rate: | 7.9336 % | Taxes Cost(3): | -5,056 | -0.1042 |
| | Amortization Rate: | 10.9336 % | Home Office(3): | 26,470 | 0.5455 |
| | Interest Only: | False | Replacement(3&4): | 569,440 | 0.0000 |
| Yearly Payment: | 692,818 | Total FRVS PD: | 16.5537 | | |

(1) 80% Capital (\$5,618,017) amortized at 10.9336% for 20 years Principal & Interest of \$692,818 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$14.3472

(2) 20% ROE (\$1,404,504) times the ROE factor (0.023020) divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$0.6695

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 4,718,880 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 47.8947 | 47.8947 | 2.7934 | 45.1013 | |
| Patient Care | | | | | |
| Direct Care | 94.6526 | 94.6526 | 5.5205 | 89.1321 | |
| Indirect Care | 62.0156 | 62.0156 | 3.6170 | 58.3986 | |
| Property | 13.6500 | 16.5537 | 0.9655 | 15.5882 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$16.1492 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 218.2129 | 221.1166 | 12.8964 | 233.2018 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 308501-00 - 2013/01 237.32 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 38.41033% Occupancy: 90.53881% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.15209% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 52.4419 | 98.6797 | 66.5233 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.4419 | 98.6797 | 66.5233 | 26.6100 | 1.8734 | 246.1283 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.1694 | | 61.9854 | | | |
| 7 | Provider Target Rate | 60.8636 | | 63.7602 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.4419 | 98.6797 | 60.9022 | 13.6500 | 1.8734 | 227.5472 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.4419 | 98.6797 | 60.9022 | 13.6500 | 1.8734 | 227.5472 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 308501-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

237.32

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): | 4,228,900 | 11.3107 |
| Indexed Asset Value | 5,286,125 | < 60% of Base: | False | 20% ROE(2): | 1,057,225 | 0.6482 |
| 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: | 445,868 | Total FRVS PD: | | 15.8648 |

(1) 80% Capital (\$4,228,900) amortized at 8.6700% for 20 years Principal & Interest of \$445,868 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3107

(2) 20% ROE (\$1,057,225) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6482

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,718,320 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.4419 | 52.4419 | 3.0586 | 49.3833 |
| Patient Care | | | | |
| Direct Care | 98.6797 | 98.6797 | 5.7554 | 92.9243 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 15.8648 | 0.9253 | 14.9395 |
| ROE | 1.8734 | 1.5241 | 0.0889 | 1.4352 |
| ROE Adjustment | -1.5241 | -1.5241 | -0.0889 | -1.4352 |
| Quality Assess-Medicaid Share | | | | \$13.8878 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 226.0231 | 227.8886 | 13.2914 | 237.3174 |

***Medicaid Trend Adjustment :**



0 309800-00 - 2013/01
233.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 39.44981% Occupancy: 88.86723% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.04454% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.22078676 Semester Index: 1.30828184 Cost: 1.07167106 Target: 1.02004310 DC FY Index: 1.17400000 DC Sem Index: 1.22250000 DC Inflation: 1.04131175 PS Target: 1.02863299 |

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 | 48.1466 | 99.7740 | 63.2780 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.1466 | 99.7740 | 63.2780 | 14.3200 | | 225.5186 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 64.9165 | | | |
| 7 | Provider Target Rate | 50.1452 | | 66.7753 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1466 | 99.7740 | 63.2780 | 13.6500 | | 224.8486 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1466 | 99.7740 | 63.2780 | 13.6500 | | 224.8486 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 309800-00 - 2013/01
233.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 1,611,119 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): | 1,288,895 | 6.8793 |
| | < 60% of Base: | False | 20% ROE(2): | 322,224 | 0.5206 |
| | 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: | 117,512 | Total FRVS PD: | | 10.7498 | |

(1) 80% Capital (\$1,288,895) amortized at 6.7400% for 20 years Principal & Interest of \$117,512 divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = \$6.8793

(2) 20% ROE (\$322,224) times the ROE factor (0.027600) divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = \$0.5206

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 42 | Effective PBS Limitation | 1,443,162 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1466 | 48.1466 | 2.8081 | 45.3385 |
| Patient Care | | | | |
| Direct Care | 99.7740 | 99.7740 | 5.8192 | 93.9548 |
| Indirect Care | 63.2780 | 63.2780 | 3.6906 | 59.5874 |
| Property | 13.6500 | 10.7498 | 0.6270 | 10.1228 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.6879 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 224.8486 | 221.9484 | 12.9449 | 233.5238 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 310409-00 - 2013/01 |
| 230.87 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 83.52080% Occupancy: 69.18545% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 87.22959% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 | |

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 | 51.0257 | 95.1921 | 58.7820 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.0257 | 95.1921 | 58.7820 | 20.4600 | | 225.4598 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 51.3593 | | | |
| 7 | Provider Target Rate | 44.2100 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.2100 | 95.1921 | 52.8299 | 13.6500 | | 205.8820 |
| 12/13 | Medicaid Adjustment Rate | | 3.5898 | 1.9923 | | | |
| 14 | Prospective Per Diem 11 | 44.2100 | 98.7819 | 54.8222 | 13.6500 | | 211.4641 |
| 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 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 310409-00 - 2013/01 |
| 230.87 |

| |
|-------------------------------|
| Watercrest Care Center |
|-------------------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 9/1/1999 Year of Phase-In/ Full: RS to Start Calcs: 1984/07 Indexed Asset Value 7,335,942 FRVS Base Asset: 4,275,000 Occup Adj Factor: 0.9000 ROE Factor 0.022500 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,000,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 5,868,754 | 12.8591 |
| | < 60% of Base: | False | 20% ROE(2): | 1,467,188 | 0.6699 |
| | Interest Rate: | 9.0000 % | Insurance Cost(3): | 52,466 | 1.8384 |
| | Chase Rate: | 8.0000 % | Taxes Cost(3): | 35,978 | 1.2607 |
| | Amortization Rate: | 9.0000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 36,871 | 0.0000 |
| Yearly Payment: | 633,632 | Total FRVS PD: | 16.6281 | | |

(1) 80% Capital (\$5,868,754) amortized at 9.0000% for 20 years Principal & Interest of \$633,632 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$12.8591

(2) 20% ROE (\$1,467,188) times the ROE factor (0.022500) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.6699

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 150 | Effective PBS Limitation | 4,275,000 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 44.2100 | 44.2100 | 2.5785 | 41.6315 | |
| Patient Care | | | | | |
| Direct Care | 98.7819 | 98.7819 | 5.7614 | 93.0205 | |
| Indirect Care | 54.8222 | 54.8222 | 3.1975 | 51.6247 | |
| Property | 13.6500 | 16.6281 | 0.9698 | 15.6583 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$20.1012 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 211.4641 | 214.4422 | 12.5072 | 230.8686 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 310581-00 - 2013/01 196.93 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.69135% Occupancy: 86.90909% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.57570% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 41.8529 | 76.8289 | 53.3350 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.8529 | 76.8289 | 53.3350 | 4.6200 | | 176.6368 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 60.4709 | | | |
| 7 | Provider Target Rate | 44.2100 | | 62.2024 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.8529 | 76.8289 | 53.3350 | 4.6200 | | 176.6368 |
| 12/13 | Medicaid Adjustment Rate | | 0.4055 | 0.2815 | | | |
| 14 | Prospective Per Diem 11 | 41.8529 | 77.2344 | 53.6165 | 4.6200 | | 177.3238 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 310581-00 - 2013/01
196.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,496,392 | 6.9828 |
| Indexed Asset Value | 3,120,490 | < 60% of Base: | False | 20% ROE(2): | 624,098 | 0.4427 |
| 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: | 252,325 | Total FRVS PD: | | 10.2944 |

(1) 80% Capital (\$2,496,392) amortized at 8.0940% for 20 years Principal & Interest of \$252,325 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$6.9828

(2) 20% ROE (\$624,098) times the ROE factor (0.025630) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.4427

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 110 | Effective PBS Limitation | 3,135,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.8529 | 41.8529 | 2.4410 | 39.4119 |
| Patient Care | | | | |
| Direct Care | 77.2344 | 77.2344 | 4.5046 | 72.7298 |
| Indirect Care | 53.6165 | 53.6165 | 3.1271 | 50.4894 |
| Property | 4.6200 | 10.2944 | 0.6004 | 9.6940 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.7712 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.3238 | 182.9982 | 10.6731 | 196.9287 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 310841-00 - 2013/01 215.18 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 41.07527% Occupancy: 87.05480% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.75940% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 48.8719 | 104.3443 | 94.7042 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.8719 | 104.3443 | 94.7042 | 12.4300 | | 260.3504 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 61.5161 | | | |
| 7 | Provider Target Rate | 50.1452 | | 63.2775 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.8719 | 100.4246 | 63.2775 | 12.4300 | | 225.0040 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.8719 | 100.4246 | 63.2775 | 12.4300 | | 225.0040 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 310841-00 - 2013/01
215.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 1,069,486 | 3.8055 |
| Indexed Asset Value 1,336,858 | < 60% of Base: False | 20% ROE(2): 267,372 | 0.3279 |
| 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: 75,006 | Total FRVS PD: | 6.5588 |

(1) 80% Capital (\$1,069,486) amortized at 3.5870% for 20 years Principal & Interest of \$75,006 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$3.8055

(2) 20% ROE (\$267,372) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3279

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,310,460 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 48.8719 | 48.8719 | 2.8504 | 46.0215 |
| Patient Care | | | | |
| Direct Care | 100.4246 | 100.4246 | 5.8572 | 94.5674 |
| Indirect Care | 63.2775 | 63.2775 | 3.6906 | 59.5869 |
| Property | 12.4300 | 6.5588 | 0.3825 | 6.1763 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 225.0040 | 219.1328 | 12.7807 | 215.1845 |

***Medicaid Trend Adjustment :**



0 311065-00 - 2013/01

208.93

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 73.28911% Occupancy: 79.79568% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 100.60706% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 45.7760 | 68.3557 | 56.8753 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.7760 | 68.3557 | 56.8753 | 13.3400 | | 184.3470 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.0352 | | 61.5541 | | | |
| 7 | Provider Target Rate | 55.5824 | | 63.3166 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.7760 | 68.3557 | 56.8753 | 13.3400 | | 184.3470 |
| 12/13 | Medicaid Adjustment Rate | | 1.7909 | 1.4901 | | | |
| 14 | Prospective Per Diem 11 | 45.7760 | 70.1466 | 58.3654 | 13.3400 | | 187.6280 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 311065-00 - 2013/01
208.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,217,894 | 12.4878 |
| Indexed Asset Value | 2,772,368 | < 60% of Base: | False | 20% ROE(2): | 554,474 | 0.6915 |
| 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: | 242,033 | Total FRVS PD: | | 17.9744 |

(1) 80% Capital (\$2,217,894) amortized at 9.1500% for 20 years Principal & Interest of \$242,033 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$12.4878

(2) 20% ROE (\$554,474) times the ROE factor (0.024170) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.6915

(3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 59 | Effective PBS Limitation | 1,695,483 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.7760 | 45.7760 | 2.6698 | 43.1062 |
| Patient Care | | | | |
| Direct Care | 70.1466 | 70.1466 | 4.0912 | 66.0554 |
| Indirect Care | 58.3654 | 58.3654 | 3.4041 | 54.9613 |
| Property | 13.3400 | 17.9744 | 1.0483 | 16.9261 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.0457 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.6280 | 192.2624 | 11.2134 | 208.9271 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 311308-00 - 2013/01

207.34

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 80.51743% Occupancy: 79.14711% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 99.78933% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 48.7486 | 94.4530 | 50.1495 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.7486 | 94.4530 | 50.1495 | 20.5500 | | 213.9011 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9920 | | 55.2025 | | | |
| 7 | Provider Target Rate | 45.2516 | | 56.7831 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.2516 | 94.4530 | 50.1495 | 13.6500 | | 203.5041 |
| 12/13 | Medicaid Adjustment Rate | | 3.2428 | 1.7217 | | | |
| 14 | Prospective Per Diem 11 | 45.2516 | 97.6958 | 51.8712 | 13.6500 | | 208.4686 |
| 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 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 311308-00 - 2013/01 |
| 207.34 |

| |
|---------------------------|
| South Pointe Plaza |
|---------------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 4/1/1997 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 8,158,938 FRVS Base Asset: 4,581,230 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 12,835,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 6,527,150 | 7.3912 |
| | < 60% of Base: | False | 20% ROE(2): | 1,631,788 | 0.5579 |
| | Interest Rate: | 5.9400 % | Insurance Cost(3): | 45,059 | 0.6782 |
| | Chase Rate: | 7.0000 % | Taxes Cost(3): | 220,257 | 3.3149 |
| | Amortization Rate: | 5.9400 % | Home Office(3): | 26,904 | 0.4049 |
| | Interest Only: | False | Replacement(3&4): | 97,335 | 0.0000 |
| Yearly Payment: | 558,443 | Total FRVS PD: | 12.3471 | | |

(1) 80% Capital (\$6,527,150) amortized at 5.9400% for 20 years Principal & Interest of \$558,443 divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = \$7.3912

(2) 20% ROE (\$1,631,788) times the ROE factor (0.025830) divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = \$0.5579

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 230 | Effective PBS Limitation | 6,555,000 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|-----------------|--|
| Operating | 45.2516 | 45.2516 | 2.6393 | 42.6123 | |
| Patient Care | | | | | |
| Direct Care | 97.6958 | 97.6958 | 5.6980 | 91.9978 | |
| Indirect Care | 51.8712 | 51.8712 | 3.0253 | 48.8459 | |
| Property | 13.6500 | 12.3471 | 0.7201 | 11.6270 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$3.4275 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 208.4686 | 207.1657 | 12.0827 | 207.3429 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 311685-00 - 2013/01 |
| 230.44 |

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 # | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 50,993 Medicare: 13,900 Medicaid: 29,923 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.68060% Occupancy: 77.40285% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 97.59016% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,141,166 | 2,801,287 | 1,678,646 | 574,522 | 0 | 6,195,621 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.1368 | 93.6165 | 56.0989 | 19.2000 | | 207.0522 |
| 3 | Cost Per Diem Inflated | 39.7020 | 96.1329 | 58.4013 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.7020 | 96.1329 | 58.4013 | 19.2000 | | 213.4362 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 94.6644 | | 64.2760 | | | |
| 7 | Provider Target Rate | 97.3749 | | 66.1164 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.7020 | 96.1329 | 58.4013 | 13.6500 | | 207.8862 |
| 12/13 | Medicaid Adjustment Rate | | 0.9388 | 0.5703 | | | |
| 14 | Prospective Per Diem 11 | 39.7020 | 97.0717 | 58.9716 | 13.6500 | | 209.3953 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 311685-00 - 2013/01
230.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 6,838,550 | 17.1291 |
| Indexed Asset Value | 8,548,188 | < 60% of Base: | False | 20% ROE(2): | 1,709,638 | 0.6326 |
| FRVS Base Asset: | 7,965,180 | Interest Rate: | 13.8720 % | Insurance Cost(3): | 36,060 | 0.7072 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 128,276 | 2.5156 |
| ROE Factor | 0.021880 | Amortization Rate: | 13.8720 % | Home Office(3): | 47,150 | 0.9246 |
| | | Interest Only: | False | Replacement(3&4): | 175,661 | 0.0000 |
| | | Yearly Payment: | 1,012,846 | Total FRVS PD: | | 21.9091 |

- (1) 80% Capital (\$6,838,550) amortized at 13.8720% for 20 years Principal & Interest of \$1,012,846 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$17.1291
- (2) 20% ROE (\$1,709,638) times the ROE factor (0.021880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6326
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 7,965,180 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.7020 | 39.7020 | 2.3156 | 37.3864 |
| Patient Care | | | | |
| Direct Care | 97.0717 | 97.0717 | 5.6616 | 91.4101 |
| Indirect Care | 58.9716 | 58.9716 | 3.4395 | 55.5321 |
| Property | 13.6500 | 21.9091 | 1.2778 | 20.6313 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.6505 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.3953 | 217.6544 | 12.6945 | 230.4428 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 312045-00 - 2013/01 |
| 204.03 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 28,700 Medicare: 4,209 Medicaid: 16,601 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.84321% Occupancy: 79.42438% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 100.13891% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 717,595 | 1,474,162 | 647,877 | 227,434 | 0 | 3,067,068 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.2260 | 88.7996 | 39.0264 | 13.7000 | | 184.7520 |
| 3 | Cost Per Diem Inflated | 45.1107 | 91.2631 | 40.7280 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.1107 | 91.2631 | 40.7280 | 13.7000 | | 190.8018 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.1836 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.1107 | 91.2631 | 40.7280 | 13.6500 | | 190.7518 |
| 12/13 | Medicaid Adjustment Rate | | 0.8053 | 0.3594 | | | |
| 14 | Prospective Per Diem 11 | 45.1107 | 92.0684 | 41.0874 | 13.6500 | | 191.9165 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 312045-00 - 2013/01
204.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

SandalWood Nursing Center

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: | 3,500,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1999/07 | Type: | Variable [3] | 80% Capital(1): | 1,787,724 | 5.7538 |
| Indexed Asset Value | 2,234,655 | < 60% of Base: | False | 20% ROE(2): | 446,931 | 0.3322 |
| FRVS Base Asset: | 1,876,939 | Interest Rate: | 8.5700 % | Insurance Cost(3): | 15,919 | 0.5547 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 42,247 | 1.4720 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.5700 % | Home Office(3): | 4,648 | 0.1620 |
| | | Interest Only: | False | Replacement(3&4): | 16,940 | 0.0000 |
| | | Yearly Payment: | 187,123 | Total FRVS PD: | | 8.2747 |

(1) 80% Capital (\$1,787,724) amortized at 8.5700% for 20 years Principal & Interest of \$187,123 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$5.7538

(2) 20% ROE (\$446,931) times the ROE factor (0.024170) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.3322

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 99 | Effective PBS Limitation | 2,821,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.1107 | 45.1107 | 2.6310 | 42.4797 |
| Patient Care | | | | |
| Direct Care | 92.0684 | 92.0684 | 5.3698 | 86.6986 |
| Indirect Care | 41.0874 | 41.0874 | 2.3964 | 38.6910 |
| Property | 13.6500 | 8.2747 | 0.4826 | 7.7921 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5331 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.9165 | 186.5412 | 10.8798 | 204.0269 |

***Medicaid Trend Adjustment :**



0 312142-00 - 2013/01
192.68

Florida Agency For Health Care Administration
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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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 92 Maximum: 33,580 Max Annualized: 33,580 Total Patient: 31,083 Medicare: 4,373 Medicaid: 23,129 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.41045% Occupancy: 92.56403% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.70549% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 890,797 | 1,737,238 | 966,939 | 234,991 | 0 | 3,829,965 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.5143 | 75.1108 | 41.8063 | 10.1600 | | 165.5914 |
| 3 | Cost Per Diem Inflated | 40.1936 | 77.1946 | 43.6291 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.1936 | 77.1946 | 43.6291 | 10.1600 | | 171.1773 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.1836 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.1936 | 77.1946 | 43.6291 | 10.1600 | | 171.1773 |
| 12/13 | Medicaid Adjustment Rate | | 2.1199 | 1.1981 | | | |
| 14 | Prospective Per Diem 11 | 40.1936 | 79.3145 | 44.8272 | 10.1600 | | 174.4953 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 312142-00 - 2013/01

Florida Agency For Health Care Administration
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192.68

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 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 0.00 | | Total Amount | Per Diem |
| | Type: | None [1] | 80% Capital(1): | 2,144,483 | 8.8220 |
| | < 60% of Base: | True | 20% ROE(2): | 536,121 | 0.4288 |
| | Interest Rate: | 12.5000 % | Insurance Cost(3): | 12,761 | 0.4105 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 6,367 | 0.2048 |
| | Amortization Rate: | 12.5000 % | Home Office(3): | 4,390 | 0.1412 |
| | Interest Only: | True | Replacement(3&4): | 17,134 | 0.0000 |
| Yearly Payment: | 266,618 | Total FRVS PD: | 10.0073 | | |

(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 (0.024170) divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$0.4288

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

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

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 92 | Effective PBS Limitation | 2,622,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.1936 | 40.1936 | 2.3443 | 37.8493 |
| Patient Care | | | | |
| Direct Care | 79.3145 | 79.3145 | 4.6259 | 74.6886 |
| Indirect Care | 44.8272 | 44.8272 | 2.6145 | 42.2127 |
| Property | 10.1600 | 10.0073 | 0.5837 | 9.4236 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.6697 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.4953 | 174.3426 | 10.1684 | 192.6763 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 312151-00 - 2013/01 194.33 |
|---|

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: 2013/01 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: 160 Conditional: 22 Total: 182 |
| | Medicaid Utilization 73.04370% Occupancy: 91.43836% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.28624% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 49.2951 | 70.3514 | 41.7497 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.2951 | 70.3514 | 41.7497 | 27.7600 | | 189.1562 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.7227 | | 52.1843 | | | |
| 7 | Provider Target Rate | 46.0032 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.0032 | 70.3514 | 41.7497 | 13.6500 | | 171.7543 |
| 12/13 | Medicaid Adjustment Rate | | 1.6033 | 0.9515 | | | |
| 14 | Prospective Per Diem 11 | 46.0032 | 71.9547 | 42.7012 | 13.6500 | | 174.3091 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 312151-00 - 2013/01
194.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,211,885 | 11.1219 |
| Indexed Asset Value | 2,764,856 | < 60% of Base: | False | 20% ROE(2): | 552,971 | 0.7132 |
| 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: | 219,213 | Total FRVS PD: | | 15.9071 |

(1) 80% Capital (\$2,211,885) amortized at 7.8300% for 20 years Principal & Interest of \$219,213 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$11.1219

(2) 20% ROE (\$552,971) times the ROE factor (0.025420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7132

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 2,330,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.0032 | 46.0032 | 2.6831 | 43.3201 |
| Patient Care | | | | |
| Direct Care | 71.9547 | 71.9547 | 4.1967 | 67.7580 |
| Indirect Care | 42.7012 | 42.7012 | 2.4905 | 40.2107 |
| Property | 13.6500 | 15.9071 | 0.9278 | 14.9793 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2322 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.3091 | 176.5662 | 10.2981 | 194.3327 |

***Medicaid Trend Adjustment :**



0 312274-00 - 2013/01

182.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 65 Maximum: 23,725 Max Annualized: 23,725 Total Patient: 19,705 Medicare: 5,278 Medicaid: 12,084 | Superior: 0 Standard: 146 Conditional: 36 Total: 182 |
| | Medicaid Utilization 61.32454% Occupancy: 83.05585% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.71750% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 520,943 | 834,323 | 470,561 | 121,082 | 0 | 1,946,909 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.1101 | 69.0436 | 38.9408 | 10.0200 | | 161.1145 |
| 3 | Cost Per Diem Inflated | 44.9898 | 70.9591 | 40.6387 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.9898 | 70.9591 | 40.6387 | 10.0200 | | 166.6076 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 43.9259 | | 52.1843 | | | |
| 7 | Provider Target Rate | 45.1836 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.9898 | 70.9591 | 40.6387 | 10.0200 | | 166.6076 |
| 12/13 | Medicaid Adjustment Rate | | 0.7252 | 0.4153 | | | |
| 14 | Prospective Per Diem 11 | 44.9898 | 71.6843 | 41.0540 | 10.0200 | | 167.7481 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 312274-00 - 2013/01
182.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

CrestWood Nursing Center

FRVS

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

| | | | | | |
|--------------------------------------|-------------------------------------|--|----------------------------------|--------------|---------------|
| Began FRVS: 11/15/2001 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | Amount: 0.00 | | | Total Amount | Per Diem |
| RS to Start Calcs: 1977/01 | Type: None [1] | | 80% Capital(1): 1,246,387 | | 7.2572 |
| Indexed Asset Value 1,557,984 | < 60% of Base: True | | 20% ROE(2): 311,597 | | 0.3527 |
| FRVS Base Asset: 695,693 | Interest Rate: 12.5000 % | | Insurance Cost(3): 15,291 | | 0.7760 |
| Occup Adj Factor: 0.9000 | Chase Rate: 12.5000 % | | Taxes Cost(3): 6,976 | | 0.3540 |
| ROE Factor 0.024170 | Amortization Rate: 12.5000 % | | Home Office(3): 3,077 | | 0.1562 |
| | Interest Only: True | | Replacement(3&4): 0 | | 0.0000 |
| | Yearly Payment: 154,960 | | Total FRVS PD: | | 8.8961 |

- (1) 80% Capital (\$1,246,387) amortized at 12.5000% for 20 years Interest of \$154,960 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$7.2572
- (2) 20% ROE (\$311,597) times the ROE factor (0.024170) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$0.3527
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 65 | Effective PBS Limitation 1,852,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 44.9898 | 44.9898 | 2.6240 | 42.3658 |
| Patient Care | | | | |
| Direct Care | 71.6843 | 71.6843 | 4.1809 | 67.5034 |
| Indirect Care | 41.0540 | 41.0540 | 2.3944 | 38.6596 |
| Property | 10.0200 | 8.8961 | 0.5189 | 8.3772 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.7589 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 167.7481 | 166.6242 | 9.7182 | 182.4973 |

***Medicaid Trend Adjustment :**



0 312312-00 - 2013/01
232.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 27.17842% Occupancy: 70.42922% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 88.79775% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 74.2999 | 90.0388 | 71.8746 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 74.2999 | 90.0388 | 71.8746 | 26.3101 | | 262.5234 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 76.5761 | | 74.1307 | | | |
| 7 | Provider Target Rate | 78.7687 | | 76.2533 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 90.0388 | 71.8746 | 13.6500 | | 237.5949 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 90.0388 | 71.8746 | 13.6500 | | 237.5949 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 312312-00 - 2013/01 |
| 232.68 |

| |
|--|
| 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 1,203,462 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): | 962,770 | 7.9851 |
| | < 60% of Base: | True | 20% ROE(2): | 240,692 | 0.5903 |
| | 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: | 78,693 | Total FRVS PD: | 13.7721 | | |

- (1) 80% Capital (\$962,770) amortized at 8.2500% for 20 years Interest of \$78,693 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$7.9851
- (2) 20% ROE (\$240,692) times the ROE factor (0.024170) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$0.5903
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 30 | Effective PBS Limitation | 1,030,830 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|--------------------------|-----------------|-----------------|----------------|-----------------|--|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 | |
| Patient Care | | | | | |
| Direct Care | 90.0388 | 90.0388 | 5.2514 | 84.7874 | |
| Indirect Care | 71.8746 | 71.8746 | 4.1920 | 67.6826 | |
| Property | 13.6500 | 13.7721 | 0.8032 | 12.9689 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 237.5949 | 237.7170 | 13.8645 | 232.6849 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 312371-00 - 2013/01 223.52 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,276 Medicare: 11,979 Medicaid: 35,360 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 56.77950% Occupancy: 94.78843% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.51004% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,570,211 | 2,825,165 | 1,906,851 | 692,702 | 0 | 6,994,929 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.4064 | 79.8972 | 53.9268 | 19.5900 | | 197.8204 |
| 3 | Cost Per Diem Inflated | 46.3426 | 82.1138 | 56.2781 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.3426 | 82.1138 | 56.2781 | 19.5900 | | 204.3245 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.9353 | | 60.0807 | | | |
| 7 | Provider Target Rate | 49.3078 | | 61.8010 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.3426 | 82.1138 | 56.2781 | 13.6500 | | 198.3845 |
| 12/13 | Medicaid Adjustment Rate | | 0.6263 | 0.4292 | | | |
| 14 | Prospective Per Diem 11 | 46.3426 | 82.7401 | 56.7073 | 13.6500 | | 199.4400 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 312371-00 - 2013/01
223.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 7,021,112 | 17.9261 |
| Indexed Asset Value 8,776,390 | < 60% of Base: False | 20% ROE(2): 1,755,278 | 0.7175 |
| FRVS Base Asset: 3,420,000 | Interest Rate: 15.1200 % | Insurance Cost(3): 118,516 | 1.9031 |
| Occup Adj Factor: 0.9000 | Chase Rate: 11.2000 % | Taxes Cost(3): 93,268 | 1.4977 |
| ROE Factor 0.024170 | Amortization Rate: 14.2000 % | Home Office(3): 32,352 | 0.5195 |
| | Interest Only: False | Replacement(3&4): 14,228 | 0.0000 |
| | Yearly Payment: 1,059,968 | Total FRVS PD: 22.5639 | |

(1) 80% Capital (\$7,021,112) amortized at 14.2000% for 20 years Principal & Interest of \$1,059,968 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$17.9261

(2) 20% ROE (\$1,755,278) times the ROE factor (0.024170) divided by annual available days (65,700) 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: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.3426 | 46.3426 | 2.7029 | 43.6397 |
| Patient Care | | | | |
| Direct Care | 82.7401 | 82.7401 | 4.8257 | 77.9144 |
| Indirect Care | 56.7073 | 56.7073 | 3.3074 | 53.3999 |
| Property | 13.6500 | 22.5639 | 1.3160 | 21.2479 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.4870 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.4400 | 208.3539 | 12.1520 | 223.5213 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 312550-00 - 2013/01 189.88 |
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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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 25.94650% Occupancy: 88.50720% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.59061% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 54.1843 | 76.8198 | 49.4903 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.1843 | 76.8198 | 49.4903 | 21.2701 | | 201.7645 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 71.6134 | | 76.4321 | | | |
| 7 | Provider Target Rate | 73.6639 | | 78.6206 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 54.1843 | 76.8198 | 49.4903 | 13.6500 | | 194.1444 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 54.1843 | 76.8198 | 49.4903 | 13.6500 | | 194.1444 |
| 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 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 312550-00 - 2013/01 |
| 189.88 |

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|----------------------------------|
| Savannah Cove of Maitland |
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| |
|-------------|
| 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 1,608,307 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): | 1,286,646 | 8.2086 |
| | < 60% of Base: | True | 20% ROE(2): | 321,661 | 0.6485 |
| | 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: | 105,165 | Total FRVS PD: | 11.7665 | | |

- (1) 80% Capital (\$1,286,646) amortized at 8.2500% for 20 years Interest of \$105,165 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$8.2086
- (2) 20% ROE (\$321,661) times the ROE factor (0.025830) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$0.6485
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 39 | Effective PBS Limitation | 1,340,079 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|--------------------------|-----------------|-----------------|----------------|-----------------|--|
| Operating | 54.1843 | 54.1843 | 3.1603 | 51.0240 | |
| Patient Care | | | | | |
| Direct Care | 76.8198 | 76.8198 | 4.4804 | 72.3394 | |
| Indirect Care | 49.4903 | 49.4903 | 2.8865 | 46.6038 | |
| Property | 13.6500 | 11.7665 | 0.6863 | 11.0802 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 194.1444 | 192.2609 | 11.2135 | 189.8798 | |

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| *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 01/01/2013 through 06/30/2013

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| 0 312789-00 - 2013/01 255.90 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 95.50609% Occupancy: 90.60122% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.23076% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 68.2863 | 107.2947 | 86.3171 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 68.2863 | 107.2947 | 86.3171 | 21.3300 | | 283.2281 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 73.3946 | | 62.7314 | | | |
| 7 | Provider Target Rate | 75.4961 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 106.7147 | 64.5276 | 13.6500 | | 246.9238 |
| 12/13 | Medicaid Adjustment Rate | | 4.8022 | 2.9037 | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 111.5169 | 67.4313 | 13.6500 | | 254.6297 |
| 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 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 312789-00 - 2013/01 |
| 255.90 |

Children's Comprehensive Care Center

FRVS

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 6/8/1992 Year of Phase-In/ Full: RS to Start Calcs: 1992/01 Indexed Asset Value 1,816,713 FRVS Base Asset: 1,084,510 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 1,220,125.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 1,453,370 | 13.7467 |
| | < 60% of Base: | False | 20% ROE(2): | 363,343 | 0.7936 |
| | Interest Rate: | 9.5000 % | Insurance Cost(3): | 38,181 | 3.2071 |
| | Chase Rate: | 6.5000 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 9.5000 % | Home Office(3): | 43,320 | 3.6388 |
| | Interest Only: | False | Replacement(3&4): | 24,136 | 0.0000 |
| Yearly Payment: | 162,568 | Total FRVS PD: | | 21.3862 | |

(1) 80% Capital (\$1,453,370) amortized at 9.5000% for 20 years Principal & Interest of \$162,568 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$13.7467

(2) 20% ROE (\$363,343) times the ROE factor (0.025830) divided by annual available days (13,140) 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: | 30,986 |
| Comparison Date: 7/1/1991 | Current RS PBS: | 50,500 |
| Comparison Bed 35 | Effective PBS Limitation | 1,084,510 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 111.5169 | 111.5169 | 6.5041 | 105.0128 |
| Indirect Care | 67.4313 | 67.4313 | 3.9329 | 63.4984 |
| Property | 13.6500 | 21.3862 | 1.2473 | 20.1389 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 254.6297 | 262.3659 | 15.3022 | 255.8961 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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|---|
| 0 313424-00 - 2013/01 218.26 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 44.40214% Occupancy: 85.68133% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.02772% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 54.7003 | 79.9459 | 51.9749 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.7003 | 79.9459 | 51.9749 | 15.8300 | | 202.4511 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.3349 | | 61.1464 | | | |
| 7 | Provider Target Rate | 60.0052 | | 62.8972 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 79.9459 | 51.9749 | 13.6500 | | 198.6183 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 79.9459 | 51.9749 | 13.6500 | | 198.6183 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 313424-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

218.26

Hollywood Hills Rehabilitation Center, 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 6,414,281 FRVS Base Asset: 3,129,551 Occup Adj Factor: 0.9000 ROE Factor 0.025830 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 1,323,889.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 5,131,425 | 12.7769 |
| | < 60% of Base: | True | 20% ROE(2): | 1,282,856 | 0.6636 |
| | Interest Rate: | 9.5000 % | Insurance Cost(3): | 87,884 | 1.8488 |
| | Chase Rate: | 12.5000 % | Taxes Cost(3): | 110,191 | 2.3181 |
| | 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: | 50,500 |
| Comparison Bed 152 | Effective PBS Limitation | 4,332,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 79.9459 | 79.9459 | 4.6628 | 75.2831 |
| Indirect Care | 51.9749 | 51.9749 | 3.0314 | 48.9435 |
| Property | 13.6500 | 17.6074 | 1.0269 | 16.5805 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.6704 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.6183 | 202.5757 | 11.8150 | 218.2635 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 313718-00 - 2013/01 205.74 |
|---|

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: 2013/01 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 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.78667% Occupancy: 97.84736% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 123.36676% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 61.7810 | 84.4446 | 57.7040 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 61.7810 | 84.4446 | 57.7040 | 23.7000 | | 227.6296 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.7765 | | 60.8531 | | | |
| 7 | Provider Target Rate | 57.3735 | | 62.5955 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 57.3735 | 84.4446 | 57.7040 | 13.6500 | | 213.1721 |
| 12/13 | Medicaid Adjustment Rate | | 0.4547 | 0.3107 | | | |
| 14 | Prospective Per Diem 11 | 57.3735 | 84.8993 | 58.0147 | 13.6500 | | 213.9375 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 313718-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

205.74

Lutheran Haven Nursing Home

FRVS

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 12/16/2005 Year of Phase-In/ Full: RS to Start Calcs: 2005/07 Indexed Asset Value 2,025,069 FRVS Base Asset: 1,858,542 Occup Adj Factor: 0.9000 ROE Factor 0.025630 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,663,145.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 1,620,055 | 6.0196 |
| | < 60% of Base: | False | 20% ROE(2): | 405,014 | 0.7524 |
| | Interest Rate: | 0.2500 % | Insurance Cost(3): | 30,706 | 2.0471 |
| | Chase Rate: | 3.2500 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 0.2500 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 29,780 | 0.0000 |
| Yearly Payment: | 83,053 | Total FRVS PD: | | 8.8191 | |

(1) 80% Capital (\$1,620,055) amortized at 0.2500% for 20 years Principal & Interest of \$83,053 divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = \$6.0196

(2) 20% ROE (\$405,014) times the ROE factor (0.025630) divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = \$0.7524

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 42 | Effective PBS Limitation | 1,858,542 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 57.3735 | 57.3735 | 3.3463 | 54.0272 |
| Patient Care | | | | |
| Direct Care | 84.8993 | 84.8993 | 4.9517 | 79.9476 |
| Indirect Care | 58.0147 | 58.0147 | 3.3837 | 54.6310 |
| Property | 13.6500 | 8.8191 | 0.5144 | 8.3047 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 213.9375 | 209.1066 | 12.1961 | 205.7429 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 315524-00 - 2013/01

208.23

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.82322% Occupancy: 96.15297% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.23046% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 42.1968 | 82.6748 | 51.4367 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.1968 | 82.6748 | 51.4367 | 26.6500 | | 202.9583 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9170 | | 49.3864 | | | |
| 7 | Provider Target Rate | 44.1458 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.1968 | 82.6748 | 50.8005 | 13.6500 | | 189.3221 |
| 12/13 | Medicaid Adjustment Rate | | 1.1927 | 0.7329 | | | |
| 14 | Prospective Per Diem 11 | 42.1968 | 83.8675 | 51.5334 | 13.6500 | | 191.2477 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 315524-00 - 2013/01
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 01/01/2013 through 06/30/2013

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 5,591,730 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): | 4,473,384 | 9.6244 |
| | < 60% of Base: | False | 20% ROE(2): | 1,118,346 | 0.6857 |
| | 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: | 379,394 | Total FRVS PD: | | 13.9140 | |

(1) 80% Capital (\$4,473,384) amortized at 5.8318% for 20 years Principal & Interest of \$379,394 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6244

(2) 20% ROE (\$1,118,346) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6857

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,559,440 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.1968 | 42.1968 | 2.4611 | 39.7357 |
| Patient Care | | | | |
| Direct Care | 83.8675 | 83.8675 | 4.8915 | 78.9760 |
| Indirect Care | 51.5334 | 51.5334 | 3.0056 | 48.5278 |
| Property | 13.6500 | 13.9140 | 0.8115 | 13.1025 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.0555 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.2477 | 191.5117 | 11.1697 | 208.2299 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 315664-00 - 2013/01

213.57

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 # | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,976 Medicare: 22,535 Medicaid: 14,435 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 36.10917% Occupancy: 91.26940% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.07322% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 633,356 | 1,257,234 | 879,961 | 637,305 | 0 | 3,407,856 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.8764 | 87.0962 | 60.9602 | 44.1500 | | 236.0828 |
| 3 | Cost Per Diem Inflated | 45.7895 | 89.5125 | 63.6182 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.7895 | 89.5125 | 63.6182 | 44.1500 | | 243.0702 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 63.7336 | | 79.7335 | | | |
| 7 | Provider Target Rate | 65.5585 | | 82.0165 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.7895 | 89.5125 | 57.2593 | 13.6500 | | 206.2113 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 45.7895 | 89.5125 | 57.2593 | 13.6500 | | 206.2113 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 315664-00 - 2013/01
213.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,622,773 | 9.4826 |
| Indexed Asset Value 5,778,466 | < 60% of Base: False | 20% ROE(2): 1,155,693 | 0.7086 |
| FRVS Base Asset: 478,329 | Interest Rate: 6.0000 % | Insurance Cost(3): 23,079 | 0.5773 |
| Occup Adj Factor: 0.9000 | Chase Rate: 3.2500 % | Taxes Cost(3): 97,107 | 2.4291 |
| ROE Factor 0.024170 | Amortization Rate: 5.2500 % | Home Office(3): 42,347 | 1.0593 |
| | Interest Only: False | Replacement(3&4): 56,089 | 0.0000 |
| | Yearly Payment: 373,804 | Total FRVS PD: 14.2569 | |

(1) 80% Capital (\$4,622,773) amortized at 5.2500% for 20 years Principal & Interest of \$373,804 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4826

(2) 20% ROE (\$1,155,693) times the ROE factor (0.024170) divided by annual available days (43,800) 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: | 44,577 |
| Comparison Date: 7/1/2005 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 5,349,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 45.7895 | 45.7895 | 2.6706 | 43.1189 |
| Patient Care | | | | |
| Direct Care | 89.5125 | 89.5125 | 5.2207 | 84.2918 |
| Indirect Care | 57.2593 | 57.2593 | 3.3396 | 53.9197 |
| Property | 13.6500 | 14.2569 | 0.8315 | 13.4254 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$9.9866 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 206.2113 | 206.8182 | 12.0624 | 213.5748 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 316075-00 - 2013/01

207.95

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 27.86244% Occupancy: 78.20548% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 98.60212% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 46.3585 | 77.8641 | 68.1294 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.3585 | 77.8641 | 68.1294 | 9.6201 | 2.4149 | 204.3870 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.9781 | | 61.7925 | | | |
| 7 | Provider Target Rate | 52.4378 | | 63.5618 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.3585 | 77.8641 | 62.9999 | 9.6201 | 2.4149 | 199.2575 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.3585 | 77.8641 | 62.9999 | 9.6201 | 2.4149 | 199.2575 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 316075-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

207.95

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): 1,061,695 | 5.0706 |
| Indexed Asset Value 1,327,119 | | < 60% of Base: False | 20% ROE(2): 265,424 | 0.3255 |
| 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: 99,941 | Total FRVS PD: | 9.6009 |

(1) 80% Capital (\$1,061,695) amortized at 7.1519% for 20 years Principal & Interest of \$99,941 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$5.0706

(2) 20% ROE (\$265,424) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3255

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.3585 | 46.3585 | 2.7038 | 43.6547 |
| Patient Care | | | | |
| Direct Care | 77.8641 | 77.8641 | 4.5414 | 73.3227 |
| Indirect Care | 62.9999 | 62.9999 | 3.6744 | 59.3255 |
| Property | 9.6201 | 9.6009 | 0.5611 | 9.0590 |
| ROE | 2.4149 | 1.5752 | 0.1408 | 2.2741 |
| ROE Adjustment | -1.5752 | -1.5752 | -0.0919 | -1.4833 |
| Quality Assess-Medicaid Share | | | | \$12.9599 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 197.6823 | 196.8234 | 11.5296 | 207.9450 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 316229-00 - 2013/01 |
| 245.73 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 41 Maximum: 14,965 Max Annualized: 14,965 Total Patient: 13,248 Medicare: 4,706 Medicaid: 7,924 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 59.81280% Occupancy: 88.52656% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.61503% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 559,038 | 719,699 | 659,919 | 236,214 | 0 | 2,174,870 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 70.5500 | 90.8252 | 83.2810 | 29.8099 | | 274.4661 |
| 3 | Cost Per Diem Inflated | 73.6261 | 93.3449 | 86.9122 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 73.6261 | 93.3449 | 86.9122 | 29.8099 | | 283.6931 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 70.8680 | | 84.7286 | | | |
| 7 | Provider Target Rate | 72.8972 | | 87.1546 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 62.0315 | 93.3449 | 76.5172 | 13.6500 | | 245.5436 |
| 12/13 | Medicaid Adjustment Rate | | 1.0305 | 0.8447 | | | |
| 14 | Prospective Per Diem 11 | 62.0315 | 94.3754 | 77.3619 | 13.6500 | | 247.4188 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 316229-00 - 2013/01
245.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Desoto Health & Rehab

FRVS

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

| | | | | |
|--------------------------------------|------------------------------------|--|-------------------------------------|----------------|
| Began FRVS: 9/1/1986 | 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: 1980/07 | Type: Fixed [2] | | 80% Capital(1): 1,575,175 | 10.8808 |
| Indexed Asset Value 1,968,969 | < 60% of Base: False | | 20% ROE(2): 393,794 | 0.7067 |
| FRVS Base Asset: 1,077,566 | Interest Rate: 7.0000 % | | Insurance Cost(3): 32,702 | 2.4684 |
| Occup Adj Factor: 0.9000 | Chase Rate: 5.5000 % | | Taxes Cost(3): 41,632 | 3.1425 |
| ROE Factor 0.024170 | Amortization Rate: 7.0000 % | | Home Office(3): 7,947 | 0.5999 |
| | Interest Only: False | | Replacement(3&4): 0 | 0.0000 |
| | Yearly Payment: 146,548 | | Total FRVS PD: | 17.7983 |

(1) 80% Capital (\$1,575,175) amortized at 7.0000% for 20 years Principal & Interest of \$146,548 divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = \$10.8808

(2) 20% ROE (\$393,794) times the ROE factor (0.024170) divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = \$0.7067

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 62.0315 | 62.0315 | 3.6179 | 58.4136 |
| Patient Care | | | | |
| Direct Care | 94.3754 | 94.3754 | 5.5044 | 88.8710 |
| Indirect Care | 77.3619 | 77.3619 | 4.5121 | 72.8498 |
| Property | 13.6500 | 17.7983 | 1.0381 | 16.7602 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 247.4188 | 251.5671 | 14.6725 | 245.7270 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 316628-00 - 2013/01 |
| 188.27 |

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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 60 Maximum: 21,960 Max Annualized: 21,900 Total Patient: 18,095 Medicare: 2,193 Medicaid: 14,954 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 82.64161% Occupancy: 82.39982% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 103.89037% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 570,206 | 1,147,932 | 559,844 | 288,463 | 0 | 2,566,445 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.1307 | 76.7642 | 37.4377 | 19.2900 | | 171.6226 |
| 3 | Cost Per Diem Inflated | 39.4713 | 78.6186 | 38.7540 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.4713 | 78.6186 | 38.7540 | 19.2900 | | 176.1339 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.8114 | | 57.4579 | | | |
| 7 | Provider Target Rate | 51.2376 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.4713 | 78.6186 | 38.7540 | 13.6500 | | 170.4939 |
| 12/13 | Medicaid Adjustment Rate | | 2.8870 | 1.4231 | | | |
| 14 | Prospective Per Diem 11 | 39.4713 | 81.5056 | 40.1771 | 13.6500 | | 174.8040 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 316628-00 - 2013/01
188.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,176,318 | 5.7695 |
| Indexed Asset Value | 1,470,397 | < 60% of Base: | False | 20% ROE(2): | 294,079 | 0.2798 |
| FRVS Base Asset: | 764,013 | Interest Rate: | 7.5000 % | Insurance Cost(3): | 2,967 | 0.1640 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.2500 % | Taxes Cost(3): | 17,066 | 0.9431 |
| ROE Factor | 0.018750 | Amortization Rate: | 7.5000 % | Home Office(3): | 15,955 | 0.8817 |
| | | Interest Only: | False | Replacement(3&4): | 17,858 | 0.0000 |
| | | Yearly Payment: | 113,716 | Total FRVS PD: | | 8.0381 |

(1) 80% Capital (\$1,176,318) amortized at 7.5000% for 20 years Principal & Interest of \$113,716 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$5.7695

(2) 20% ROE (\$294,079) times the ROE factor (0.018750) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.2798

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 39.4713 | 39.4713 | 2.3021 | 37.1692 |
| Patient Care | | | | |
| Direct Care | 81.5056 | 81.5056 | 4.7537 | 76.7519 |
| Indirect Care | 40.1771 | 40.1771 | 2.3433 | 37.8338 |
| Property | 13.6500 | 8.0381 | 0.4688 | 7.5693 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1159 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.8040 | 169.1921 | 9.8679 | 188.2725 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 316636-00 - 2013/01 202.91 |
|---|

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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 38,743 Medicare: 3,888 Medicaid: 25,964 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.01598% Occupancy: 88.21266% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.21925% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,062,618 | 2,101,809 | 1,073,925 | 618,982 | 0 | 4,857,334 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.9266 | 80.9509 | 41.3621 | 23.8400 | | 187.0796 |
| 3 | Cost Per Diem Inflated | 42.3655 | 82.9064 | 42.8164 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.3655 | 82.9064 | 42.8164 | 23.8400 | | 191.9283 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0237 | 82.9064 | 42.8164 | 13.6500 | | 181.3965 |
| 12/13 | Medicaid Adjustment Rate | | 1.5871 | 0.8196 | | | |
| 14 | Prospective Per Diem 11 | 42.0237 | 84.4935 | 43.6360 | 13.6500 | | 183.8032 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 316636-00 - 2013/01
202.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,290,983 | 9.9321 |
| Indexed Asset Value | 5,363,729 | < 60% of Base: | False | 20% ROE(2): | 1,072,746 | 0.5102 |
| FRVS Base Asset: | 4,325,640 | Interest Rate: | 6.7500 % | Insurance Cost(3): | 11,239 | 0.2901 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.0000 % | Taxes Cost(3): | 88,624 | 2.2875 |
| ROE Factor | 0.018750 | Amortization Rate: | 6.7500 % | Home Office(3): | 41,057 | 1.0597 |
| | | Interest Only: | False | Replacement(3&4): | 21,949 | 0.0000 |
| | | Yearly Payment: | 391,525 | Total FRVS PD: | | 14.0796 |

(1) 80% Capital (\$4,290,983) amortized at 6.7500% for 20 years Principal & Interest of \$391,525 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9321

(2) 20% ROE (\$1,072,746) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5102

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 4,325,640 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.0237 | 42.0237 | 2.4510 | 39.5727 |
| Patient Care | | | | |
| Direct Care | 84.4935 | 84.4935 | 4.9280 | 79.5655 |
| Indirect Care | 43.6360 | 43.6360 | 2.5450 | 41.0910 |
| Property | 13.6500 | 14.0796 | 0.8212 | 13.2584 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.5929 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.8032 | 184.2328 | 10.7452 | 202.9129 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 316644-00 - 2013/01 |
| 183.73 |

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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 37,625 Medicare: 3,004 Medicaid: 32,360 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 86.00664% Occupancy: 85.66712% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.00982% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,130,627 | 2,457,661 | 957,905 | 766,285 | 0 | 5,312,478 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 34.9390 | 75.9475 | 29.6015 | 23.6800 | | 164.1680 |
| 3 | Cost Per Diem Inflated | 36.1674 | 77.7821 | 30.6423 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.1674 | 77.7821 | 30.6423 | 23.6800 | | 168.2718 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.8539 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.0237 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.1674 | 77.7821 | 30.6423 | 13.6500 | | 158.2418 |
| 12/13 | Medicaid Adjustment Rate | | 3.1508 | 1.2412 | | | |
| 14 | Prospective Per Diem 11 | 36.1674 | 80.9329 | 31.8835 | 13.6500 | | 162.6338 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 316644-00 - 2013/01
183.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,211,404 | 10.1327 |
| Indexed Asset Value | 5,264,255 | < 60% of Base: | False | 20% ROE(2): | 1,052,851 | 0.5008 |
| FRVS Base Asset: | 3,239,533 | Interest Rate: | 7.2500 % | Insurance Cost(3): | 8,403 | 0.2233 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.2500 % | Taxes Cost(3): | 99,088 | 2.6336 |
| ROE Factor | 0.018750 | Amortization Rate: | 7.2500 % | Home Office(3): | 33,395 | 0.8876 |
| | | Interest Only: | False | Replacement(3&4): | 18,521 | 0.0000 |
| | | Yearly Payment: | 399,431 | Total FRVS PD: | | 14.3780 |

(1) 80% Capital (\$4,211,404) amortized at 7.2500% for 20 years Principal & Interest of \$399,431 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1327

(2) 20% ROE (\$1,052,851) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5008

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 36.1674 | 36.1674 | 2.1094 | 34.0580 |
| Patient Care | | | | |
| Direct Care | 80.9329 | 80.9329 | 4.7203 | 76.2126 |
| Indirect Care | 31.8835 | 31.8835 | 1.8596 | 30.0239 |
| Property | 13.6500 | 14.3780 | 0.8386 | 13.5394 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.0624 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 162.6338 | 163.3618 | 9.5279 | 183.7287 |

***Medicaid Trend Adjustment :**



0 316652-00 - 2013/01
176.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 59 Maximum: 21,594 Max Annualized: 21,535 Total Patient: 19,725 Medicare: 2,173 Medicaid: 16,539 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 83.84791% Occupancy: 91.34482% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.16830% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 615,985 | 1,238,692 | 528,447 | 132,477 | 0 | 2,515,601 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 37.2444 | 74.8952 | 31.9516 | 8.0100 | | 152.1012 |
| 3 | Cost Per Diem Inflated | 38.5539 | 76.7044 | 33.0750 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.5539 | 76.7044 | 33.0750 | 8.0100 | | 156.3433 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7494 | | 57.4579 | | | |
| 7 | Provider Target Rate | 50.1452 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.5539 | 76.7044 | 33.0750 | 8.0100 | | 156.3433 |
| 12/13 | Medicaid Adjustment Rate | | 2.9208 | 1.2595 | | | |
| 14 | Prospective Per Diem 11 | 38.5539 | 79.6252 | 34.3345 | 8.0100 | | 160.5236 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 316652-00 - 2013/01
176.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

BavWood Nursing Center, Inc

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|-------------------|------------------------------|----------------|---------------|
| Began FRVS: | 12/1/2005 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 550,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1981/07 | Type: | Fixed [2] | 80% Capital(1): | 448,635 | 2.2223 |
| Indexed Asset Value | 560,794 | < 60% of Base: | False | 20% ROE(2): | 112,159 | 0.1085 |
| FRVS Base Asset: | 341,074 | Interest Rate: | 7.4091 % | Insurance Cost(3): | 2,992 | 0.1517 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.5000 % | Taxes Cost(3): | 11,816 | 0.5990 |
| ROE Factor | 0.018750 | Amortization Rate: | 7.4091 % | Home Office(3): | 16,563 | 0.8397 |
| | | Interest Only: | False | Replacement(3&4): | 9,012 | 0.0000 |
| | | Yearly Payment: | 43,071 | Total FRVS PD: | | 3.9212 |

(1) 80% Capital (\$448,635) amortized at 7.4091% for 20 years Principal & Interest of \$43,071 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$2.2223

(2) 20% ROE (\$112,159) times the ROE factor (0.018750) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.1085

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 38.5539 | 38.5539 | 2.2486 | 36.3053 |
| Patient Care | | | | |
| Direct Care | 79.6252 | 79.6252 | 4.6441 | 74.9811 |
| Indirect Care | 34.3345 | 34.3345 | 2.0025 | 32.3320 |
| Property | 8.0100 | 3.9212 | 0.2287 | 3.6925 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.3683 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 160.5236 | 156.4348 | 9.1239 | 176.5116 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 317195-00 - 2013/01 197.44 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,063 Medicare: 11,074 Medicaid: 12,232 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 31.31352% Occupancy: 89.18493% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.44510% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 508,922 | 1,084,929 | 623,455 | 253,202 | 0 | 2,470,508 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.6058 | 88.6960 | 50.9692 | 20.7000 | | 201.9710 |
| 3 | Cost Per Diem Inflated | 43.4199 | 91.1567 | 53.1916 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.4199 | 91.1567 | 53.1916 | 20.7000 | | 208.4682 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.2826 | | 61.1239 | | | |
| 7 | Provider Target Rate | 55.8369 | | 62.8741 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.4199 | 91.1567 | 53.1916 | 13.6500 | | 201.4182 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.4199 | 91.1567 | 53.1916 | 13.6500 | | 201.4182 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 317195-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

197.44

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): | 2,858,631 | 7.1440 |
| Indexed Asset Value | 3,573,289 | < 60% of Base: | False | 20% ROE(2): | 714,658 | 0.4382 |
| FRVS Base Asset: | 1,655,981 | Interest Rate: | 7.7500 % | Insurance Cost(3): | 27,750 | 0.7104 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.0000 % | Taxes Cost(3): | 61,009 | 1.5618 |
| ROE Factor | 0.024170 | Amortization Rate: | 7.7500 % | Home Office(3): | 104,286 | 2.6697 |
| | | Interest Only: | False | Replacement(3&4): | 125,335 | 0.0000 |
| | | Yearly Payment: | 281,615 | Total FRVS PD: | | 12.5241 |

(1) 80% Capital (\$2,858,631) amortized at 7.7500% for 20 years Principal & Interest of \$281,615 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.1440

(2) 20% ROE (\$714,658) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4382

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,789,260 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 43.4199 | 43.4199 | 2.5324 | 40.8875 |
| Patient Care | | | | |
| Direct Care | 91.1567 | 91.1567 | 5.3166 | 85.8401 |
| Indirect Care | 53.1916 | 53.1916 | 3.1024 | 50.0892 |
| Property | 13.6500 | 12.5241 | 0.7305 | 11.7936 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.4182 | 200.2923 | 11.6819 | 197.4428 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 317349-00 - 2013/01

214.09

Darcy 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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 220 Maximum: 80,300 Max Annualized: 80,300 Total Patient: 57,855 Medicare: 10,655 Medicaid: 39,008 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 67.42373% Occupancy: 72.04857% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 90.83943% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,562,847 | 3,537,870 | 2,056,033 | 496,182 | 0 | 7,652,932 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.0648 | 90.6960 | 52.7080 | 12.7200 | | 196.1888 |
| 3 | Cost Per Diem Inflated | 41.8117 | 93.2122 | 55.0062 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.8117 | 93.2122 | 55.0062 | 12.7200 | | 202.7501 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.2681 | | 51.3593 | | | |
| 7 | Provider Target Rate | 45.5356 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.8117 | 93.2122 | 52.8299 | 12.7200 | | 200.5738 |
| 12/13 | Medicaid Adjustment Rate | | 1.8271 | 1.0356 | | | |
| 14 | Prospective Per Diem 11 | 41.8117 | 95.0393 | 53.8655 | 12.7200 | | 203.4365 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 317349-00 - 2013/01
214.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Darcv Hall of Life Care

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: | 5,500,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1971/07 | Type: | Variable [3] | 80% Capital(1): | 3,627,858 | 3.5130 |
| Indexed Asset Value | 4,534,822 | < 60% of Base: | False | 20% ROE(2): | 906,964 | 0.3033 |
| FRVS Base Asset: | 2,203,076 | Interest Rate: | 3.5625 % | Insurance Cost(3): | 17,701 | 0.3060 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 3.2500 % | Taxes Cost(3): | 144,386 | 2.4957 |
| ROE Factor | 0.024170 | Amortization Rate: | 3.5625 % | Home Office(3): | 46,873 | 0.8102 |
| | | Interest Only: | False | Replacement(3&4): | 82,231 | 0.0000 |
| | | Yearly Payment: | 253,882 | Total FRVS PD: | | 7.4282 |

(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 (0.024170) divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = \$0.3033

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 220 | Effective PBS Limitation | 6,270,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.8117 | 41.8117 | 2.4386 | 39.3731 |
| Patient Care | | | | |
| Direct Care | 95.0393 | 95.0393 | 5.5431 | 89.4962 |
| Indirect Care | 53.8655 | 53.8655 | 3.1417 | 50.7238 |
| Property | 12.7200 | 7.4282 | 0.4332 | 6.9950 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.6744 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 203.4365 | 198.1447 | 11.5566 | 214.0949 |

***Medicaid Trend Adjustment :**



0 317560-00 - 2013/01
197.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 68.43405% Occupancy: 97.05708% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.37037% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 40.4724 | 74.2229 | 49.8802 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.4724 | 74.2229 | 49.8802 | 6.2800 | | 170.8555 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 95.0377 | | 69.7461 | | | |
| 7 | Provider Target Rate | 97.7589 | | 71.7431 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.4724 | 74.2229 | 49.8802 | 6.2800 | | 170.8555 |
| 12/13 | Medicaid Adjustment Rate | | 1.5393 | 1.0344 | | | |
| 14 | Prospective Per Diem 11 | 40.4724 | 75.7622 | 50.9146 | 6.2800 | | 173.4292 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 317560-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

197.42

Keystone Rehab. and Health Center

FRVS

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 10/19/2006 Year of Phase-In/ Full: RS to Start Calcs: 2006/07 Indexed Asset Value 5,605,809 FRVS Base Asset: 5,397,720 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): | 4,484,647 | 9.2988 |
| | < 60% of Base: | True | 20% ROE(2): | 1,121,162 | 0.7346 |
| | Interest Rate: | 8.2500 % | Insurance Cost(3): | 37,720 | 0.8873 |
| | Chase Rate: | 8.2500 % | Taxes Cost(3): | 74,499 | 1.7525 |
| | Amortization Rate: | 8.2500 % | Home Office(3): | 22,553 | 0.5305 |
| | Interest Only: | True | Replacement(3&4): | 37,170 | 0.0000 |
| Yearly Payment: | 366,557 | Total FRVS PD: | 13.2037 | | |

- (1) 80% Capital (\$4,484,647) amortized at 8.2500% for 20 years Interest of \$366,557 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2988
- (2) 20% ROE (\$1,121,162) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7346
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 5,397,720 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.4724 | 40.4724 | 2.3605 | 38.1119 |
| Patient Care | | | | |
| Direct Care | 75.7622 | 75.7622 | 4.4188 | 71.3434 |
| Indirect Care | 50.9146 | 50.9146 | 2.9695 | 47.9451 |
| Property | 6.2800 | 13.2037 | 0.7701 | 12.4336 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.7563 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 173.4292 | 180.3529 | 10.5189 | 197.4227 |

***Medicaid Trend Adjustment :**



0 317578-00 - 2013/01
229.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 04/01/2011-03/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 41,152 Medicare: 6,772 Medicaid: 30,623 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.41437% Occupancy: 93.69763% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.13475% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,333,270 | 2,950,097 | 1,647,779 | 1,051,594 | 0 | 6,982,740 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.5382 | 96.3360 | 53.8085 | 34.3400 | | 228.0227 |
| 3 | Cost Per Diem Inflated | 45.2694 | 98.8839 | 55.9481 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.2694 | 98.8839 | 55.9481 | 34.3400 | | 234.4414 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.9403 | | 63.6298 | | | |
| 7 | Provider Target Rate | 54.4561 | | 65.4517 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.2694 | 96.2398 | 55.9481 | 13.6500 | | 211.1073 |
| 12/13 | Medicaid Adjustment Rate | | 2.6433 | 1.5367 | | | |
| 14 | Prospective Per Diem 11 | 45.2694 | 98.8831 | 57.4848 | 13.6500 | | 215.2873 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 317578-00 - 2013/01
229.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,631,034 | 7.0779 |
| Indexed Asset Value | 3,288,793 | < 60% of Base: | False | 20% ROE(2): | 657,759 | 0.3459 |
| FRVS Base Asset: | 1,756,442 | Interest Rate: | 8.7500 % | Insurance Cost(3): | 113,301 | 2.7532 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 61,953 | 1.5055 |
| ROE Factor | 0.020730 | Amortization Rate: | 8.7500 % | Home Office(3): | 12,911 | 0.3137 |
| | | Interest Only: | False | Replacement(3&4): | 12,299 | 0.0000 |
| | | Yearly Payment: | 279,009 | Total FRVS PD: | | 11.9962 |

(1) 80% Capital (\$2,631,034) amortized at 8.7500% for 20 years Principal & Interest of \$279,009 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0779

(2) 20% ROE (\$657,759) times the ROE factor (0.020730) 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.2694 | 45.2694 | 2.6403 | 42.6291 |
| Patient Care | | | | |
| Direct Care | 98.8831 | 98.8831 | 5.7673 | 93.1158 |
| Indirect Care | 57.4848 | 57.4848 | 3.3527 | 54.1321 |
| Property | 13.6500 | 11.9962 | 0.6997 | 11.2965 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1232 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 215.2873 | 213.6335 | 12.4600 | 229.1291 |

***Medicaid Trend Adjustment :**



0 317586-00 - 2013/01

230.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.51324% Occupancy: 62.38009% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 78.64933% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25825006 Semester Index: 1.30828184 Cost: 1.03976299 Target: 1.02004310 DC FY Index: 1.19100000 DC Sem Index: 1.22250000 DC Inflation: 1.02644836 PS Target: 1.02863299 |

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 | 49.0646 | 94.6866 | 56.2827 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.0646 | 94.6866 | 56.2827 | 31.2800 | | 231.3139 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.3545 | | 63.6431 | | | |
| 7 | Provider Target Rate | 52.8249 | | 65.4654 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 94.6866 | 56.2827 | 13.6500 | | 212.7838 |
| 12/13 | Medicaid Adjustment Rate | | 2.5047 | 1.4888 | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 97.1913 | 57.7715 | 13.6500 | | 216.7773 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 317586-00 - 2013/01
230.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,364,720 | 6.0344 |
| Indexed Asset Value | 4,205,900 | < 60% of Base: | False | 20% ROE(2): | 841,180 | 0.2949 |
| 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: | 356,813 | Total FRVS PD: | | 11.4517 |

(1) 80% Capital (\$3,364,720) amortized at 8.7500% for 20 years Principal & Interest of \$356,813 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$6.0344

(2) 20% ROE (\$841,180) times the ROE factor (0.020730) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.2949

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 4,081,140 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 97.1913 | 97.1913 | 5.6686 | 91.5227 |
| Indirect Care | 57.7715 | 57.7715 | 3.3695 | 54.4020 |
| Property | 13.6500 | 11.4517 | 0.6679 | 10.7838 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.5341 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 216.7773 | 214.5790 | 12.5152 | 230.4303 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 318779-00 - 2013/01 205.10 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 50.53675% Occupancy: 96.98173% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.27538% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 52.3875 | 74.5308 | 52.7734 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.3875 | 74.5308 | 52.7734 | 15.5700 | | 195.2617 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 56.2518 | | 59.2656 | | | |
| 7 | Provider Target Rate | 57.8625 | | 60.9626 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 74.5308 | 52.7734 | 13.6500 | | 189.1187 |
| 12/13 | Medicaid Adjustment Rate | | 0.0450 | 0.0319 | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 74.5758 | 52.8053 | 13.6500 | | 189.1956 |
| 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 01/01/2013 through 06/30/2013

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 5,469,272 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): | 4,375,418 | 10.6975 |
| | < 60% of Base: | False | 20% ROE(2): | 1,093,854 | 0.7167 |
| | 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: | 421,694 | Total FRVS PD: | 13.8008 | | |

(1) 80% Capital (\$4,375,418) amortized at 7.4600% for 20 years Principal & Interest of \$421,694 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6975

(2) 20% ROE (\$1,093,854) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7167

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,444,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 74.5758 | 74.5758 | 4.3496 | 70.2262 |
| Indirect Care | 52.8053 | 52.8053 | 3.0798 | 49.7255 |
| Property | 13.6500 | 13.8008 | 0.8049 | 12.9959 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.9615 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 189.1956 | 189.3464 | 11.0435 | 205.0968 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 318787-00 - 2013/01

198.21

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 70.55977% Occupancy: 96.25571% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.35999% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 32.6983 | 83.1168 | 48.2227 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 32.6983 | 83.1168 | 48.2227 | 17.1900 | | 181.2278 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.9794 | | 58.1264 | | | |
| 7 | Provider Target Rate | 44.2100 | | 59.7907 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 32.6983 | 83.1168 | 48.2227 | 13.6500 | | 177.6878 |
| 12/13 | Medicaid Adjustment Rate | | 1.9225 | 1.1154 | | | |
| 14 | Prospective Per Diem 11 | 32.6983 | 85.0393 | 49.3381 | 13.6500 | | 180.7257 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 318787-00 - 2013/01
198.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,957,648 | 9.8905 |
| Indexed Asset Value | 4,947,060 | < 60% of Base: | False | 20% ROE(2): | 989,412 | 0.6483 |
| 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: | 389,883 | Total FRVS PD: | | 13.6826 |

(1) 80% Capital (\$3,957,648) amortized at 7.7500% for 20 years Principal & Interest of \$389,883 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8905

(2) 20% ROE (\$989,412) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6483

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 32.6983 | 32.6983 | 1.9071 | 30.7912 |
| Patient Care | | | | |
| Direct Care | 85.0393 | 85.0393 | 4.9598 | 80.0795 |
| Indirect Care | 49.3381 | 49.3381 | 2.8776 | 46.4605 |
| Property | 13.6500 | 13.6826 | 0.7980 | 12.8846 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1666 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.7257 | 180.7583 | 10.5425 | 198.2148 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 318795-00 - 2013/01 237.23 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 50.95486% Occupancy: 89.42466% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.74735% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 45.4679 | 94.2311 | 102.6045 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.4679 | 94.2311 | 102.6045 | 32.2100 | | 274.5135 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.1430 | | 93.5921 | | | |
| 7 | Provider Target Rate | 60.8364 | | 96.2719 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.4679 | 94.2311 | 76.5172 | 13.6500 | | 229.8662 |
| 12/13 | Medicaid Adjustment Rate | | 0.1012 | 0.0822 | | | |
| 14 | Prospective Per Diem 11 | 45.4679 | 94.3323 | 76.5994 | 13.6500 | | 230.0496 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 318795-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

237.23

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 2,162,740 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): | 1,730,192 | 7.1750 |
| | < 60% of Base: | True | 20% ROE(2): | 432,548 | 0.5669 |
| | 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: | 141,419 | Total FRVS PD: | 11.4732 | | |

- (1) 80% Capital (\$1,730,192) amortized at 8.2500% for 20 years Interest of \$141,419 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$7.1750
- (2) 20% ROE (\$432,548) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5669
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,765,380 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.4679 | 45.4679 | 2.6519 | 42.8160 |
| Patient Care | | | | |
| Direct Care | 94.3323 | 94.3323 | 5.5018 | 88.8305 |
| Indirect Care | 76.5994 | 76.5994 | 4.4676 | 72.1318 |
| Property | 13.6500 | 11.4732 | 0.6692 | 10.8040 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.8189 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 230.0496 | 227.8728 | 13.2905 | 237.2336 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 319244-00 - 2013/01 258.48 |
|---|

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: 2013/01 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 Medicaid Utilization 33.95882% Occupancy: 87.60274% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 110.45026% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 |

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 | 64.9097 | 112.4646 | 73.8916 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 64.9097 | 112.4646 | 73.8916 | 24.8299 | | 276.0958 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5724 | | 73.5230 | | | |
| 7 | Provider Target Rate | 55.1063 | | 75.6282 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 55.1063 | 106.7147 | 73.8916 | 13.6500 | | 249.3626 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 55.1063 | 106.7147 | 73.8916 | 13.6500 | | 249.3626 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 319244-00 - 2013/01
258.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 2,073,800 | 10.7581 |
| Indexed Asset Value | 2,592,250 | < 60% of Base: | False | 20% ROE(2): | 518,450 | 0.6794 |
| 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: | 212,042 | Total FRVS PD: | | 13.4927 |

(1) 80% Capital (\$2,073,800) amortized at 8.2500% for 20 years Principal & Interest of \$212,042 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.7581

(2) 20% ROE (\$518,450) times the ROE factor (0.025830) divided by annual available days (21,900) 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: | 38,846 |
| Comparison Date: 1/1/1999 | Current RS PBS: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 2,330,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 55.1063 | 55.1063 | 3.2140 | 51.8923 |
| Patient Care | | | | |
| Direct Care | 106.7147 | 106.7147 | 6.2240 | 100.4907 |
| Indirect Care | 73.8916 | 73.8916 | 4.3097 | 69.5819 |
| Property | 13.6500 | 13.4927 | 0.7869 | 12.7058 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$14.9760 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 249.3626 | 249.2053 | 14.5346 | 258.4791 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 319325-00 - 2013/01

225.72

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,978 Medicare: 11,176 Medicaid: 24,152 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.93894% Occupancy: 93.55708% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.95753% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,111,641 | 2,026,705 | 1,531,176 | 384,500 | 0 | 5,054,022 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.0269 | 83.9146 | 63.3975 | 15.9200 | | 209.2590 |
| 3 | Cost Per Diem Inflated | 48.0338 | 86.2426 | 66.1618 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.0338 | 86.2426 | 66.1618 | 15.9200 | | 216.3582 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.4544 | | 56.6841 | | | |
| 7 | Provider Target Rate | 54.9850 | | 58.3071 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.0338 | 86.2426 | 58.3071 | 13.6500 | | 206.2335 |
| 12/13 | Medicaid Adjustment Rate | | 0.8673 | 0.5864 | | | |
| 14 | Prospective Per Diem 11 | 48.0338 | 87.1099 | 58.8935 | 13.6500 | | 207.6872 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 319325-00 - 2013/01
225.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Port Charlotte Rehabilitation Center

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 5/15/1990 | 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: | 1985/01 | Type: | Fixed [2] | 80% Capital(1): | 4,848,000 | 14.9828 |
| Indexed Asset Value | 6,060,000 | < 60% of Base: | False | 20% ROE(2): | 1,212,000 | 0.7431 |
| FRVS Base Asset: | 3,157,214 | Interest Rate: | 10.7500 % | Insurance Cost(3): | 53,370 | 1.3024 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 10.0000 % | Taxes Cost(3): | 48,398 | 1.1811 |
| ROE Factor | 0.024170 | Amortization Rate: | 10.7500 % | Home Office(3): | 16,284 | 0.3974 |
| | | Interest Only: | False | Replacement(3&4): | 146,334 | 0.0000 |
| | | Yearly Payment: | 590,620 | Total FRVS PD: | | 18.6068 |

(1) 80% Capital (\$4,848,000) amortized at 10.7500% for 20 years Principal & Interest of \$590,620 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.9828

(2) 20% ROE (\$1,212,000) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7431

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.0338 | 48.0338 | 2.8015 | 45.2323 |
| Patient Care | | | | |
| Direct Care | 87.1099 | 87.1099 | 5.0806 | 82.0293 |
| Indirect Care | 58.8935 | 58.8935 | 3.4349 | 55.4586 |
| Property | 13.6500 | 18.6068 | 1.0852 | 17.5216 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.6472 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.6872 | 212.6440 | 12.4022 | 225.7214 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 319333-00 - 2013/01 213.48 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 36.82868% Occupancy: 82.34475% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 103.82093% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 56.1279 | 89.1959 | 67.6274 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.1279 | 89.1959 | 67.6274 | 15.2600 | | 228.2112 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.5715 | | 77.9629 | | | |
| 7 | Provider Target Rate | 48.9336 | | 80.1952 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.9336 | 89.1959 | 60.9022 | 13.6500 | | 212.6817 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.9336 | 89.1959 | 60.9022 | 13.6500 | | 212.6817 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 319333-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

213.48

Harbour Health Center

FRVS

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 11/1/2000 Year of Phase-In/ Full: RS to Start Calcs: 1986/01 Indexed Asset Value 5,000,549 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,150,000.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,000,439 | 13.8358 |
| | < 60% of Base: | False | 20% ROE(2): | 1,000,110 | 0.6132 |
| | Interest Rate: | 15.0000 % | Insurance Cost(3): | 51,886 | 1.4386 |
| | Chase Rate: | 9.5000 % | Taxes Cost(3): | 86,512 | 2.3986 |
| | Amortization Rate: | 12.5000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 88,408 | 0.0000 |
| Yearly Payment: | 545,407 | Total FRVS PD: | 18.2862 | | |

(1) 80% Capital (\$4,000,439) amortized at 12.5000% for 20 years Principal & Interest of \$545,407 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.8358

(2) 20% ROE (\$1,000,110) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6132

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 48.9336 | 48.9336 | 2.8540 | 46.0796 |
| Patient Care | | | | |
| Direct Care | 89.1959 | 89.1959 | 5.2023 | 83.9936 |
| Indirect Care | 60.9022 | 60.9022 | 3.5521 | 57.3501 |
| Property | 13.6500 | 18.2862 | 1.0665 | 17.2197 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 212.6817 | 217.3179 | 12.6749 | 213.4754 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319376-00 - 2013/01 |
| 204.64 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 84 Maximum: 30,660 Max Annualized: 30,660 Total Patient: 25,970 Medicare: 10,710 Medicaid: 8,693 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 33.47324% Occupancy: 84.70320% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.79449% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 363,731 | 695,596 | 443,639 | 204,372 | 0 | 1,707,338 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.8418 | 80.0179 | 51.0341 | 23.5100 | | 196.4038 |
| 3 | Cost Per Diem Inflated | 43.6662 | 82.2378 | 53.2593 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.6662 | 82.2378 | 53.2593 | 23.5100 | | 202.6733 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.1667 | | 52.1843 | | | |
| 7 | Provider Target Rate | 47.4886 | | 53.6785 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.6662 | 82.2378 | 53.2593 | 13.6500 | | 192.8133 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.6662 | 82.2378 | 53.2593 | 13.6500 | | 192.8133 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 319376-00 - 2013/01
204.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 2,991,430 | 9.3953 |
| Indexed Asset Value: 3,739,287 | < 60% of Base: False | 20% ROE(2): 747,857 | 0.6551 |
| FRVS Base Asset: 3,027,948 | Interest Rate: 6.1000 % | Insurance Cost(3): 25,151 | 0.9685 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.2500 % | Taxes Cost(3): 41,087 | 1.5821 |
| ROE Factor: 0.024170 | Amortization Rate: 6.1000 % | Home Office(3): 48,968 | 1.8856 |
| | Interest Only: False | Replacement(3&4): 9,575 | 0.0000 |
| | Yearly Payment: 259,254 | Total FRVS PD: 14.4866 | |

(1) 80% Capital (\$2,991,430) amortized at 6.1000% for 20 years Principal & Interest of \$259,254 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$9.3953

(2) 20% ROE (\$747,857) times the ROE factor (0.024170) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$0.6551

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed: 84 | Effective PBS Limitation | 3,027,948 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.6662 | 43.6662 | 2.5468 | 41.1194 |
| Patient Care | | | | |
| Direct Care | 82.2378 | 82.2378 | 4.7964 | 77.4414 |
| Indirect Care | 53.2593 | 53.2593 | 3.1063 | 50.1530 |
| Property | 13.6500 | 14.4866 | 0.8449 | 13.6417 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.4502 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.8133 | 193.6499 | 11.2944 | 204.6381 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319503-00 - 2013/01 |
| 198.76 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 40,337 Medicare: 9,631 Medicaid: 20,151 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 49.95662% Occupancy: 95.26925% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.11626% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 897,505 | 1,483,597 | 894,812 | 887,047 | 0 | 4,162,961 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.5390 | 73.6240 | 44.4053 | 44.0200 | | 206.5883 |
| 3 | Cost Per Diem Inflated | 46.4810 | 75.6665 | 46.3415 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.4810 | 75.6665 | 46.3415 | 44.0200 | | 212.5090 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.7051 | | 48.6060 | | | |
| 7 | Provider Target Rate | 51.1283 | | 49.9977 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.4810 | 75.6665 | 46.3415 | 13.6500 | | 182.1390 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.4810 | 75.6665 | 46.3415 | 13.6500 | | 182.1390 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 319503-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

198.76

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): | 4,225,200 | 9.9203 |
| Indexed Asset Value | 5,281,500 | < 60% of Base: | False | 20% ROE(2): | 1,056,300 | 0.6700 |
| FRVS Base Asset: | 4,181,452 | Interest Rate: | 6.5012 % | Insurance Cost(3): | 46,805 | 1.1603 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.5000 % | Taxes Cost(3): | 75,994 | 1.8840 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.5000 % | Home Office(3): | 42,993 | 1.0658 |
| | | Interest Only: | False | Replacement(3&4): | 148,231 | 0.0000 |
| | | Yearly Payment: | 378,024 | Total FRVS PD: | | 14.7004 |

(1) 80% Capital (\$4,225,200) amortized at 6.5000% for 20 years Principal & Interest of \$378,024 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$9.9203

(2) 20% ROE (\$1,056,300) times the ROE factor (0.024170) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.6700

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 116 | Effective PBS Limitation | 4,181,452 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.4810 | 46.4810 | 2.7110 | 43.7700 |
| Patient Care | | | | |
| Direct Care | 75.6665 | 75.6665 | 4.4132 | 71.2533 |
| Indirect Care | 46.3415 | 46.3415 | 2.7028 | 43.6387 |
| Property | 13.6500 | 14.7004 | 0.8574 | 13.8430 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.4247 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 182.1390 | 183.1894 | 10.6844 | 198.7621 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 319511-00 - 2013/01 195.26 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,628 Medicare: 9,563 Medicaid: 24,783 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.13784% Occupancy: 97.32420% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.70715% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 982,082 | 1,773,003 | 1,157,612 | 959,846 | 0 | 4,872,543 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.6272 | 71.5411 | 46.7099 | 38.7300 | | 196.6082 |
| 3 | Cost Per Diem Inflated | 41.3550 | 73.5258 | 48.7465 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.3550 | 73.5258 | 48.7465 | 38.7300 | | 202.3573 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.2996 | | 49.3864 | | | |
| 7 | Provider Target Rate | 49.6826 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.3550 | 73.5258 | 48.7465 | 13.6500 | | 177.2773 |
| 12/13 | Medicaid Adjustment Rate | | 0.6731 | 0.4463 | | | |
| 14 | Prospective Per Diem 11 | 41.3550 | 74.1989 | 49.1928 | 13.6500 | | 178.3967 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 319511-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

195.26

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): | 4,465,045 | 9.8954 |
| Indexed Asset Value | 5,581,306 | < 60% of Base: | False | 20% ROE(2): | 1,116,261 | 0.6844 |
| FRVS Base Asset: | 4,661,520 | Interest Rate: | 6.2000 % | Insurance Cost(3): | 46,427 | 1.0891 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.0000 % | Taxes Cost(3): | 74,189 | 1.7404 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2000 % | Home Office(3): | 40,906 | 0.9596 |
| | | Interest Only: | False | Replacement(3&4): | 46,440 | 0.0000 |
| | | Yearly Payment: | 390,075 | Total FRVS PD: | | 14.3689 |

(1) 80% Capital (\$4,465,045) amortized at 6.2000% for 20 years Principal & Interest of \$390,075 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8954

(2) 20% ROE (\$1,116,261) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6844

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,661,520 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.3550 | 41.3550 | 2.4120 | 38.9430 |
| Patient Care | | | | |
| Direct Care | 74.1989 | 74.1989 | 4.3276 | 69.8713 |
| Indirect Care | 49.1928 | 49.1928 | 2.8691 | 46.3237 |
| Property | 13.6500 | 14.3689 | 0.8381 | 13.5308 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.7549 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 178.3967 | 179.1156 | 10.4468 | 195.2561 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 319520-00 - 2013/01 190.99 |
|---|

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 | 08/01/2010-12/31/2011 Days In CR 518 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 167 Maximum: 86,506 Max Annualized: 60,955 Total Patient: 78,342 Medicare: 14,955 Medicaid: 37,497 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 47.86322% Occupancy: 90.56250% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.18196% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.24804976 Semester Index: 1.30828184 Cost: 1.04826096 Target: 1.02004310 DC FY Index: 1.18649811 DC Sem Index: 1.22250000 DC Inflation: 1.03034298 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,333,832 | 2,599,941 | 1,719,232 | 2,100,207 | 0 | 7,753,212 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 35.5717 | 69.3373 | 45.8499 | 56.0100 | | 206.7689 |
| 3 | Cost Per Diem Inflated | 37.2884 | 71.4412 | 48.0627 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 37.2884 | 71.4412 | 48.0627 | 56.0100 | | 212.8023 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.1414 | | 50.5743 | | | |
| 7 | Provider Target Rate | 51.5771 | | 52.0224 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 37.2884 | 71.4412 | 48.0627 | 13.6500 | | 170.4423 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 37.2884 | 71.4412 | 48.0627 | 13.6500 | | 170.4423 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319520-00 - 2013/01 |
| 190.99 |

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 7,432,687 FRVS Base Asset: 5,597,125 Occup Adj Factor: 0.9000 ROE Factor 0.023680 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 8,789,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 5,946,150 | 12.8983 |
| | < 60% of Base: | False | 20% ROE(2): | 1,486,537 | 0.6417 |
| | Interest Rate: | 10.4000 % | Insurance Cost(3): | 64,775 | 0.8268 |
| | Chase Rate: | 8.5000 % | Taxes Cost(3): | 128,157 | 1.6359 |
| | Amortization Rate: | 10.4000 % | Home Office(3): | 76,619 | 0.9780 |
| | Interest Only: | False | Replacement(3&4): | 94,411 | 0.0000 |
| Yearly Payment: | 707,595 | Total FRVS PD: | 16.9807 | | |

(1) 80% Capital (\$5,946,150) amortized at 10.4000% for 20 years Principal & Interest of \$707,595 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$12.8983

(2) 20% ROE (\$1,486,537) times the ROE factor (0.023680) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$0.6417

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,123,320 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 37.2884 | 37.2884 | 2.1748 | 35.1136 |
| Patient Care | | | | |
| Direct Care | 71.4412 | 71.4412 | 4.1667 | 67.2745 |
| Indirect Care | 48.0627 | 48.0627 | 2.8032 | 45.2595 |
| Property | 13.6500 | 16.9807 | 0.9904 | 15.9903 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5204 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 170.4423 | 173.7730 | 10.1351 | 190.9907 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 319538-00 - 2013/01 194.85 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,553 Medicare: 7,662 Medicaid: 26,538 | Superior: 0 Standard: 139 Conditional: 43 Total: 182 |
| | Medicaid Utilization 63.86542% Occupancy: 94.86986% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.61271% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,115,150 | 1,785,283 | 1,229,395 | 1,095,223 | 0 | 5,225,051 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.0209 | 67.2727 | 46.3258 | 41.2700 | | 196.8894 |
| 3 | Cost Per Diem Inflated | 43.8531 | 69.1390 | 48.3457 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.8531 | 69.1390 | 48.3457 | 41.2700 | | 202.6078 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.3588 | | 47.4134 | | | |
| 7 | Provider Target Rate | 55.9153 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.8531 | 69.1390 | 48.3457 | 13.6500 | | 174.9878 |
| 12/13 | Medicaid Adjustment Rate | | 0.8237 | 0.5760 | | | |
| 14 | Prospective Per Diem 11 | 43.8531 | 69.9627 | 48.9217 | 13.6500 | | 176.3875 |
| 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 01/01/2013 through 06/30/2013

| |
|---|
| 0 319538-00 - 2013/01 194.85 |
|---|

Consulate Health Care of Orange Park

FRVS

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

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------------------------------|---------------------|-----------------|-----------------|------------------|----------------|-------------|------------------|---------------|--------------------|---------------|---------------|----------------|---------------|---------------|-----------------|---------------|---------------|-------------------|---------------|---------------|-----------------------|----------------|
| Began FRVS: 1/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 6,019,825 FRVS Base Asset: 3,578,520 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | | | | | | | | | | | | | | | | | | | | | |
| | Amount: 5,137,363.00 Type: Variable [3] < 60% of Base: False Interest Rate: 6.5012 % Chase Rate: 4.5000 % Amortization Rate: 6.5000 % Interest Only: False Yearly Payment: 430,869 | <table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> <tr> <td>80% Capital(1):</td> <td align="right">4,815,860</td> <td align="right">10.9302</td> </tr> <tr> <td>20% ROE(2):</td> <td align="right">1,203,965</td> <td align="right">0.7382</td> </tr> <tr> <td>Insurance Cost(3):</td> <td align="right">47,838</td> <td align="right">1.1513</td> </tr> <tr> <td>Taxes Cost(3):</td> <td align="right">47,311</td> <td align="right">1.1386</td> </tr> <tr> <td>Home Office(3):</td> <td align="right">42,487</td> <td align="right">1.0225</td> </tr> <tr> <td>Replacement(3&4):</td> <td align="right">76,816</td> <td align="right">0.0000</td> </tr> <tr> <td>Total FRVS PD:</td> <td align="right">14.9808</td> <td></td> </tr> </table> | | Total Amount | Per Diem | 80% Capital(1): | 4,815,860 | 10.9302 | 20% ROE(2): | 1,203,965 | 0.7382 | Insurance Cost(3): | 47,838 | 1.1513 | Taxes Cost(3): | 47,311 | 1.1386 | Home Office(3): | 42,487 | 1.0225 | Replacement(3&4): | 76,816 | 0.0000 | Total FRVS PD: | 14.9808 |
| | Total Amount | Per Diem | | | | | | | | | | | | | | | | | | | | | | | |
| 80% Capital(1): | 4,815,860 | 10.9302 | | | | | | | | | | | | | | | | | | | | | | | |
| 20% ROE(2): | 1,203,965 | 0.7382 | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Cost(3): | 47,838 | 1.1513 | | | | | | | | | | | | | | | | | | | | | | | |
| Taxes Cost(3): | 47,311 | 1.1386 | | | | | | | | | | | | | | | | | | | | | | | |
| Home Office(3): | 42,487 | 1.0225 | | | | | | | | | | | | | | | | | | | | | | | |
| Replacement(3&4): | 76,816 | 0.0000 | | | | | | | | | | | | | | | | | | | | | | | |
| Total FRVS PD: | 14.9808 | | | | | | | | | | | | | | | | | | | | | | | | |

(1) 80% Capital (\$4,815,860) amortized at 6.5000% for 20 years Principal & Interest of \$430,869 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9302

(2) 20% ROE (\$1,203,965) times the ROE factor (0.024170) 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

| | | | | | | | |
|--|---------------------------------------|--|----------------------------------|--|---------------------------|--|--|
| <table border="1"> <tr> <td>Per Bed Standard Determination</td> <td></td> </tr> <tr> <td>Comparison Date: 1/1/1989</td> <td></td> </tr> <tr> <td>Comparison Bed 120</td> <td></td> </tr> </table> | Per Bed Standard Determination | | Comparison Date: 1/1/1989 | | Comparison Bed 120 | | Used Per Bed Standard: 29,821 Current RS PBS: 50,500 Effective PBS Limitation 3,578,520 |
| Per Bed Standard Determination | | | | | | | |
| Comparison Date: 1/1/1989 | | | | | | | |
| Comparison Bed 120 | | | | | | | |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.8531 | 43.8531 | 2.5577 | 41.2954 |
| Patient Care | | | | |
| Direct Care | 69.9627 | 69.9627 | 4.0805 | 65.8822 |
| Indirect Care | 48.9217 | 48.9217 | 2.8533 | 46.0684 |
| Property | 13.6500 | 14.9808 | 0.8737 | 14.1071 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.6693 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 176.3875 | 177.7183 | 10.3652 | 194.8548 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319546-00 - 2013/01 |
| 198.07 |

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 | 08/01/2010-12/31/2011 Days In CR 518 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 116 Maximum: 60,088 Max Annualized: 42,340 Total Patient: 57,745 Medicare: 14,380 Medicaid: 28,407 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 49.19387% Occupancy: 96.10072% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.16458% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24804976 Semester Index: 1.30828184 Cost: 1.04826096 Target: 1.02004310 DC FY Index: 1.18649811 DC Sem Index: 1.22250000 DC Inflation: 1.03034298 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,176,562 | 2,006,736 | 1,334,833 | 1,277,747 | 0 | 5,795,878 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.4180 | 70.6423 | 46.9896 | 44.9800 | | 204.0299 |
| 3 | Cost Per Diem Inflated | 43.4169 | 72.7858 | 49.2574 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.4169 | 72.7858 | 49.2574 | 44.9800 | | 210.4401 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.5801 | | 51.3185 | | | |
| 7 | Provider Target Rate | 55.1143 | | 52.7879 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.4169 | 72.7858 | 49.2574 | 13.6500 | | 179.1101 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 43.4169 | 72.7858 | 49.2574 | 13.6500 | | 179.1101 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 319546-00 - 2013/01
198.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,124,450 | 12.8802 |
| Indexed Asset Value 5,155,562 | < 60% of Base: False | | 20% ROE(2): 1,031,112 | 0.6408 |
| FRVS Base Asset: 3,757,815 | Interest Rate: 10.4000 % | | Insurance Cost(3): 65,358 | 1.1318 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.5000 % | | Taxes Cost(3): 89,060 | 1.5423 |
| ROE Factor 0.023680 | Amortization Rate: 10.4000 % | | Home Office(3): 60,371 | 1.0455 |
| | Interest Only: False | | Replacement(3&4): 166,395 | 0.0000 |
| | Yearly Payment: 490,812 | | Total FRVS PD: | 17.2406 |

(1) 80% Capital (\$4,124,450) amortized at 10.4000% for 20 years Principal & Interest of \$490,812 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$12.8802

(2) 20% ROE (\$1,031,112) times the ROE factor (0.023680) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.6408

(3) Pass-throughs: 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: 50,500 |
| Comparison Bed 113 | Effective PBS Limitation 3,757,815 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.4169 | 43.4169 | 2.5323 | 40.8846 |
| Patient Care | | | | |
| Direct Care | 72.7858 | 72.7858 | 4.2452 | 68.5406 |
| Indirect Care | 49.2574 | 49.2574 | 2.8729 | 46.3845 |
| Property | 13.6500 | 17.2406 | 1.0055 | 16.2351 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.1898 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 179.1101 | 182.7007 | 10.6559 | 198.0670 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 319554-00 - 2013/01

201.90

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 62.17260% Occupancy: 92.83333% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.04503% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 44.7030 | 72.0578 | 55.1480 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.7030 | 72.0578 | 55.1480 | 26.0900 | | 197.9988 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.3591 | | 51.3593 | | | |
| 7 | Provider Target Rate | 52.8297 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.7030 | 72.0578 | 52.8299 | 13.6500 | | 183.2407 |
| 12/13 | Medicaid Adjustment Rate | | 0.9868 | 0.7235 | | | |
| 14 | Prospective Per Diem 11 | 44.7030 | 73.0446 | 53.5534 | 13.6500 | | 184.9510 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 319554-00 - 2013/01
201.90

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,436,980 | 9.8332 |
| Indexed Asset Value | 5,546,225 | < 60% of Base: | False | 20% ROE(2): | 1,109,245 | 0.6801 |
| 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: | 387,624 | Total FRVS PD: | | 14.1870 |

(1) 80% Capital (\$4,436,980) amortized at 6.2000% for 20 years Principal & Interest of \$387,624 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8332

(2) 20% ROE (\$1,109,245) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6801

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,252,320 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.7030 | 44.7030 | 2.6073 | 42.0957 |
| Patient Care | | | | |
| Direct Care | 73.0446 | 73.0446 | 4.2603 | 68.7843 |
| Indirect Care | 53.5534 | 53.5534 | 3.1235 | 50.4299 |
| Property | 13.6500 | 14.1870 | 0.8274 | 13.3596 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.3999 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.9510 | 185.4880 | 10.8185 | 201.9018 |

***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 01/01/2013 through 06/30/2013

| |
|---|
| 0 319651-00 - 2013/01 194.48 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,236 Medicare: 8,981 Medicaid: 21,926 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 53.17199% Occupancy: 94.14612% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.70021% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 940,223 | 1,516,027 | 992,448 | 1,048,721 | 0 | 4,497,419 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.8816 | 69.1429 | 45.2635 | 47.8300 | | 205.1180 |
| 3 | Cost Per Diem Inflated | 44.7513 | 71.0611 | 47.2371 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.7513 | 71.0611 | 47.2371 | 47.8300 | | 210.8795 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.8293 | | 49.3864 | | | |
| 7 | Provider Target Rate | 46.1129 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.7513 | 71.0611 | 47.2371 | 13.6500 | | 176.6995 |
| 12/13 | Medicaid Adjustment Rate | | 0.2536 | 0.1686 | | | |
| 14 | Prospective Per Diem 11 | 44.7513 | 71.3147 | 47.4057 | 13.6500 | | 177.1217 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319651-00 - 2013/01 |
| 194.48 |

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|---|
| Consulate Health Care of Bayonet Point |
|---|

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|-------------|
| FRVS |
|-------------|

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------------------------------------|---------------------|-----------------|-----------------|------------------|---------------|-------------|------------------|---------------|--------------------|---------------|---------------|----------------|---------------|---------------|-----------------|---------------|---------------|-------------------|---------------|---------------|-----------------------|----------------|--|--|
| Began FRVS: 2/22/1993 Year of Phase-In/ Full: RS to Start Calcs: 1993/01 Indexed Asset Value 5,472,967 FRVS Base Asset: 3,861,960 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | | | | | | | | | | | | | | | | | | | | | | | |
| | Amount: 5,324,176.00 Type: Variable [3] < 60% of Base: False Interest Rate: 6.5012 % Chase Rate: 4.5000 % Amortization Rate: 6.5000 % Interest Only: False Yearly Payment: 391,728 | <table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> <tr> <td>80% Capital(1):</td> <td align="right">4,378,374</td> <td align="right">9.9373</td> </tr> <tr> <td>20% ROE(2):</td> <td align="right">1,094,593</td> <td align="right">0.6711</td> </tr> <tr> <td>Insurance Cost(3):</td> <td align="right">48,681</td> <td align="right">1.1805</td> </tr> <tr> <td>Taxes Cost(3):</td> <td align="right">76,633</td> <td align="right">1.8584</td> </tr> <tr> <td>Home Office(3):</td> <td align="right">41,573</td> <td align="right">1.0082</td> </tr> <tr> <td>Replacement(3&4):</td> <td align="right">64,102</td> <td align="right">0.0000</td> </tr> <tr> <td>Total FRVS PD:</td> <td align="right">14.6555</td> <td></td> </tr> </table> | | Total Amount | Per Diem | 80% Capital(1): | 4,378,374 | 9.9373 | 20% ROE(2): | 1,094,593 | 0.6711 | Insurance Cost(3): | 48,681 | 1.1805 | Taxes Cost(3): | 76,633 | 1.8584 | Home Office(3): | 41,573 | 1.0082 | Replacement(3&4): | 64,102 | 0.0000 | Total FRVS PD: | 14.6555 | | |
| | Total Amount | Per Diem | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80% Capital(1): | 4,378,374 | 9.9373 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20% ROE(2): | 1,094,593 | 0.6711 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Cost(3): | 48,681 | 1.1805 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Taxes Cost(3): | 76,633 | 1.8584 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Office(3): | 41,573 | 1.0082 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Replacement(3&4): | 64,102 | 0.0000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total FRVS PD: | 14.6555 | | | | | | | | | | | | | | | | | | | | | | | | | | |

(1) 80% Capital (\$4,378,374) amortized at 6.5000% for 20 years Principal & Interest of \$391,728 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9373

(2) 20% ROE (\$1,094,593) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6711

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

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

| | | | | | | | |
|--|---------------------------------------|--|----------------------------------|--|---------------------------|--|--|
| <table border="1"> <tr> <td>Per Bed Standard Determination</td> <td></td> </tr> <tr> <td>Comparison Date: 8/1/1992</td> <td></td> </tr> <tr> <td>Comparison Bed 120</td> <td></td> </tr> </table> | Per Bed Standard Determination | | Comparison Date: 8/1/1992 | | Comparison Bed 120 | | Used Per Bed Standard: 32,183 Current RS PBS: 50,500 Effective PBS Limitation 3,861,960 |
| Per Bed Standard Determination | | | | | | | |
| Comparison Date: 8/1/1992 | | | | | | | |
| Comparison Bed 120 | | | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 44.7513 | 44.7513 | 2.6101 | 42.1412 | |
| Patient Care | | | | | |
| Direct Care | 71.3147 | 71.3147 | 4.1594 | 67.1553 | |
| Indirect Care | 47.4057 | 47.4057 | 2.7649 | 44.6408 | |
| Property | 13.6500 | 14.6555 | 0.8548 | 13.8007 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$17.9047 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 177.1217 | 178.1272 | 10.3892 | 194.4751 | |

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|-------------------------------------|
| *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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319660-00 - 2013/01 |
| 200.18 |

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 Strees 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 | 08/01/2010-12/31/2011 Days In CR 518 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 62,160 Max Annualized: 43,800 Total Patient: 59,430 Medicare: 13,860 Medicaid: 34,280 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.68131% Occupancy: 95.60811% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.54349% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.24804976 Semester Index: 1.30828184 Cost: 1.04826096 Target: 1.02004310 DC FY Index: 1.18649811 DC Sem Index: 1.22250000 DC Inflation: 1.03034298 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,472,567 | 2,422,571 | 1,542,399 | 1,318,752 | 0 | 6,756,289 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 42.9570 | 70.6701 | 44.9941 | 38.4700 | | 197.0912 |
| 3 | Cost Per Diem Inflated | 45.0301 | 72.8144 | 47.1656 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.0301 | 72.8144 | 47.1656 | 38.4700 | | 203.4801 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.0802 | | 49.3864 | | | |
| 7 | Provider Target Rate | 52.5428 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.0301 | 72.8144 | 47.1656 | 13.6500 | | 178.6601 |
| 12/13 | Medicaid Adjustment Rate | | 0.6292 | 0.4076 | | | |
| 14 | Prospective Per Diem 11 | 45.0301 | 73.4436 | 47.5732 | 13.6500 | | 179.6969 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319660-00 - 2013/01 |
| 200.18 |

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|---|
| Consulate Health Care of Brandon |
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|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 3/1/1999 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 5,912,851 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.023680 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 6,316,600.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,730,281 | 14.2797 |
| | < 60% of Base: | False | 20% ROE(2): | 1,182,570 | 0.7104 |
| | Interest Rate: | 10.4000 % | Insurance Cost(3): | 66,527 | 1.1194 |
| | Chase Rate: | 8.5000 % | Taxes Cost(3): | 82,053 | 1.3807 |
| | Amortization Rate: | 10.4000 % | Home Office(3): | 60,894 | 1.0246 |
| | Interest Only: | False | Replacement(3&4): | 152,593 | 0.0000 |
| Yearly Payment: | 562,906 | Total FRVS PD: | 18.5148 | | |

(1) 80% Capital (\$4,730,281) amortized at 10.4000% for 20 years Principal & Interest of \$562,906 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.2797

(2) 20% ROE (\$1,182,570) times the ROE factor (0.023680) 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: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,420,000 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 45.0301 | 45.0301 | 2.6263 | 42.4038 | |
| Patient Care | | | | | |
| Direct Care | 73.4436 | 73.4436 | 4.2835 | 69.1601 | |
| Indirect Care | 47.5732 | 47.5732 | 2.7747 | 44.7985 | |
| Property | 13.6500 | 18.5148 | 1.0799 | 17.4349 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$17.5517 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 179.6969 | 184.5617 | 10.7644 | 200.1814 | |

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|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319678-00 - 2013/01 |
| 198.37 |

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 63.56127% Occupancy: 92.58676% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.73415% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,553 Medicare: 8,706 Medicaid: 25,776 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 48.0390 | 70.1131 | 43.6461 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.0390 | 70.1131 | 43.6461 | 50.7300 | | 212.5282 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.4502 | | 49.3864 | | | |
| 7 | Provider Target Rate | 51.8947 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.0390 | 70.1131 | 43.6461 | 13.6500 | | 175.4482 |
| 12/13 | Medicaid Adjustment Rate | | 1.0697 | 0.6659 | | | |
| 14 | Prospective Per Diem 11 | 48.0390 | 71.1828 | 44.3120 | 13.6500 | | 177.1838 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 319678-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

198.37

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 5,931,143 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): 4,744,914 | 14.3239 | |
| | < 60% of Base: False | | 20% ROE(2): 1,186,229 | 0.7273 | |
| | 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: 564,648 | | Total FRVS PD: | 18.6581 | | |

(1) 80% Capital (\$4,744,914) amortized at 10.4000% for 20 years Principal & Interest of \$564,648 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.3239

(2) 20% ROE (\$1,186,229) 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: 30,023 |
| Comparison Date: 7/1/1989 | Current RS PBS: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,602,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.0390 | 48.0390 | 2.8018 | 45.2372 |
| Patient Care | | | | |
| Direct Care | 71.1828 | 71.1828 | 4.1517 | 67.0311 |
| Indirect Care | 44.3120 | 44.3120 | 2.5845 | 41.7275 |
| Property | 13.6500 | 18.6581 | 1.0882 | 17.5699 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.9759 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.1838 | 182.1919 | 10.6262 | 198.3740 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319686-00 - 2013/01 |
| 193.01 |

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 | 08/01/2010-12/31/2011 Days In CR 518 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 62,160 Max Annualized: 43,800 Total Patient: 59,228 Medicare: 13,587 Medicaid: 32,307 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 54.54684% Occupancy: 95.28314% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.13377% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.24804976 Semester Index: 1.30828184 Cost: 1.04826096 Target: 1.02004310 DC FY Index: 1.18649811 DC Sem Index: 1.22250000 DC Inflation: 1.03034298 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,316,840 | 2,179,844 | 1,441,870 | 1,199,882 | 0 | 6,138,436 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.7602 | 67.4728 | 44.6303 | 37.1400 | | 190.0033 |
| 3 | Cost Per Diem Inflated | 42.7273 | 69.5201 | 46.7842 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.7273 | 69.5201 | 46.7842 | 37.1400 | | 196.1716 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.8585 | | 47.5247 | | | |
| 7 | Provider Target Rate | 56.4293 | | 48.8855 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.7273 | 69.5201 | 46.7842 | 13.6500 | | 172.6816 |
| 12/13 | Medicaid Adjustment Rate | | 0.3556 | 0.2393 | | | |
| 14 | Prospective Per Diem 11 | 42.7273 | 69.8757 | 47.0235 | 13.6500 | | 173.2765 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 319686-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

193.01

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): | 4,439,577 | 13.4021 |
| Indexed Asset Value | 5,549,471 | < 60% of Base: | False | 20% ROE(2): | 1,109,894 | 0.6667 |
| FRVS Base Asset: | 4,383,120 | Interest Rate: | 10.4000 % | Insurance Cost(3): | 67,541 | 1.1404 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 62,276 | 1.0515 |
| ROE Factor | 0.023680 | Amortization Rate: | 10.4000 % | Home Office(3): | 57,089 | 0.9639 |
| | | Interest Only: | False | Replacement(3&4): | 124,053 | 0.0000 |
| | | Yearly Payment: | 528,312 | Total FRVS PD: | | 17.2246 |

(1) 80% Capital (\$4,439,577) amortized at 10.4000% for 20 years Principal & Interest of \$528,312 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.4021

(2) 20% ROE (\$1,109,894) times the ROE factor (0.023680) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6667

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,383,120 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.7273 | 42.7273 | 2.4920 | 40.2353 |
| Patient Care | | | | |
| Direct Care | 69.8757 | 69.8757 | 4.0754 | 65.8003 |
| Indirect Care | 47.0235 | 47.0235 | 2.7426 | 44.2809 |
| Property | 13.6500 | 17.2246 | 1.0046 | 16.2200 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.6390 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 173.2765 | 176.8511 | 10.3146 | 193.0079 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319694-00 - 2013/01 |
| 202.01 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,408 Medicare: 5,143 Medicaid: 31,702 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.75476% Occupancy: 96.82192% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.07388% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,499,952 | 2,259,998 | 1,321,932 | 1,019,536 | 0 | 6,101,418 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 47.3141 | 71.2888 | 41.6987 | 32.1600 | | 192.4616 |
| 3 | Cost Per Diem Inflated | 49.3771 | 73.2665 | 43.5168 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.3771 | 73.2665 | 43.5168 | 32.1600 | | 198.3204 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.7473 | | 49.3864 | | | |
| 7 | Provider Target Rate | 51.1717 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.3771 | 73.2665 | 43.5168 | 13.6500 | | 179.8104 |
| 12/13 | Medicaid Adjustment Rate | | 2.0404 | 1.2119 | | | |
| 14 | Prospective Per Diem 11 | 49.3771 | 75.3069 | 44.7287 | 13.6500 | | 183.0627 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 319694-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

202.01

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): | 4,694,980 | 10.6559 |
| Indexed Asset Value | 5,868,725 | < 60% of Base: | False | 20% ROE(2): | 1,173,745 | 0.7197 |
| FRVS Base Asset: | 3,420,000 | Interest Rate: | 6.5012 % | Insurance Cost(3): | 46,747 | 1.1023 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.5000 % | Taxes Cost(3): | 42,492 | 1.0020 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.5000 % | Home Office(3): | 37,850 | 0.8925 |
| | | Interest Only: | False | Replacement(3&4): | 225,563 | 0.0000 |
| | | Yearly Payment: | 420,054 | Total FRVS PD: | | 14.3724 |

(1) 80% Capital (\$4,694,980) amortized at 6.5000% for 20 years Principal & Interest of \$420,054 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6559

(2) 20% ROE (\$1,173,745) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7197

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.3771 | 49.3771 | 2.8799 | 46.4972 |
| Patient Care | | | | |
| Direct Care | 75.3069 | 75.3069 | 4.3922 | 70.9147 |
| Indirect Care | 44.7287 | 44.7287 | 2.6088 | 42.1199 |
| Property | 13.6500 | 14.3724 | 0.8383 | 13.5341 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1140 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.0627 | 183.7851 | 10.7192 | 202.0123 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 319708-00 - 2013/01 |
| 204.34 |

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,888 Medicare: 8,313 Medicaid: 26,155 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.96742% Occupancy: 93.35160% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.69847% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,193,372 | 1,947,849 | 1,184,724 | 1,391,708 | 0 | 5,717,653 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 45.6269 | 74.4733 | 45.2963 | 53.2100 | | 218.6065 |
| 3 | Cost Per Diem Inflated | 47.6163 | 76.5394 | 47.2713 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.6163 | 76.5394 | 47.2713 | 53.2100 | | 224.6370 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.0604 | | 49.3864 | | | |
| 7 | Provider Target Rate | 48.4079 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.6163 | 76.5394 | 47.2713 | 13.6500 | | 185.0770 |
| 12/13 | Medicaid Adjustment Rate | | 1.2027 | 0.7428 | | | |
| 14 | Prospective Per Diem 11 | 47.6163 | 77.7421 | 48.0141 | 13.6500 | | 187.0225 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 319708-00 - 2013/01
204.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 5,619,738 FRVS Base Asset: 4,188,480 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,950,549.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,495,790 | 10.2038 |
| | < 60% of Base: | False | 20% ROE(2): | 1,123,948 | 0.6891 |
| | Interest Rate: | 6.5012 % | Insurance Cost(3): | 49,143 | 1.2019 |
| | Chase Rate: | 4.5000 % | Taxes Cost(3): | 70,974 | 1.7358 |
| | Amortization Rate: | 6.5000 % | Home Office(3): | 42,688 | 1.0440 |
| | Interest Only: | False | Replacement(3&4): | 159,701 | 0.0000 |
| Yearly Payment: | 402,233 | Total FRVS PD: | | 14.8746 | |

(1) 80% Capital (\$4,495,790) amortized at 6.5000% for 20 years Principal & Interest of \$402,233 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2038

(2) 20% ROE (\$1,123,948) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6891

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 4,188,480 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.6163 | 47.6163 | 2.7772 | 44.8391 |
| Patient Care | | | | |
| Direct Care | 77.7421 | 77.7421 | 4.5342 | 73.2079 |
| Indirect Care | 48.0141 | 48.0141 | 2.8004 | 45.2137 |
| Property | 13.6500 | 14.8746 | 0.8675 | 14.0071 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.2362 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.0225 | 188.2471 | 10.9793 | 204.3364 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 319716-00 - 2013/01 190.87 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,942 Medicare: 14,709 Medicaid: 22,091 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 51.44381% Occupancy: 98.04109% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 123.61102% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 832,542 | 1,522,664 | 1,054,689 | 1,247,700 | 0 | 4,657,595 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 37.6869 | 68.9269 | 47.7429 | 56.4800 | | 210.8367 |
| 3 | Cost Per Diem Inflated | 39.3301 | 70.8391 | 49.8246 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.3301 | 70.8391 | 49.8246 | 56.4800 | | 216.4738 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7675 | | 55.6024 | | | |
| 7 | Provider Target Rate | 50.1639 | | 57.1945 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.3301 | 70.8391 | 49.8246 | 13.6500 | | 173.6438 |
| 12/13 | Medicaid Adjustment Rate | | 0.1151 | 0.0809 | | | |
| 14 | Prospective Per Diem 11 | 39.3301 | 70.9542 | 49.9055 | 13.6500 | | 173.8398 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 319716-00 - 2013/01
190.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,305,777 | 12.9982 |
| Indexed Asset Value | 5,382,221 | < 60% of Base: | False | 20% ROE(2): | 1,076,444 | 0.6600 |
| FRVS Base Asset: | 3,718,320 | Interest Rate: | 10.4000 % | Insurance Cost(3): | 48,361 | 1.1262 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 57,254 | 1.3333 |
| ROE Factor | 0.024170 | Amortization Rate: | 10.4000 % | Home Office(3): | 43,825 | 1.0206 |
| | | Interest Only: | False | Replacement(3&4): | 99,469 | 0.0000 |
| | | Yearly Payment: | 512,390 | Total FRVS PD: | | 17.1383 |

(1) 80% Capital (\$4,305,777) amortized at 10.4000% for 20 years Principal & Interest of \$512,390 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.9982

(2) 20% ROE (\$1,076,444) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6600

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,718,320 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.3301 | 39.3301 | 2.2939 | 37.0362 |
| Patient Care | | | | |
| Direct Care | 70.9542 | 70.9542 | 4.1383 | 66.8159 |
| Indirect Care | 49.9055 | 49.9055 | 2.9107 | 46.9948 |
| Property | 13.6500 | 17.1383 | 0.9996 | 16.1387 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.0494 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 173.8398 | 177.3281 | 10.3425 | 190.8674 |

***Medicaid Trend Adjustment :**



0 319724-00 - 2013/01
193.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,718 Medicare: 11,915 Medicaid: 16,724 | Superior: 0 Standard: 171 Conditional: 11 Total: 182 |
| | | | Inflation |
| Medicaid Utilization 40.08821% Occupancy: 95.24658% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.08767% Weighted Low Occ Adjustment Factor: 100.00000% | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 655,997 | 1,216,039 | 774,163 | 734,518 | 0 | 3,380,717 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 39.2249 | 72.7122 | 46.2905 | 43.9200 | | 202.1476 |
| 3 | Cost Per Diem Inflated | 40.9352 | 74.7294 | 48.3089 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.9352 | 74.7294 | 48.3089 | 43.9200 | | 207.8935 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.4109 | | 49.3864 | | | |
| 7 | Provider Target Rate | 46.7111 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.9352 | 74.7294 | 48.3089 | 13.6500 | | 177.6235 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 40.9352 | 74.7294 | 48.3089 | 13.6500 | | 177.6235 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 319724-00 - 2013/01
193.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 4,321,184 | 9.5765 |
| Indexed Asset Value 5,401,480 | < 60% of Base: False | 20% ROE(2): 1,080,296 | 0.6624 |
| FRVS Base Asset: 4,545,840 | Interest Rate: 6.2000 % | Insurance Cost(3): 46,621 | 1.1175 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.0000 % | Taxes Cost(3): 80,900 | 1.9392 |
| ROE Factor 0.024170 | Amortization Rate: 6.2000 % | Home Office(3): 43,082 | 1.0327 |
| | Interest Only: False | Replacement(3&4): 63,739 | 0.0000 |
| | Yearly Payment: 377,507 | Total FRVS PD: | 14.3283 |

(1) 80% Capital (\$4,321,184) amortized at 6.2000% for 20 years Principal & Interest of \$377,507 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5765

(2) 20% ROE (\$1,080,296) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6624

(3) Pass-throughs: 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: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 4,545,840 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.9352 | 40.9352 | 2.3875 | 38.5477 |
| Patient Care | | | | |
| Direct Care | 74.7294 | 74.7294 | 4.3585 | 70.3709 |
| Indirect Care | 48.3089 | 48.3089 | 2.8176 | 45.4913 |
| Property | 13.6500 | 14.3283 | 0.8357 | 13.4926 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.3524 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.6235 | 178.3018 | 10.3993 | 193.0873 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 319953-00 - 2013/01 180.99 |
|---|

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 | 08/01/2010-12/31/2011 Days In CR 518 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 62,160 Max Annualized: 43,800 Total Patient: 58,831 Medicare: 10,339 Medicaid: 40,770 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.30020% Occupancy: 94.64446% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.32852% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24804976 Semester Index: 1.30828184 Cost: 1.04826096 Target: 1.02004310 DC FY Index: 1.18649811 DC Sem Index: 1.22250000 DC Inflation: 1.03034298 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,503,413 | 2,841,221 | 1,525,506 | 1,583,507 | 0 | 7,453,647 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 36.8755 | 69.6890 | 37.4174 | 38.8400 | | 182.8219 |
| 3 | Cost Per Diem Inflated | 38.6551 | 71.8036 | 39.2232 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.6551 | 71.8036 | 39.2232 | 38.8400 | | 188.5219 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.8129 | | 49.3864 | | | |
| 7 | Provider Target Rate | 53.2965 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.6551 | 71.8036 | 39.2232 | 13.6500 | | 163.3319 |
| 12/13 | Medicaid Adjustment Rate | | 1.5591 | 0.8516 | | | |
| 14 | Prospective Per Diem 11 | 38.6551 | 73.3627 | 40.0748 | 13.6500 | | 165.7426 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 319953-00 - 2013/01
180.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,238,793 | 6.9210 |
| Indexed Asset Value | 4,048,491 | < 60% of Base: | True | 20% ROE(2): | 809,698 | 0.4864 |
| FRVS Base Asset: | 2,134,715 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 61,833 | 1.0510 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 79,284 | 1.3477 |
| ROE Factor | 0.023680 | Amortization Rate: | 8.5000 % | Home Office(3): | 52,080 | 0.8852 |
| | | Interest Only: | True | Replacement(3&4): | 70,746 | 0.0000 |
| | | Yearly Payment: | 272,825 | Total FRVS PD: | | 10.6913 |

- (1) 80% Capital (\$3,238,793) amortized at 8.5000% for 20 years Interest of \$272,825 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.9210
- (2) 20% ROE (\$809,698) times the ROE factor (0.023680) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4864
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 38.6551 | 38.6551 | 2.2545 | 36.4006 |
| Patient Care | | | | |
| Direct Care | 73.3627 | 73.3627 | 4.2788 | 69.0839 |
| Indirect Care | 40.0748 | 40.0748 | 2.3373 | 37.7375 |
| Property | 13.6500 | 10.6913 | 0.6236 | 10.0677 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.8673 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 165.7426 | 162.7839 | 9.4942 | 180.9894 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 319970-00 - 2013/01 183.28 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,704 Medicare: 5,068 Medicaid: 30,949 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.21111% Occupancy: 95.21461% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.04737% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,203,915 | 2,061,169 | 1,221,651 | 1,136,757 | 0 | 5,623,492 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.9000 | 66.5989 | 39.4730 | 36.7300 | | 181.7019 |
| 3 | Cost Per Diem Inflated | 40.5961 | 68.4465 | 41.1941 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.5961 | 68.4465 | 41.1941 | 36.7300 | | 186.9667 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.8970 | | 49.3864 | | | |
| 7 | Provider Target Rate | 47.2112 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.5961 | 68.4465 | 41.1941 | 13.6500 | | 163.8867 |
| 12/13 | Medicaid Adjustment Rate | | 1.8643 | 1.1220 | | | |
| 14 | Prospective Per Diem 11 | 40.5961 | 70.3108 | 42.3161 | 13.6500 | | 166.8730 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 319970-00 - 2013/01
183.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,126,535 | 6.6811 |
| Indexed Asset Value | 3,908,169 | < 60% of Base: | True | 20% ROE(2): | 781,634 | 0.4793 |
| FRVS Base Asset: | 2,097,277 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 54,419 | 1.3049 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 56,328 | 1.3507 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.5000 % | Home Office(3): | 35,768 | 0.8577 |
| | | Interest Only: | True | Replacement(3&4): | 130,737 | 0.0000 |
| | | Yearly Payment: | 263,368 | Total FRVS PD: | | 10.6737 |

- (1) 80% Capital (\$3,126,535) amortized at 8.5000% for 20 years Interest of \$263,368 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.6811
- (2) 20% ROE (\$781,634) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4793
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 40.5961 | 40.5961 | 2.3677 | 38.2284 |
| Patient Care | | | | |
| Direct Care | 70.3108 | 70.3108 | 4.1008 | 66.2100 |
| Indirect Care | 42.3161 | 42.3161 | 2.4680 | 39.8481 |
| Property | 13.6500 | 10.6737 | 0.6225 | 10.0512 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1083 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 166.8730 | 163.8967 | 9.5590 | 183.2784 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 320111-00 - 2013/01 184.70 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 55.69397% Occupancy: 94.14093% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.69366% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24804976 Semester Index: 1.30828184 Cost: 1.04826096 Target: 1.02004310 DC FY Index: 1.18649811 DC Sem Index: 1.22250000 DC Inflation: 1.03034298 PS Target: 1.02863299 |

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 | 42.7991 | 70.1775 | 43.7073 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.7991 | 70.1775 | 43.7073 | 45.7400 | | 202.4239 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.6183 | | 51.3593 | | | |
| 7 | Provider Target Rate | 50.0104 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.7991 | 70.1775 | 43.7073 | 13.6500 | | 170.3339 |
| 12/13 | Medicaid Adjustment Rate | | 0.4495 | 0.2800 | | | |
| 14 | Prospective Per Diem 11 | 42.7991 | 70.6270 | 43.9873 | 13.6500 | | 171.0634 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 320111-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

184.70

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): | 3,002,504 | 6.4160 |
| Indexed Asset Value | 3,753,130 | < 60% of Base: | True | 20% ROE(2): | 750,626 | 0.4509 |
| 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: | 252,920 | Total FRVS PD: | | 10.3383 |

- (1) 80% Capital (\$3,002,504) amortized at 8.5000% for 20 years Interest of \$252,920 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.4160
- (2) 20% ROE (\$750,626) times the ROE factor (0.023680) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4509
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 78 | Effective PBS Limitation | 2,223,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 42.7991 | 42.7991 | 2.4962 | 40.3029 |
| Patient Care | | | | |
| Direct Care | 70.6270 | 70.6270 | 4.1193 | 66.5077 |
| Indirect Care | 43.9873 | 43.9873 | 2.5655 | 41.4218 |
| Property | 13.6500 | 10.3383 | 0.6030 | 9.7353 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.8956 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 171.0634 | 167.7517 | 9.7840 | 184.6957 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 320129-00 - 2013/01 203.87 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 51.97973% Occupancy: 91.18754% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.97000% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.24804976 Semester Index: 1.30828184 Cost: 1.04826096 Target: 1.02004310 DC FY Index: 1.18649811 DC Sem Index: 1.22250000 DC Inflation: 1.03034298 PS Target: 1.02863299 |

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 | 48.1388 | 76.1890 | 48.9862 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.1388 | 76.1890 | 48.9862 | 47.5800 | | 220.8940 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.7316 | | 51.3593 | | | |
| 7 | Provider Target Rate | 52.1842 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1388 | 76.1890 | 48.9862 | 13.6500 | | 186.9640 |
| 12/13 | Medicaid Adjustment Rate | | 0.1697 | 0.1091 | | | |
| 14 | Prospective Per Diem 11 | 48.1388 | 76.3587 | 49.0953 | 13.6500 | | 187.2428 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 320129-00 - 2013/01
203.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,248,540 | 9.6426 |
| Indexed Asset Value | 5,310,675 | < 60% of Base: | False | 20% ROE(2): | 1,062,135 | 0.6356 |
| 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: | 380,112 | Total FRVS PD: | | 14.6525 |

(1) 80% Capital (\$4,248,540) amortized at 6.5000% for 20 years Principal & Interest of \$380,112 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6426

(2) 20% ROE (\$1,062,135) times the ROE factor (0.023590) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6356

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 115 | Effective PBS Limitation | 4,306,175 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1388 | 48.1388 | 2.8077 | 45.3311 |
| Patient Care | | | | |
| Direct Care | 76.3587 | 76.3587 | 4.4536 | 71.9051 |
| Indirect Care | 49.0953 | 49.0953 | 2.8634 | 46.2319 |
| Property | 13.6500 | 14.6525 | 0.8546 | 13.7979 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.7751 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 187.2428 | 188.2453 | 10.9793 | 203.8735 |

*Medicaid Trend Adjustment :



0 320137-00 - 2013/01
218.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 81 Maximum: 29,565 Max Annualized: 29,565 Total Patient: 27,144 Medicare: 4,293 Medicaid: 18,289 | Superior: 0 Standard: 141 Conditional: 41 Total: 182 |
| | Medicaid Utilization 67.37769% Occupancy: 91.81126% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.75640% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 876,425 | 1,483,969 | 893,055 | 920,302 | 0 | 4,173,751 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 47.9209 | 81.1400 | 48.8302 | 50.3200 | | 228.2111 |
| 3 | Cost Per Diem Inflated | 50.0103 | 83.3910 | 50.9593 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.0103 | 83.3910 | 50.9593 | 50.3200 | | 234.6806 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.0740 | | 62.7314 | | | |
| 7 | Provider Target Rate | 60.7655 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.0103 | 83.3910 | 50.9593 | 13.6500 | | 198.0106 |
| 12/13 | Medicaid Adjustment Rate | | 1.2630 | 0.7718 | | | |
| 14 | Prospective Per Diem 11 | 50.0103 | 84.6540 | 51.7311 | 13.6500 | | 200.0454 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 320137-00 - 2013/01
218.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,077,998 | | 10.3495 |
| Indexed Asset Value 3,847,498 | < 60% of Base: False | | 20% ROE(2): 769,500 | | 0.6990 |
| FRVS Base Asset: 3,033,045 | Interest Rate: 6.5012 % | | Insurance Cost(3): 46,485 | | 1.7125 |
| Occup Adj Factor: 0.9000 | Chase Rate: 4.5000 % | | Taxes Cost(3): 46,072 | | 1.6973 |
| ROE Factor 0.024170 | Amortization Rate: 6.5000 % | | Home Office(3): 27,562 | | 1.0154 |
| | Interest Only: False | | Replacement(3&4): 54,888 | | 0.0000 |
| | Yearly Payment: 275,385 | | Total FRVS PD: | | 15.4737 |

(1) 80% Capital (\$3,077,998) amortized at 6.5000% for 20 years Principal & Interest of \$275,385 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$10.3495

(2) 20% ROE (\$769,500) times the ROE factor (0.024170) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$0.6990

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 81 | Effective PBS Limitation | 3,033,045 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.0103 | 50.0103 | 2.9168 | 47.0935 |
| Patient Care | | | | |
| Direct Care | 84.6540 | 84.6540 | 4.9374 | 79.7166 |
| Indirect Care | 51.7311 | 51.7311 | 3.0172 | 48.7139 |
| Property | 13.6500 | 15.4737 | 0.9025 | 14.5712 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2698 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.0454 | 201.8691 | 11.7739 | 218.1974 |

*Medicaid Trend Adjustment :



0 320145-00 - 2013/01
191.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 159 Maximum: 58,035 Max Annualized: 58,035 Total Patient: 55,160 Medicare: 10,144 Medicaid: 36,436 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.05511% Occupancy: 95.04609% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.83490% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,331,587 | 2,671,349 | 1,577,540 | 1,484,038 | 0 | 7,064,514 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 36.5459 | 73.3162 | 43.2962 | 40.7300 | | 193.8883 |
| 3 | Cost Per Diem Inflated | 38.1394 | 75.3502 | 45.1840 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 38.1394 | 75.3502 | 45.1840 | 40.7300 | | 199.4036 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.2409 | | 51.3593 | | | |
| 7 | Provider Target Rate | 50.6508 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 38.1394 | 75.3502 | 45.1840 | 13.6500 | | 172.3236 |
| 12/13 | Medicaid Adjustment Rate | | 1.3610 | 0.8161 | | | |
| 14 | Prospective Per Diem 11 | 38.1394 | 76.7112 | 46.0001 | 13.6500 | | 174.5007 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 320145-00 - 2013/01
191.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Consulate Health Care of Vero 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: | 1984/07 | Type: | None [1] | 80% Capital(1): | 5,802,534 | 9.3581 |
| Indexed Asset Value | 7,253,167 | < 60% of Base: | True | 20% ROE(2): | 1,450,633 | 0.6713 |
| FRVS Base Asset: | 2,240,349 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 46,431 | 0.8418 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 83,196 | 1.5083 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.5000 % | Home Office(3): | 51,999 | 0.9427 |
| | | Interest Only: | True | Replacement(3&4): | 96,947 | 0.0000 |
| | | Yearly Payment: | 488,785 | Total FRVS PD: | | 13.3222 |

- (1) 80% Capital (\$5,802,534) amortized at 8.5000% for 20 years Interest of \$488,785 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$9.3581
- (2) 20% ROE (\$1,450,633) times the ROE factor (0.024170) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.6713
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 38.1394 | 38.1394 | 2.2244 | 35.9150 |
| Patient Care | | | | |
| Direct Care | 76.7112 | 76.7112 | 4.4741 | 72.2371 |
| Indirect Care | 46.0001 | 46.0001 | 2.6829 | 43.3172 |
| Property | 13.6500 | 13.3222 | 0.7770 | 12.5452 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.6805 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 174.5007 | 174.1729 | 10.1584 | 191.5274 |

*Medicaid Trend Adjustment :



0 320153-00 - 2013/01
205.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,450 Medicare: 9,309 Medicaid: 26,337 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,064,634 | 2,018,673 | 1,375,204 | 695,560 | 0 | 5,154,071 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.4235 | 76.6478 | 52.2157 | 26.4100 | | 195.6970 |
| 3 | Cost Per Diem Inflated | 42.1860 | 78.7742 | 54.4924 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.1860 | 78.7742 | 54.4924 | 26.4100 | | 201.8626 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 59.9673 | | 53.4817 | | | |
| 7 | Provider Target Rate | 61.6843 | | 55.0130 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.1860 | 78.7742 | 54.4924 | 13.6500 | | 189.1026 |
| 12/13 | Medicaid Adjustment Rate | | 1.0672 | 0.7382 | | | |
| 14 | Prospective Per Diem 11 | 42.1860 | 79.8414 | 55.2306 | 13.6500 | | 190.9080 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 320153-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

205.12

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): | 3,551,726 | 7.5897 |
| Indexed Asset Value | 4,439,658 | < 60% of Base: | True | 20% ROE(2): | 887,932 | 0.5444 |
| FRVS Base Asset: | 2,282,012 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 47,174 | 1.1113 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 81,402 | 1.9176 |
| ROE Factor | 0.024170 | Amortization Rate: | 8.5000 % | Home Office(3): | 44,410 | 1.0462 |
| | | Interest Only: | True | Replacement(3&4): | 239,445 | 0.0000 |
| | | Yearly Payment: | 299,185 | Total FRVS PD: | 12.2092 | |

- (1) 80% Capital (\$3,551,726) amortized at 8.5000% for 20 years Interest of \$299,185 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5897
- (2) 20% ROE (\$887,932) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5444
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.1860 | 42.1860 | 2.4605 | 39.7255 |
| Patient Care | | | | |
| Direct Care | 79.8414 | 79.8414 | 4.6567 | 75.1847 |
| Indirect Care | 55.2306 | 55.2306 | 3.2213 | 52.0093 |
| Property | 13.6500 | 12.2092 | 0.7121 | 11.4971 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.8704 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.9080 | 189.4672 | 11.0506 | 205.1194 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 320391-00 - 2013/01 199.41 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,396 Medicare: 5,118 Medicaid: 30,004 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.48043% Occupancy: 94.51141% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.16077% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,161,659 | 2,446,802 | 1,256,525 | 272,136 | 0 | 5,137,122 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.7168 | 81.5492 | 41.8786 | 9.0700 | | 171.2146 |
| 3 | Cost Per Diem Inflated | 40.4049 | 83.8116 | 43.7046 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.4049 | 83.8116 | 43.7046 | 9.0700 | | 176.9911 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.3594 | | 49.3864 | | | |
| 7 | Provider Target Rate | 54.8872 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.4049 | 83.8116 | 43.7046 | 9.0700 | | 176.9911 |
| 12/13 | Medicaid Adjustment Rate | | 2.1196 | 1.1053 | | | |
| 14 | Prospective Per Diem 11 | 40.4049 | 85.9312 | 44.8099 | 9.0700 | | 180.2160 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 320391-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

199.41

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): | 3,678,243 | 8.1843 |
| Indexed Asset Value | 4,597,804 | < 60% of Base: | False | 20% ROE(2): | 919,561 | 0.5638 |
| FRVS Base Asset: | 615,660 | Interest Rate: | 6.2500 % | Insurance Cost(3): | 5,479 | 0.1324 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 0 | 0.0000 |
| ROE Factor | 0.024170 | Amortization Rate: | 6.2500 % | Home Office(3): | 43,545 | 1.0519 |
| | | Interest Only: | False | Replacement(3&4): | 125,943 | 0.0000 |
| | | Yearly Payment: | 322,624 | Total FRVS PD: | | 9.9324 |

(1) 80% Capital (\$3,678,243) amortized at 6.2500% for 20 years Principal & Interest of \$322,624 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.1843

(2) 20% ROE (\$919,561) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5638

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 60 | Effective PBS Limitation | 615,660 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.4049 | 40.4049 | 2.3566 | 38.0483 |
| Patient Care | | | | |
| Direct Care | 85.9312 | 85.9312 | 5.0119 | 80.9193 |
| Indirect Care | 44.8099 | 44.8099 | 2.6135 | 42.1964 |
| Property | 9.0700 | 9.9324 | 0.5793 | 9.3531 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.0600 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.2160 | 181.0784 | 10.5613 | 199.4095 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 320404-00 - 2013/01 |
| 204.83 |

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 49.61049% Occupancy: 95.94627% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.96986% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 44.0633 | 82.4649 | 50.8097 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.0633 | 82.4649 | 50.8097 | 8.5100 | | 185.8479 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.1650 | | 57.4052 | | | |
| 7 | Provider Target Rate | 49.5441 | | 59.0489 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.0633 | 82.4649 | 50.8097 | 8.5100 | | 185.8479 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.0633 | 82.4649 | 50.8097 | 8.5100 | | 185.8479 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 320404-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

204.83

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): | 3,729,392 | 9.2847 |
| Indexed Asset Value | 4,661,740 | < 60% of Base: | True | 20% ROE(2): | 932,348 | 0.7118 |
| 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: | 314,151 | Total FRVS PD: | | 11.9894 |

- (1) 80% Capital (\$3,729,392) amortized at 8.5000% for 20 years Interest of \$314,151 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$9.2847
- (2) 20% ROE (\$932,348) times the ROE factor (0.025830) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$0.7118
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 58 | Effective PBS Limitation | 2,171,810 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.0633 | 44.0633 | 2.5700 | 41.4933 |
| Patient Care | | | | |
| Direct Care | 82.4649 | 82.4649 | 4.8097 | 77.6552 |
| Indirect Care | 50.8097 | 50.8097 | 2.9634 | 47.8463 |
| Property | 8.5100 | 11.9894 | 0.6993 | 11.2901 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.7156 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 185.8479 | 189.3273 | 11.0424 | 204.8329 |

***Medicaid Trend Adjustment :**



0 320412-00 - 2013/01
205.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 50.40118% Occupancy: 95.89269% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.90230% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 43.0844 | 86.8418 | 50.1209 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.0844 | 86.8418 | 50.1209 | 8.6900 | | 188.7371 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.3692 | | 49.3864 | | | |
| 7 | Provider Target Rate | 45.6396 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.0844 | 86.8418 | 50.1209 | 8.6900 | | 188.7371 |
| 12/13 | Medicaid Adjustment Rate | | 0.0392 | 0.0226 | | | |
| 14 | Prospective Per Diem 11 | 43.0844 | 86.8810 | 50.1435 | 8.6900 | | 188.7989 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 320412-00 - 2013/01 |
| 205.95 |

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): | 4,453,210 | 7.8760 |
| Indexed Asset Value | 5,566,513 | < 60% of Base: | False | 20% ROE(2): | 1,113,303 | 0.7295 |
| 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: | 310,471 | Total FRVS PD: | | 10.6989 |

(1) 80% Capital (\$4,453,210) amortized at 3.5200% for 20 years Principal & Interest of \$310,471 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.8760

(2) 20% ROE (\$1,113,303) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7295

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,861,960 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.0844 | 43.0844 | 2.5129 | 40.5715 |
| Patient Care | | | | |
| Direct Care | 86.8810 | 86.8810 | 5.0673 | 81.8137 |
| Indirect Care | 50.1435 | 50.1435 | 2.9246 | 47.2189 |
| Property | 8.6900 | 10.6989 | 0.6240 | 10.0749 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.4429 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.7989 | 190.8078 | 11.1288 | 205.9543 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 320421-00 - 2013/01 232.06 |
|---|

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: 2013/01 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: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 59.69933% Occupancy: 95.97945% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.01169% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 53.8550 | 95.6253 | 65.7264 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.8550 | 95.6253 | 65.7264 | 10.3000 | | 225.5067 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 55.5131 | | 69.9203 | | | |
| 7 | Provider Target Rate | 57.1026 | | 71.9223 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 95.6253 | 59.0236 | 10.3000 | | 215.5549 |
| 12/13 | Medicaid Adjustment Rate | | 1.0434 | 0.6441 | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 96.6687 | 59.6677 | 10.3000 | | 217.2424 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 320421-00 - 2013/01
232.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,757,322 | 7.9810 |
| Indexed Asset Value | 5,946,652 | < 60% of Base: | False | 20% ROE(2): | 1,189,330 | 0.7793 |
| 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: | 314,611 | Total FRVS PD: | | 11.0749 |

(1) 80% Capital (\$4,757,322) amortized at 2.9300% for 20 years Principal & Interest of \$314,611 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.9810

(2) 20% ROE (\$1,189,330) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7793

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 80 | Effective PBS Limitation | 2,574,640 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 96.6687 | 96.6687 | 5.6381 | 91.0306 |
| Indirect Care | 59.6677 | 59.6677 | 3.4801 | 56.1876 |
| Property | 10.3000 | 11.0749 | 0.6459 | 10.4290 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.9220 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.2424 | 218.0173 | 12.7156 | 232.0561 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 320439-00 - 2013/01 208.21 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,492 Medicare: 8,722 Medicaid: 25,690 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.45844% Occupancy: 97.01370% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.31568% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,056,733 | 2,059,477 | 1,362,168 | 300,573 | 0 | 4,778,951 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.1340 | 80.1665 | 53.0233 | 11.7000 | | 186.0238 |
| 3 | Cost Per Diem Inflated | 42.9275 | 82.3905 | 55.3352 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.9275 | 82.3905 | 55.3352 | 11.7000 | | 192.3532 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.2105 | | 61.2129 | | | |
| 7 | Provider Target Rate | 51.6482 | | 62.9656 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.9275 | 82.3905 | 55.3352 | 11.7000 | | 192.3532 |
| 12/13 | Medicaid Adjustment Rate | | 0.9694 | 0.6511 | | | |
| 14 | Prospective Per Diem 11 | 42.9275 | 83.3599 | 55.9863 | 11.7000 | | 193.9737 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 320439-00 - 2013/01 |
| 208.21 |

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 4,290,509 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 0.00 | | | |
| | Type: | None [1] | 80% Capital(1): | 3,432,407 | 8.2063 |
| | < 60% of Base: | True | 20% ROE(2): | 858,102 | 0.5261 |
| | Interest Rate: | 9.5000 % | Insurance Cost(3): | 6,432 | 0.1514 |
| | Chase Rate: | 9.5000 % | Taxes Cost(3): | 0 | 0.0000 |
| | Amortization Rate: | 9.5000 % | Home Office(3): | 53,009 | 1.2475 |
| | Interest Only: | True | Replacement(3&4): | 382,614 | 0.0000 |
| Yearly Payment: | 323,492 | Total FRVS PD: | 10.1313 | | |

- (1) 80% Capital (\$3,432,407) amortized at 9.5000% for 20 years Interest of \$323,492 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.2063
- (2) 20% ROE (\$858,102) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5261
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 87 | Effective PBS Limitation | 3,421,188 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.9275 | 42.9275 | 2.5037 | 40.4238 |
| Patient Care | | | | |
| Direct Care | 83.3599 | 83.3599 | 4.8619 | 78.4980 |
| Indirect Care | 55.9863 | 55.9863 | 3.2654 | 52.7209 |
| Property | 11.7000 | 10.1313 | 0.5909 | 9.5404 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.1915 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.9737 | 192.4050 | 11.2219 | 208.2070 |

***Medicaid Trend Adjustment :**



0 320463-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

226.76

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 71.57533% Occupancy: 97.03920% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.34782% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 42.5372 | 92.5641 | 56.0502 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.5372 | 92.5641 | 56.0502 | 18.9500 | | 210.1015 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.7899 | | 60.2591 | | | |
| 7 | Provider Target Rate | 47.1010 | | 61.9845 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.5372 | 92.5641 | 56.0502 | 13.6500 | | 204.8015 |
| 12/13 | Medicaid Adjustment Rate | | 2.2467 | 1.3605 | | | |
| 14 | Prospective Per Diem 11 | 42.5372 | 94.8108 | 57.4107 | 13.6500 | | 208.4087 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 320463-00 - 2013/01
226.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 50,500 |
| Comparison Bed 104 | Effective PBS Limitation 2,964,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.5372 | 42.5372 | 2.4809 | 40.0563 |
| Patient Care | | | | |
| Direct Care | 94.8108 | 94.8108 | 5.5298 | 89.2810 |
| Indirect Care | 57.4107 | 57.4107 | 3.3484 | 54.0623 |
| Property | 13.6500 | 15.3032 | 0.8925 | 14.4107 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1207 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 208.4087 | 210.0619 | 12.2516 | 226.7634 |

*Medicaid Trend Adjustment :



0 320528-00 - 2013/01
228.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 07/01/2010-06/30/2011 | Number of Beds: 58 | Superior: 0 |
| County: Pinellas[52] | Days In CR 365 | Maximum: 21,170 | Standard: 182 |
| Region: Central[3] Area: 5 | First Used: 2012/07 | Max Annualized: 21,170 | Conditional: 0 |
| Control Private For profit [1] | Last Used: 2013/01 | Total Patient: 18,274 | Total: 182 |
| Current Class Central Small [5] | Unaudited [3] | Medicare: 5,778 | Inflation |
| Class at 1/94: North Small [1] | Initial CR? False | Medicaid: 7,023 | FY Index: 1.23415178 |
| Operating Ex > 18 months [1] | Medicaid Utilization 38.43165% | | Semester Index: 1.30828184 |
| Open Date: 11/30/1989 | Occupancy: 86.32026% | | Cost: 1.06006559 |
| Acquired Date: 4/1/1991 | Statewide Low Occupancy Threshold: 79.31420% | | Target: 1.02004310 |
| Entered Medicaid 4/1/1991 | Medicaid Low Occupancy Threshold: 40.85520% | | DC FY Index: 1.17950000 |
| Med # Active Date: 5/1/2007 | Low Occupancy Adjustment Factor: 108.83330% | | DC Sem Index: 1.22250000 |
| Previous Med # 222054 | Weighted Low Occ Adjustment Factor: 100.00000% | | DC Inflation: 1.03645613 |
| | | | PS Target: 1.02863299 |

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 | 60.6923 | 89.0982 | 66.5121 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 60.6923 | 89.0982 | 66.5121 | 21.8899 | | 238.1925 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.7391 | | 60.6867 | | | |
| 7 | Provider Target Rate | 52.1919 | | 62.4243 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.1919 | 89.0982 | 62.4243 | 13.6500 | | 217.3644 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.1919 | 89.0982 | 62.4243 | 13.6500 | | 217.3644 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 320528-00 - 2013/01
228.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,377,878 | 8.8103 |
| Indexed Asset Value | 1,722,348 | < 60% of Base: | False | 20% ROE(2): | 344,470 | 0.4670 |
| 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: | 167,863 | Total FRVS PD: | | 12.4017 |

- (1) 80% Capital (\$1,377,878) amortized at 10.7500% for 20 years Principal & Interest of \$167,863 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$8.8103
- (2) 20% ROE (\$344,470) times the ROE factor (0.025830) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$0.4670
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 58 | Effective PBS Limitation | 1,729,618 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.1919 | 52.1919 | 3.0440 | 49.1479 |
| Patient Care | | | | |
| Direct Care | 89.0982 | 89.0982 | 5.1966 | 83.9016 |
| Indirect Care | 62.4243 | 62.4243 | 3.6408 | 58.7835 |
| Property | 13.6500 | 12.4017 | 0.7233 | 11.6784 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.6525 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 217.3644 | 216.1161 | 12.6047 | 227.9963 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 320978-00 - 2013/01 243.66 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 43.61887% Occupancy: 90.33873% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.89982% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 58.9391 | 106.4582 | 67.3082 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.9391 | 106.4582 | 67.3082 | 27.6200 | 0.4750 | 260.8005 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 63.0316 | | 58.6618 | | | |
| 7 | Provider Target Rate | 64.8364 | | 60.3415 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 51.9434 | | 62.2187 | | | |
| 10b | Base for line 10a | 50.4975 | | 60.4868 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.9434 | 100.1552 | 60.3415 | 13.6500 | 0.4750 | 226.5651 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 51.9434 | 100.1552 | 60.3415 | 13.6500 | 0.4750 | 226.5651 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 320978-00 - 2013/01
243.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,426,836 | 15.4251 |
| Indexed Asset Value | 5,533,545 | < 60% of Base: | False | 20% ROE(2): | 1,106,709 | 0.7403 |
| 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: | 557,386 | Total FRVS PD: | | 20.3897 |

(1) 80% Capital (\$4,426,836) amortized at 11.2500% for 20 years Principal & Interest of \$557,386 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$15.4251

(2) 20% ROE (\$1,106,709) times the ROE factor (0.024170) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.7403

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 110 | Effective PBS Limitation | 3,135,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.9434 | 51.9434 | 3.0296 | 48.9138 |
| Patient Care | | | | |
| Direct Care | 100.1552 | 100.1552 | 5.8415 | 94.3137 |
| Indirect Care | 60.3415 | 60.3415 | 3.5194 | 56.8221 |
| Property | 13.6500 | 20.3897 | 1.1892 | 19.2005 |
| ROE | 0.4750 | 0.4211 | 0.0246 | 0.3965 |
| ROE Adjustment | -0.4211 | -0.4211 | -0.0246 | -0.3965 |
| Quality Assess-Medicaid Share | | | | \$15.5745 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 226.1440 | 232.8298 | 13.5797 | 243.6570 |

***Medicaid Trend Adjustment :**



0 321303-00 - 2013/01

228.41

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 169 Maximum: 61,685 Max Annualized: 61,685 Total Patient: 50,700 Medicare: 8,994 Medicaid: 27,868 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,370,122 | 2,384,041 | 1,591,914 | 463,724 | 0 | 5,809,801 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.1647 | 85.5476 | 57.1234 | 16.6400 | | 208.4757 |
| 3 | Cost Per Diem Inflated | 51.3084 | 87.9209 | 59.6141 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.3084 | 87.9209 | 59.6141 | 16.6400 | | 215.4834 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 51.5843 | | 64.3135 | | | |
| 7 | Provider Target Rate | 53.0613 | | 66.1550 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 52.9222 | | 61.9959 | | | |
| 10b | Base for line 10a | 51.4491 | | 60.2702 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.3084 | 87.9209 | 59.6141 | 13.6500 | | 212.4934 |
| 12/13 | Medicaid Adjustment Rate | | 0.4912 | 0.3331 | | | |
| 14 | Prospective Per Diem 11 | 51.3084 | 88.4121 | 59.9472 | 13.6500 | | 213.3177 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 321303-00 - 2013/01
228.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,665,577 | 9.1821 |
| Indexed Asset Value | 5,831,971 | < 60% of Base: | False | 20% ROE(2): | 1,166,394 | 0.5078 |
| FRVS Base Asset: | 1,978,789 | Interest Rate: | 9.1670 % | Insurance Cost(3): | 53,254 | 1.0504 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 9.5000 % | Taxes Cost(3): | 140,523 | 2.7717 |
| ROE Factor | 0.024170 | Amortization Rate: | 9.1670 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 0 | 0.0000 |
| | | Yearly Payment: | 509,758 | Total FRVS PD: | | 13.5120 |

(1) 80% Capital (\$4,665,577) amortized at 9.1670% for 20 years Principal & Interest of \$509,758 divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$9.1821

(2) 20% ROE (\$1,166,394) times the ROE factor (0.024170) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$0.5078

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

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

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 253 | Effective PBS Limitation | 7,210,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 51.3084 | 51.3084 | 2.9925 | 48.3159 |
| Patient Care | | | | |
| Direct Care | 88.4121 | 88.4121 | 5.1566 | 83.2555 |
| Indirect Care | 59.9472 | 59.9472 | 3.4964 | 56.4508 |
| Property | 13.6500 | 13.5120 | 0.7881 | 12.7239 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.8294 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 213.3177 | 213.1797 | 12.4336 | 228.4079 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 321532-00 - 2013/01 235.39 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,723 Medicare: 7,717 Medicaid: 30,482 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.85205% Occupancy: 92.97488% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.22350% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,405,091 | 2,792,224 | 1,920,617 | 1,162,279 | 0 | 7,280,211 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 46.0958 | 91.6024 | 63.0082 | 38.1300 | | 238.8364 |
| 3 | Cost Per Diem Inflated | 48.1057 | 94.1437 | 65.7555 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 48.1057 | 94.1437 | 65.7555 | 38.1300 | | 246.1349 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 52.0483 | | 72.3072 | | | |
| 7 | Provider Target Rate | 53.5386 | | 74.3776 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1057 | 94.1437 | 60.9022 | 13.6500 | | 216.8016 |
| 12/13 | Medicaid Adjustment Rate | | 2.6321 | 1.7027 | | | |
| 14 | Prospective Per Diem 11 | 48.1057 | 96.7758 | 62.6049 | 13.6500 | | 221.1364 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 321532-00 - 2013/01
235.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,759,204 | 4.1519 |
| Indexed Asset Value | 2,199,005 | < 60% of Base: | False | 20% ROE(2): | 439,801 | 0.2697 |
| FRVS Base Asset: | 1,323,819 | Interest Rate: | 10.0000 % | Insurance Cost(3): | 158,750 | 3.8983 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 4.0000 % | Taxes Cost(3): | 194,253 | 4.7701 |
| ROE Factor | 0.024170 | Amortization Rate: | 7.0000 % | Home Office(3): | 12,776 | 0.3137 |
| | | Interest Only: | False | Replacement(3&4): | 31,200 | 0.0000 |
| | | Yearly Payment: | 163,669 | Total FRVS PD: | | 13.4037 |

(1) 80% Capital (\$1,759,204) amortized at 7.0000% for 20 years Principal & Interest of \$163,669 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.1519

(2) 20% ROE (\$439,801) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.2697

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1057 | 48.1057 | 2.8057 | 45.3000 |
| Patient Care | | | | |
| Direct Care | 96.7758 | 96.7758 | 5.6444 | 91.1314 |
| Indirect Care | 62.6049 | 62.6049 | 3.6514 | 58.9535 |
| Property | 13.6500 | 13.4037 | 0.7818 | 12.6219 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5523 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 221.1364 | 220.8901 | 12.8833 | 235.3915 |

***Medicaid Trend Adjustment :**



0 323772-00 - 2013/01
212.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 87 Maximum: 31,755 Max Annualized: 31,755 Total Patient: 29,278 Medicare: 4,806 Medicaid: 21,731 Medicaid Utilization 74.22297% Occupancy: 92.19965% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.24608% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 978,335 | 1,513,301 | 1,152,398 | 310,319 | 0 | 3,954,353 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 45.0202 | 69.6379 | 53.0301 | 14.2800 | | 181.9682 |
| 3 | Cost Per Diem Inflated | 46.9832 | 71.5698 | 55.3423 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.9832 | 71.5698 | 55.3423 | 14.2800 | | 188.1753 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.6786 | | 62.7314 | | | |
| 7 | Provider Target Rate | 56.2442 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 58.3785 | | 66.2604 | | | |
| 10b | Base for line 10a | 56.7535 | | 64.4160 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.9832 | 71.5698 | 55.3423 | 13.6500 | | 187.5453 |
| 12/13 | Medicaid Adjustment Rate | | 1.9503 | 1.5081 | | | |
| 14 | Prospective Per Diem 11 | 46.9832 | 73.5201 | 56.8504 | 13.6500 | | 191.0037 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 323772-00 - 2013/01
212.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Coral Gables Nursing and Rehabilitation

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 4,071,694 FRVS Base Asset: 2,479,500 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): | 3,257,355 | 13.6549 |
| | < 60% of Base: | False | 20% ROE(2): | 814,339 | 0.6887 |
| | Interest Rate: | 10.5000 % | Insurance Cost(3): | 70,395 | 2.4044 |
| | Chase Rate: | 7.5000 % | Taxes Cost(3): | 46,036 | 1.5724 |
| | Amortization Rate: | 10.5000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 22,096 | 0.0000 |
| Yearly Payment: | 390,249 | Total FRVS PD: | | 18.3204 | |

(1) 80% Capital (\$3,257,355) amortized at 10.5000% for 20 years Principal & Interest of \$390,249 divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = \$13.6549

(2) 20% ROE (\$814,339) times the ROE factor (0.024170) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = \$0.6887

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 87 | Effective PBS Limitation | 2,580,594 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.9832 | 46.9832 | 2.7403 | 44.2429 |
| Patient Care | | | | |
| Direct Care | 73.5201 | 73.5201 | 4.2880 | 69.2321 |
| Indirect Care | 56.8504 | 56.8504 | 3.3157 | 53.5347 |
| Property | 13.6500 | 18.3204 | 1.0685 | 17.2519 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1326 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.0037 | 195.6741 | 11.4125 | 212.2266 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 323781-00 - 2013/01

227.02

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 68.89666% Occupancy: 86.20548% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.68858% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

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 | 51.0581 | 84.3921 | 55.1690 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.0581 | 84.3921 | 55.1690 | 26.0600 | | 216.6792 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 97.9723 | | 64.8624 | | | |
| 7 | Provider Target Rate | 100.7775 | | 66.7196 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | 50.9926 | | 56.3332 | | | |
| 10b | Base for line 10a | 49.5732 | | 54.7651 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.9926 | 84.3921 | 55.1690 | 13.6500 | | 204.2037 |
| 12/13 | Medicaid Adjustment Rate | | 1.7941 | 1.1728 | | | |
| 14 | Prospective Per Diem 11 | 50.9926 | 86.1862 | 56.3418 | 13.6500 | | 207.1706 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 323781-00 - 2013/01
227.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Tarpon Point Nursing & Rehab Center

FRVS

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

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 7/27/1990 | 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): | 4,844,482 | 14.4766 |
| Indexed Asset Value | 6,055,603 | < 60% of Base: | False | 20% ROE(2): | 1,211,121 | 0.7426 |
| FRVS Base Asset: | 1,810,440 | Interest Rate: | 10.2500 % | Insurance Cost(3): | 15,803 | 0.4185 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 40,955 | 1.0847 |
| ROE Factor | 0.024170 | Amortization Rate: | 10.2500 % | Home Office(3): | 2,080 | 0.0551 |
| | | Interest Only: | False | Replacement(3&4): | 244,620 | 0.0000 |
| | | Yearly Payment: | 570,666 | Total FRVS PD: | | 16.7775 |

(1) 80% Capital (\$4,844,482) amortized at 10.2500% for 20 years Principal & Interest of \$570,666 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.4766

(2) 20% ROE (\$1,211,121) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7426

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,810,440 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.9926 | 50.9926 | 2.9741 | 48.0185 |
| Patient Care | | | | |
| Direct Care | 86.1862 | 86.1862 | 5.0267 | 81.1595 |
| Indirect Care | 56.3418 | 56.3418 | 3.2861 | 53.0557 |
| Property | 13.6500 | 16.7775 | 0.9785 | 15.7990 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1547 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.1706 | 210.2981 | 12.2654 | 227.0198 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 323799-00 - 2013/01 205.56 |
|---|

St. Andrew's Bay 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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 55.49917% Occupancy: 88.47959% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.55580% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

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 | 43.3723 | 79.3525 | 53.3610 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.3723 | 79.3525 | 53.3610 | 30.0400 | | 206.1258 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.3152 | | 47.1830 | | | |
| 7 | Provider Target Rate | 42.4982 | | 48.5340 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 43.8900 | | 52.4529 | | | |
| 10b | Base for line 10a | 42.6683 | | 50.9928 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.4982 | 79.3525 | 48.5340 | 13.6500 | | 184.0347 |
| 12/13 | Medicaid Adjustment Rate | | 0.4909 | 0.3003 | | | |
| 14 | Prospective Per Diem 11 | 42.4982 | 79.8434 | 48.8343 | 13.6500 | | 184.8259 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 323799-00 - 2013/01
205.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,822,770 | 16.6799 |
| Indexed Asset Value | 6,028,462 | < 60% of Base: | False | 20% ROE(2): | 1,205,692 | 0.6594 |
| 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: | 657,521 | Total FRVS PD: | | 18.7647 |

(1) 80% Capital (\$4,822,770) amortized at 12.5000% for 20 years Principal & Interest of \$657,521 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$16.6799

(2) 20% ROE (\$1,205,692) times the ROE factor (0.021560) divided by annual available days (43,800) 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: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.4982 | 42.4982 | 2.4787 | 40.0195 |
| Patient Care | | | | |
| Direct Care | 79.8434 | 79.8434 | 4.6568 | 75.1866 |
| Indirect Care | 48.8343 | 48.8343 | 2.8482 | 45.9861 |
| Property | 13.6500 | 18.7647 | 1.0944 | 17.6703 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.8699 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.8259 | 189.9406 | 11.0781 | 205.5648 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324027-00 - 2013/01 244.33 |
|---|

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 | 10/01/2011-09/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 37,646 Medicare: 4,757 Medicaid: 22,255 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 59.11651% Occupancy: 85.71494% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.07010% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.27684492 Semester Index: 1.30828184 Cost: 1.02462078 Target: 1.02004310 DC FY Index: 1.20000000 DC Sem Index: 1.22250000 DC Inflation: 1.01875000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,088,529 | 2,176,639 | 1,481,355 | 502,295 | 0 | 5,248,818 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 48.9117 | 97.8045 | 66.5628 | 22.5700 | | 235.8490 |
| 3 | Cost Per Diem Inflated | 50.1159 | 99.6383 | 68.2016 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.1159 | 99.6383 | 68.2016 | 22.5700 | | 240.5258 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 46.5852 | | 62.8686 | | | |
| 7 | Provider Target Rate | 47.9191 | | 64.6687 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.9191 | 99.6383 | 60.9022 | 13.6500 | | 222.1096 |
| 12/13 | Medicaid Adjustment Rate | | 1.0219 | 0.6246 | | | |
| 14 | Prospective Per Diem 11 | 47.9191 | 100.6602 | 61.5268 | 13.6500 | | 223.7561 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324027-00 - 2013/01
244.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,139,792 | 13.4393 |
| Indexed Asset Value | 5,174,740 | < 60% of Base: | False | 20% ROE(2): | 1,034,948 | 0.4048 |
| FRVS Base Asset: | 3,642,240 | Interest Rate: | 11.5000 % | Insurance Cost(3): | 112,443 | 2.9869 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 10.0000 % | Taxes Cost(3): | 71,733 | 1.9055 |
| ROE Factor | 0.015420 | Amortization Rate: | 11.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 23,119 | 0.0000 |
| | | Yearly Payment: | 529,776 | Total FRVS PD: | | 18.7365 |

- (1) 80% Capital (\$4,139,792) amortized at 11.5000% for 20 years Principal & Interest of \$529,776 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.4393
- (2) 20% ROE (\$1,034,948) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4048
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,642,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.9191 | 47.9191 | 2.7948 | 45.1243 |
| Patient Care | | | | |
| Direct Care | 100.6602 | 100.6602 | 5.8709 | 94.7893 |
| Indirect Care | 61.5268 | 61.5268 | 3.5885 | 57.9383 |
| Property | 13.6500 | 18.7365 | 1.0928 | 17.6437 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.9976 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 223.7561 | 228.8426 | 13.3470 | 244.3256 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324094-00 - 2013/01 234.99 |
|---|

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 42,271 Medicare: 7,903 Medicaid: 30,289 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 71.65433% Occupancy: 96.24544% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.34705% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,339,950 | 2,788,720 | 1,715,597 | 1,371,183 | 0 | 7,215,450 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 44.2388 | 92.0704 | 56.6409 | 45.2700 | | 238.2201 |
| 3 | Cost Per Diem Inflated | 46.0544 | 94.5452 | 58.9655 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.0544 | 94.5452 | 58.9655 | 45.2700 | | 244.8351 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.9476 | | 62.4996 | | | |
| 7 | Provider Target Rate | 55.4923 | | 64.2892 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 51.6524 | | 62.4561 | | | |
| 10b | Base for line 10a | 50.2146 | | 60.7176 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.0544 | 94.5452 | 58.9655 | 13.6500 | | 213.2151 |
| 12/13 | Medicaid Adjustment Rate | | 2.3032 | 1.4365 | | | |
| 14 | Prospective Per Diem 11 | 46.0544 | 96.8484 | 60.4020 | 13.6500 | | 216.9548 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324094-00 - 2013/01 |
| 234.99 |

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|--|
| Advanced Rehabilitation & Health Center |
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| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 2/1/2000 Year of Phase-In/ Full: RS to Start Calcs: 1984/07 Indexed Asset Value 4,800,588 FRVS Base Asset: 2,775,941 Occup Adj Factor: 0.9000 ROE Factor 0.021880 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,391,600.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 3,840,470 | 12.1469 |
| | < 60% of Base: | False | 20% ROE(2): | 960,118 | 0.5329 |
| | Interest Rate: | 11.1000 % | Insurance Cost(3): | 112,901 | 2.6709 |
| | Chase Rate: | 13.0000 % | Taxes Cost(3): | 60,699 | 1.4359 |
| | Amortization Rate: | 11.1000 % | Home Office(3): | 13,262 | 0.3137 |
| | Interest Only: | False | Replacement(3&4): | 47,626 | 0.0000 |
| Yearly Payment: | 478,831 | Total FRVS PD: | 17.1003 | | |

(1) 80% Capital (\$3,840,470) amortized at 11.1000% for 20 years Principal & Interest of \$478,831 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.1469

(2) 20% ROE (\$960,118) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5329

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

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

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

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 46.0544 | 46.0544 | 2.6861 | 43.3683 | |
| Patient Care | | | | | |
| Direct Care | 96.8484 | 96.8484 | 5.6486 | 91.1998 | |
| Indirect Care | 60.4020 | 60.4020 | 3.5229 | 56.8791 | |
| Property | 13.6500 | 17.1003 | 0.9974 | 16.1029 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$18.6105 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 216.9548 | 220.4051 | 12.8550 | 234.9930 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



0 324108-00 - 2013/01
255.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 92 Maximum: 33,672 Max Annualized: 33,580 Total Patient: 31,111 Medicare: 5,933 Medicaid: 23,408 Medicaid Utilization 75.24027% Occupancy: 92.39427% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.49146% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,326,273 | 2,197,904 | 1,438,307 | 1,182,104 | 0 | 6,144,588 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 56.6590 | 93.8954 | 61.4451 | 50.5000 | | 262.4995 |
| 3 | Cost Per Diem Inflated | 58.9843 | 96.4193 | 63.9669 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 58.9843 | 96.4193 | 63.9669 | 50.5000 | | 269.8705 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 61.9082 | | 72.4628 | | | |
| 7 | Provider Target Rate | 63.6808 | | 74.5376 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | 56.1027 | | 71.8060 | | | |
| 10b | Base for line 10a | 54.5410 | | 69.8072 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 56.1027 | 96.4193 | 63.9669 | 13.6500 | | 230.1389 |
| 12/13 | Medicaid Adjustment Rate | | 2.7379 | 1.8164 | | | |
| 14 | Prospective Per Diem 11 | 56.1027 | 99.1572 | 65.7833 | 13.6500 | | 234.6932 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

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

Provider has submitted Supplemental Schedule.



0 324108-00 - 2013/01
255.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,694,813 | 15.6453 |
| Indexed Asset Value | 4,618,516 | < 60% of Base: | False | 20% ROE(2): | 923,703 | 0.6687 |
| FRVS Base Asset: | 1,335,000 | Interest Rate: | 11.5000 % | Insurance Cost(3): | 87,208 | 2.8031 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 10.5000 % | Taxes Cost(3): | 50,956 | 1.6379 |
| ROE Factor | 0.021880 | Amortization Rate: | 11.5000 % | Home Office(3): | 9,761 | 0.3137 |
| | | Interest Only: | False | Replacement(3&4): | 33,960 | 0.0000 |
| | | Yearly Payment: | 472,831 | Total FRVS PD: | | 21.0687 |

- (1) 80% Capital (\$3,694,813) amortized at 11.5000% for 20 years Principal & Interest of \$472,831 divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$15.6453
- (2) 20% ROE (\$923,703) times the ROE factor (0.021880) divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$0.6687
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 66 | Effective PBS Limitation | 1,881,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 56.1027 | 56.1027 | 3.2721 | 52.8306 |
| Patient Care | | | | |
| Direct Care | 99.1572 | 99.1572 | 5.7833 | 93.3739 |
| Indirect Care | 65.7833 | 65.7833 | 3.8368 | 61.9465 |
| Property | 13.6500 | 21.0687 | 1.2288 | 19.8399 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.5248 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 234.6932 | 242.1119 | 14.1210 | 255.3481 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324116-00 - 2013/01 |
| 229.12 |

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 39,371 Medicare: 15,896 Medicaid: 21,338 Medicaid Utilization 54.19725% Occupancy: 89.64253% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.02204% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,108,411 | 1,844,851 | 1,432,262 | 932,471 | 0 | 5,317,995 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 51.9454 | 86.4585 | 67.1226 | 43.7000 | | 249.2265 |
| 3 | Cost Per Diem Inflated | 54.0773 | 88.7825 | 69.8774 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.0773 | 88.7825 | 69.8774 | 43.7000 | | 256.4372 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.2460 | | 59.4116 | | | |
| 7 | Provider Target Rate | 55.7992 | | 61.1127 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 49.9074 | | 62.7991 | | | |
| 10b | Base for line 10a | 48.5182 | | 61.0510 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.9074 | 88.7825 | 59.0236 | 13.6500 | | 211.3635 |
| 12/13 | Medicaid Adjustment Rate | | 0.4192 | 0.2787 | | | |
| 14 | Prospective Per Diem 11 | 49.9074 | 89.2017 | 59.3023 | 13.6500 | | 212.0614 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324116-00 - 2013/01
229.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,492,512 | 15.3104 |
| Indexed Asset Value | 5,615,640 | < 60% of Base: | False | 20% ROE(2): | 1,123,128 | 0.6234 |
| FRVS Base Asset: | 4,123,320 | Interest Rate: | 12.2636 % | Insurance Cost(3): | 111,362 | 2.8285 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 9.5000 % | Taxes Cost(3): | 76,984 | 1.9553 |
| ROE Factor | 0.021880 | Amortization Rate: | 12.2636 % | Home Office(3): | 12,352 | 0.3137 |
| | | Interest Only: | False | Replacement(3&4): | 174,512 | 0.0000 |
| | | Yearly Payment: | 603,534 | Total FRVS PD: | | 21.0313 |

(1) 80% Capital (\$4,492,512) amortized at 12.2636% for 20 years Principal & Interest of \$603,534 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.3104

(2) 20% ROE (\$1,123,128) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6234

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,123,320 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.9074 | 49.9074 | 2.9108 | 46.9966 |
| Patient Care | | | | |
| Direct Care | 89.2017 | 89.2017 | 5.2026 | 83.9991 |
| Indirect Care | 59.3023 | 59.3023 | 3.4588 | 55.8435 |
| Property | 13.6500 | 21.0313 | 1.2266 | 19.8047 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$13.6482 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 212.0614 | 219.4427 | 12.7988 | 229.1245 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324124-00 - 2013/01 225.88 |
|---|

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 119 Maximum: 43,554 Max Annualized: 43,435 Total Patient: 40,171 Medicare: 12,492 Medicaid: 22,482 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 55.96575% Occupancy: 92.23263% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.28766% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 932,066 | 2,049,760 | 1,314,256 | 1,022,706 | 0 | 5,318,788 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.4583 | 91.1734 | 58.4581 | 45.4900 | | 236.5798 |
| 3 | Cost Per Diem Inflated | 43.1598 | 93.6241 | 60.8573 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.1598 | 93.6241 | 60.8573 | 45.4900 | | 243.1312 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.4204 | | 63.3693 | | | |
| 7 | Provider Target Rate | 55.9786 | | 65.1838 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 48.5534 | | 62.7991 | | | |
| 10b | Base for line 10a | 47.2019 | | 61.0510 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.1598 | 93.6241 | 59.0236 | 13.6500 | | 209.4575 |
| 12/13 | Medicaid Adjustment Rate | | 0.6284 | 0.3961 | | | |
| 14 | Prospective Per Diem 11 | 43.1598 | 94.2525 | 59.4197 | 13.6500 | | 210.4820 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324124-00 - 2013/01
225.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,552,410 | 11.7299 |
| Indexed Asset Value | 4,440,512 | < 60% of Base: | False | 20% ROE(2): | 888,102 | 0.4971 |
| FRVS Base Asset: | 2,077,025 | Interest Rate: | 11.6337 % | Insurance Cost(3): | 112,579 | 2.8025 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 9.5000 % | Taxes Cost(3): | 62,782 | 1.5629 |
| ROE Factor | 0.021880 | Amortization Rate: | 11.6337 % | Home Office(3): | 12,603 | 0.3137 |
| | | Interest Only: | False | Replacement(3&4): | 22,267 | 0.0000 |
| | | Yearly Payment: | 458,541 | Total FRVS PD: | | 16.9061 |

(1) 80% Capital (\$3,552,410) amortized at 11.6337% for 20 years Principal & Interest of \$458,541 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$11.7299

(2) 20% ROE (\$888,102) times the ROE factor (0.021880) divided by annual available days (43,435) 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: | 50,500 |
| Comparison Bed 119 | Effective PBS Limitation | 3,391,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.1598 | 43.1598 | 2.5173 | 40.6425 |
| Patient Care | | | | |
| Direct Care | 94.2525 | 94.2525 | 5.4972 | 88.7553 |
| Indirect Care | 59.4197 | 59.4197 | 3.4656 | 55.9541 |
| Property | 13.6500 | 16.9061 | 0.9860 | 15.9201 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.7719 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 210.4820 | 213.7381 | 12.4661 | 225.8763 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324132-00 - 2013/01 230.19 |
|---|

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 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: 3/1/1971 Acquired Date: 3/1/1971 Entered Medicaid 3/1/1971 Med # Active Date: 9/1/2007 Previous Med # 309290 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 109 Maximum: 39,894 Max Annualized: 39,785 Total Patient: 37,303 Medicare: 7,179 Medicaid: 27,688 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.22459% Occupancy: 93.50529% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.89224% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,260,688 | 2,568,538 | 1,611,365 | 1,409,873 | 0 | 6,850,464 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 45.5319 | 92.7672 | 58.1972 | 50.9200 | | 247.4163 |
| 3 | Cost Per Diem Inflated | 47.4006 | 95.2607 | 60.5857 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.4006 | 95.2607 | 60.5857 | 50.9200 | | 254.1670 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.6929 | | 64.2289 | | | |
| 7 | Provider Target Rate | 60.3735 | | 66.0680 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 50.9928 | | 62.3786 | | | |
| 10b | Base for line 10a | 49.5734 | | 60.6422 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.4006 | 95.2607 | 59.0236 | 13.6500 | | 215.3349 |
| 12/13 | Medicaid Adjustment Rate | | 2.5961 | 1.6086 | | | |
| 14 | Prospective Per Diem 11 | 47.4006 | 97.8568 | 60.6322 | 13.6500 | | 219.5396 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324132-00 - 2013/01 |
| 230.19 |

Shore Acres Rehabilitation & Health Center

FRVS

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

| | | | | | |
|---|------------------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 1/1/1993 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 1,977,617 FRVS Base Asset: 1,206,806 Occup Adj Factor: 0.9000 ROE Factor 0.021880 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: 2,400,000.00 | | | Total Amount | Per Diem |
| | Type: Fixed [2] | | 80% Capital(1): 1,582,094 | 5.0292 | |
| | < 60% of Base: False | | 20% ROE(2): 395,523 | 0.2417 | |
| | Interest Rate: 9.7500 % | | Insurance Cost(3): 109,374 | 2.9320 | |
| | Chase Rate: 6.7500 % | | Taxes Cost(3): 38,398 | 1.0294 | |
| | Amortization Rate: 9.7500 % | | Home Office(3): 11,704 | 0.3138 | |
| | Interest Only: False | | Replacement(3&4): 67,519 | 0.0000 | |
| Yearly Payment: 180,077 | | Total FRVS PD: | 9.5461 | | |

(1) 80% Capital (\$1,582,094) amortized at 9.7500% for 20 years Principal & Interest of \$180,077 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$5.0292

(2) 20% ROE (\$395,523) times the ROE factor (0.021880) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.2417

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

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

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 109 | Effective PBS Limitation 3,106,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.4006 | 47.4006 | 2.7646 | 44.6360 |
| Patient Care | | | | |
| Direct Care | 97.8568 | 97.8568 | 5.7074 | 92.1494 |
| Indirect Care | 60.6322 | 60.6322 | 3.5363 | 57.0959 |
| Property | 13.6500 | 9.5461 | 0.5568 | 8.9893 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.4848 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 219.5396 | 215.4357 | 12.5651 | 230.1878 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324141-00 - 2013/01 225.73 |
|---|

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 41,162 Medicare: 8,652 Medicaid: 27,723 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 67.35095% Occupancy: 93.72040% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.16345% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,163,867 | 2,457,131 | 1,686,134 | 1,303,258 | 0 | 6,610,390 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.9820 | 88.6315 | 60.8208 | 47.0100 | | 238.4443 |
| 3 | Cost Per Diem Inflated | 43.7050 | 91.0139 | 63.3170 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.7050 | 91.0139 | 63.3170 | 47.0100 | | 245.0459 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 53.3507 | | 65.5730 | | | |
| 7 | Provider Target Rate | 54.8783 | | 67.4506 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 50.3212 | | 62.7991 | | | |
| 10b | Base for line 10a | 48.9205 | | 61.0510 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.7050 | 91.0139 | 59.0236 | 13.6500 | | 207.3925 |
| 12/13 | Medicaid Adjustment Rate | | 1.7766 | 1.1521 | | | |
| 14 | Prospective Per Diem 11 | 43.7050 | 92.7905 | 60.1757 | 13.6500 | | 210.3212 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324141-00 - 2013/01
225.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,097,619 | | 9.8941 |
| Indexed Asset Value 3,872,024 | < 60% of Base: False | | 20% ROE(2): 774,405 | | 0.4298 |
| FRVS Base Asset: 2,176,171 | Interest Rate: 11.6700 % | | Insurance Cost(3): 114,307 | | 2.7770 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.2500 % | | Taxes Cost(3): 43,300 | | 1.0519 |
| ROE Factor 0.021880 | Amortization Rate: 11.2500 % | | Home Office(3): 12,914 | | 0.3137 |
| | Interest Only: False | | Replacement(3&4): 22,885 | | 0.0000 |
| | Yearly Payment: 390,024 | | Total FRVS PD: | | 14.4665 |

(1) 80% Capital (\$3,097,619) amortized at 11.2500% for 20 years Principal & Interest of \$390,024 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8941

(2) 20% ROE (\$774,405) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4298

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

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

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

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 43.7050 | 43.7050 | 2.5491 | 41.1559 |
| Patient Care | | | | |
| Direct Care | 92.7905 | 92.7905 | 5.4119 | 87.3786 |
| Indirect Care | 60.1757 | 60.1757 | 3.5097 | 56.6660 |
| Property | 13.6500 | 14.4665 | 0.8437 | 13.6228 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.0787 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 210.3212 | 211.1377 | 12.3144 | 225.7344 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324159-00 - 2013/01 217.62 |
|---|

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,921 Medicare: 4,472 Medicaid: 22,620 | Superior: 0 Standard: 119 Conditional: 63 Total: 182 |
| | Medicaid Utilization 58.11773% Occupancy: 88.86073% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.03635% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 785,146 | 2,137,174 | 994,965 | 133,458 | 0 | 4,050,743 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 34.7103 | 94.4816 | 43.9861 | 5.9000 | | 179.0780 |
| 3 | Cost Per Diem Inflated | 36.2237 | 97.1028 | 45.9040 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 36.2237 | 97.1028 | 45.9040 | 5.9000 | | 185.1305 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 40.2305 | | 52.7865 | | | |
| 7 | Provider Target Rate | 41.3824 | | 54.2979 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 45.0279 | | 55.4904 | | | |
| 10b | Base for line 10a | 43.7745 | | 53.9458 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 36.2237 | 97.1028 | 45.9040 | 5.9000 | | 185.1305 |
| 12/13 | Medicaid Adjustment Rate | | 0.5798 | 0.2741 | | | |
| 14 | Prospective Per Diem 11 | 36.2237 | 97.6826 | 46.1781 | 5.9000 | | 185.9844 |
| 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 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 324159-00 - 2013/01 |
| 217.62 |

| |
|-----------------------------------|
| Ocoee Health Care Facility |
|-----------------------------------|

| |
|-------------|
| FRVS |
|-------------|

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

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 8/16/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 6,060,000 FRVS Base Asset: 3,620,880 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,420,145.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 4,848,000 | 16.2498 |
| | < 60% of Base: | False | 20% ROE(2): | 1,212,000 | 0.7431 |
| | Interest Rate: | 12.0000 % | Insurance Cost(3): | 41,188 | 1.0582 |
| | Chase Rate: | 10.5000 % | Taxes Cost(3): | 80,531 | 2.0691 |
| | Amortization Rate: | 12.0000 % | Home Office(3): | 0 | 0.0000 |
| | Interest Only: | False | Replacement(3&4): | 19,589 | 0.0000 |
| Yearly Payment: | 640,568 | Total FRVS PD: | | 20.1202 | |

(1) 80% Capital (\$4,848,000) amortized at 12.0000% for 20 years Principal & Interest of \$640,568 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$16.2498

(2) 20% ROE (\$1,212,000) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7431

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,620,880 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 36.2237 | 36.2237 | 2.1127 | 34.1110 | |
| Patient Care | | | | | |
| Direct Care | 97.6826 | 97.6826 | 5.6972 | 91.9854 | |
| Indirect Care | 46.1781 | 46.1781 | 2.6933 | 43.4848 | |
| Property | 5.9000 | 20.1202 | 1.1735 | 18.9467 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$20.2600 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 185.9844 | 200.2046 | 11.6767 | 217.6203 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



0 324167-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

248.13

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 90 Maximum: 32,940 Max Annualized: 32,850 Total Patient: 31,310 Medicare: 15,596 Medicaid: 14,210 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 45.38486% Occupancy: 95.05161% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.84186% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 719,564 | 1,277,220 | 1,278,468 | 739,346 | 0 | 4,014,598 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 50.6379 | 89.8818 | 89.9696 | 52.0300 | | 282.5193 |
| 3 | Cost Per Diem Inflated | 52.7161 | 92.2978 | 93.6620 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.7161 | 92.2978 | 93.6620 | 52.0300 | | 290.7059 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.4769 | | 91.6073 | | | |
| 7 | Provider Target Rate | 64.2658 | | 94.2303 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 58.2280 | | 78.2785 | | | |
| 10b | Base for line 10a | 56.6072 | | 76.0995 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.7161 | 92.2978 | 76.5172 | 13.6500 | | 235.1811 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.7161 | 92.2978 | 76.5172 | 13.6500 | | 235.1811 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324167-00 - 2013/01
248.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 3,636,000 | 13.9982 |
| Indexed Asset Value | 4,545,000 | < 60% of Base: | False | 20% ROE(2): | 909,000 | 0.6727 |
| FRVS Base Asset: | 3,246,544 | Interest Rate: | 9.7500 % | Insurance Cost(3): | 83,956 | 2.6814 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 6.7500 % | Taxes Cost(3): | 85,240 | 2.7225 |
| ROE Factor | 0.021880 | Amortization Rate: | 9.7500 % | Home Office(3): | 9,823 | 0.3137 |
| | | Interest Only: | False | Replacement(3&4): | 23,979 | 0.0000 |
| | | Yearly Payment: | 413,857 | Total FRVS PD: | | 20.3885 |

(1) 80% Capital (\$3,636,000) amortized at 9.7500% for 20 years Principal & Interest of \$413,857 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$13.9982

(2) 20% ROE (\$909,000) times the ROE factor (0.021880) divided by annual available days (32,850) 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: | 29,423 |
| Comparison Date: 7/1/1987 | Current RS PBS: | 50,500 |
| Comparison Bed 90 | Effective PBS Limitation | 2,648,070 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.7161 | 52.7161 | 3.0746 | 49.6415 |
| Patient Care | | | | |
| Direct Care | 92.2978 | 92.2978 | 5.3832 | 86.9146 |
| Indirect Care | 76.5172 | 76.5172 | 4.4628 | 72.0544 |
| Property | 13.6500 | 20.3885 | 1.1891 | 19.1994 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$11.4881 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 235.1811 | 241.9196 | 14.1097 | 248.1304 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324175-00 - 2013/01 213.87 |
|---|

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 42,219 Medicare: 8,520 Medicaid: 32,343 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 76.60769% Occupancy: 96.12705% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.19778% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,306,890 | 2,920,748 | 1,474,026 | 1,567,018 | 0 | 7,268,682 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 40.4072 | 90.3054 | 45.5748 | 48.4500 | | 224.7374 |
| 3 | Cost Per Diem Inflated | 42.0656 | 92.7328 | 47.4452 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.0656 | 92.7328 | 47.4452 | 48.4500 | | 230.6936 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.0879 | | 62.9474 | | | |
| 7 | Provider Target Rate | 51.5221 | | 64.7498 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 50.3570 | | 62.7547 | | | |
| 10b | Base for line 10a | 48.9553 | | 61.0079 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.0656 | 92.7328 | 47.4452 | 13.6500 | | 195.8936 |
| 12/13 | Medicaid Adjustment Rate | | 2.7758 | 1.4202 | | | |
| 14 | Prospective Per Diem 11 | 42.0656 | 95.5086 | 48.8654 | 13.6500 | | 200.0896 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324175-00 - 2013/01 |
| 213.87 |

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|------------------------------|
| 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 3,480,080 FRVS Base Asset: 1,913,236 Occup Adj Factor: 0.9000 ROE Factor 0.021880 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,055,432.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 2,784,064 | 7.1386 |
| | < 60% of Base: | False | 20% ROE(2): | 696,016 | 0.3863 |
| | Interest Rate: | 8.0940 % | Insurance Cost(3): | 112,951 | 2.6754 |
| | Chase Rate: | 6.0000 % | Taxes Cost(3): | 58,236 | 1.3794 |
| | Amortization Rate: | 8.0940 % | Home Office(3): | 13,246 | 0.3137 |
| | Interest Only: | False | Replacement(3&4): | 5,520 | 0.0000 |
| Yearly Payment: | 281,402 | Total FRVS PD: | 11.8934 | | |

(1) 80% Capital (\$2,784,064) amortized at 8.0940% for 20 years Principal & Interest of \$281,402 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.1386

(2) 20% ROE (\$696,016) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3863

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 42.0656 | 42.0656 | 2.4534 | 39.6122 | |
| Patient Care | | | | | |
| Direct Care | 95.5086 | 95.5086 | 5.5705 | 89.9381 | |
| Indirect Care | 48.8654 | 48.8654 | 2.8500 | 46.0154 | |
| Property | 13.6500 | 11.8934 | 0.6937 | 11.1997 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$18.2707 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 200.0896 | 198.3330 | 11.5676 | 213.8685 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 324213-00 - 2013/01

193.62

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 | 01/01/2011-12/31/2011 Days In CR 365 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 30,158 Medicare: 6,774 Medicaid: 18,946 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 62.82247% Occupancy: 91.80518% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.74873% Weighted Low Occ Adjustment Factor: 100.00000% |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 733,441 | 1,346,761 | 869,412 | 281,727 | 0 | 3,231,341 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.7122 | 71.0842 | 45.8889 | 14.8700 | | 170.5553 |
| 3 | Cost Per Diem Inflated | 40.4001 | 73.0563 | 47.8897 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.4001 | 73.0563 | 47.8897 | 14.8700 | | 176.2161 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.0101 | | 57.4579 | | | |
| 7 | Provider Target Rate | 51.4420 | | 59.1031 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 57.9295 | 100.4246 | 76.7119 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 57.2982 | | 67.5570 | | | |
| 10 | Target Rate Class Ceiling | 58.4466 | | 69.0407 | | | |
| 10a | New Provider Target Limitation | 50.1452 | | 60.9542 | | | |
| 10b | Base for line 10a | 48.7494 | | 59.2575 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.4001 | 73.0563 | 47.8897 | 13.6500 | | 174.9961 |
| 12/13 | Medicaid Adjustment Rate | | 1.0539 | 0.6908 | | | |
| 14 | Prospective Per Diem 11 | 40.4001 | 74.1102 | 48.5805 | 13.6500 | | 176.7408 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324213-00 - 2013/01
193.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,721,989 | 6.5149 |
| Indexed Asset Value | 2,152,486 | < 60% of Base: | False | 20% ROE(2): | 430,497 | 0.3519 |
| FRVS Base Asset: | 1,076,683 | Interest Rate: | 9.5000 % | Insurance Cost(3): | 64,801 | 2.1487 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.5000 % | Taxes Cost(3): | 21,489 | 0.7125 |
| ROE Factor | 0.024170 | Amortization Rate: | 9.5000 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | False | Replacement(3&4): | 32,166 | 0.0000 |
| | | Yearly Payment: | 192,614 | Total FRVS PD: | | 9.7280 |

- (1) 80% Capital (\$1,721,989) amortized at 9.5000% for 20 years Principal & Interest of \$192,614 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$6.5149
- (2) 20% ROE (\$430,497) times the ROE factor (0.024170) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.3519
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 90 | Effective PBS Limitation | 2,565,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|-----------------|------------------|
| Operating | 40.4001 | 40.4001 | 2.3563 | 38.0438 |
| Patient Care | | | | |
| Direct Care | 74.1102 | 74.1102 | 4.3224 | 69.7878 |
| Indirect Care | 48.5805 | 48.5805 | 2.8334 | 45.7471 |
| Property | 13.6500 | 9.7280 | 0.5674 | 9.1606 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.7485 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Fire Sprinkler Component | \$4.5708 | \$4.5708 | \$0.2666 | \$4.3042 |
| Totals | 181.3116 | 177.3896 | 10.3461 | 193.6244 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 324230-00 - 2013/01 |
| 202.96 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 37.89051% Occupancy: 93.25114% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.57181% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.23138707 Semester Index: 1.30828184 Cost: 1.06244565 Target: 1.02004310 DC FY Index: 1.17849915 DC Sem Index: 1.22250000 DC Inflation: 1.03733634 PS Target: 1.02863299 |

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 | 42.9035 | 90.8221 | 62.1882 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.9035 | 90.8221 | 62.1882 | 16.6800 | | 212.5938 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.9835 | | 66.6359 | | | |
| 7 | Provider Target Rate | 59.6437 | | 68.5439 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 52.0956 | | 62.7991 | | | |
| 10b | Base for line 10a | 50.6455 | | 61.0510 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.9035 | 90.8221 | 59.0236 | 13.6500 | | 206.3992 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 42.9035 | 90.8221 | 59.0236 | 13.6500 | | 206.3992 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324230-00 - 2013/01 |
| 202.96 |

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): | 3,922,824 | 8.3977 |
| Indexed Asset Value | 4,903,530 | < 60% of Base: | False | 20% ROE(2): | 980,706 | 0.6506 |
| 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: | 331,036 | Total FRVS PD: | | 13.3976 |

(1) 80% Capital (\$3,922,824) amortized at 5.7700% for 20 years Principal & Interest of \$331,036 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.3977

(2) 20% ROE (\$980,706) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6506

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|---------------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 42.9035 | 42.9035 | 2.5023 | 40.4012 |
| Patient Care | | | | |
| Direct Care | 90.8221 | 90.8221 | 5.2971 | 85.5250 |
| Indirect Care | 59.0236 | 59.0236 | 3.4425 | 55.5811 |
| Property | 13.6500 | 13.3976 | 0.7814 | 12.6162 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 206.3992 | 206.1468 | 12.0233 | 202.9559 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324248-00 - 2013/01 |
| 202.38 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 39.07753% Occupancy: 90.18976% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.71200% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24804976 Semester Index: 1.30828184 Cost: 1.04826096 Target: 1.02004310 DC FY Index: 1.18649811 DC Sem Index: 1.22250000 DC Inflation: 1.03034298 PS Target: 1.02863299 | |

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 | 60.0678 | 84.4823 | 62.3874 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 60.0678 | 84.4823 | 62.3874 | 28.8700 | | 235.8075 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.9046 | | 69.2110 | | | |
| 7 | Provider Target Rate | 66.7630 | | 71.1927 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | 54.3085 | | 60.6590 | | | |
| 10b | Base for line 10a | 52.7968 | | 58.9705 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 84.4823 | 59.0236 | 13.6500 | | 207.7619 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 84.4823 | 59.0236 | 13.6500 | | 207.7619 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324248-00 - 2013/01
202.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 2,960,879 | | 6.5570 |
| Indexed Asset Value 3,701,099 | < 60% of Base: False | | 20% ROE(2): 740,220 | | 0.4582 |
| 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: 249,860 | | Total FRVS PD: | | 11.4186 |

(1) 80% Capital (\$2,960,879) amortized at 5.7700% for 20 years Principal & Interest of \$249,860 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$6.5570

(2) 20% ROE (\$740,220) times the ROE factor (0.023590) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.4582

(3) Pass-throughs: 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: 50,500 |
| Comparison Bed 116 | Effective PBS Limitation 3,440,792 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 84.4823 | 84.4823 | 4.9274 | 79.5549 |
| Indirect Care | 59.0236 | 59.0236 | 3.4425 | 55.5811 |
| Property | 13.6500 | 11.4186 | 0.6660 | 10.7526 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.7619 | 205.5305 | 11.9874 | 202.3755 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324345-00 - 2013/01 |
| 197.90 |

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: 2013/01 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: 151 Conditional: 31 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 51.54868% Occupancy: 95.52968% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.44461% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 40.6443 | 83.6719 | 42.5125 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 40.6443 | 83.6719 | 42.5125 | 41.6400 | | 208.4687 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.1191 | | 49.3864 | | | |
| 7 | Provider Target Rate | 43.3251 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 40.6443 | 83.6719 | 42.5125 | 13.6500 | | 180.4787 |
| 12/13 | Medicaid Adjustment Rate | | 0.1209 | 0.0615 | | | |
| 14 | Prospective Per Diem 11 | 40.6443 | 83.7928 | 42.5740 | 13.6500 | | 180.6611 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324345-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

197.90

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): | 4,213,843 | 11.7483 |
| Indexed Asset Value | 5,267,304 | < 60% of Base: | False | 20% ROE(2): | 1,053,461 | 0.6793 |
| 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: | 463,118 | Total FRVS PD: | | 16.3422 |

(1) 80% Capital (\$4,213,843) amortized at 9.2500% for 20 years Principal & Interest of \$463,118 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.7483

(2) 20% ROE (\$1,053,461) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6793

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,352,680 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 40.6443 | 40.6443 | 2.3705 | 38.2738 |
| Patient Care | | | | |
| Direct Care | 83.7928 | 83.7928 | 4.8871 | 78.9057 |
| Indirect Care | 42.5740 | 42.5740 | 2.4831 | 40.0909 |
| Property | 13.6500 | 16.3422 | 0.9531 | 15.3891 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.4074 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 180.6611 | 183.3533 | 10.6938 | 197.8993 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324353-00 - 2013/01 211.12 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 82.14135% Occupancy: 82.97869% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.62022% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 46.6260 | 82.4814 | 44.9981 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.6260 | 82.4814 | 44.9981 | 33.4800 | | 207.5855 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 61.5204 | | 57.4245 | | | |
| 7 | Provider Target Rate | 63.2819 | | 59.0687 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.6260 | 82.4814 | 44.9981 | 13.6500 | | 187.7555 |
| 12/13 | Medicaid Adjustment Rate | | 2.9824 | 1.6271 | | | |
| 14 | Prospective Per Diem 11 | 46.6260 | 85.4638 | 46.6252 | 13.6500 | | 192.3650 |
| 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 01/01/2013 through 06/30/2013

0 324353-00 - 2013/01

211.12

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): | 4,911,789 | 11.8735 |
| Indexed Asset Value | 6,139,736 | < 60% of Base: | False | 20% ROE(2): | 1,227,947 | 0.5364 |
| 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: | 702,081 | Total FRVS PD: | | 14.9413 |

(1) 80% Capital (\$4,911,789) amortized at 13.2740% for 20 years Principal & Interest of \$702,081 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.8735

(2) 20% ROE (\$1,227,947) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5364

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.6260 | 46.6260 | 2.7194 | 43.9066 |
| Patient Care | | | | |
| Direct Care | 85.4638 | 85.4638 | 4.9846 | 80.4792 |
| Indirect Care | 46.6252 | 46.6252 | 2.7194 | 43.9058 |
| Property | 13.6500 | 14.9413 | 0.8714 | 14.0699 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.9228 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.3650 | 193.6563 | 11.2948 | 211.1167 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324361-00 - 2013/01 202.57 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 62.21201% Occupancy: 71.87824% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 90.62467% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 47,224 Medicare: 12,798 Medicaid: 29,379 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 45.5668 | 82.0671 | 47.1619 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.5668 | 82.0671 | 47.1619 | 31.1600 | | 205.9558 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 54.4191 | | 57.5828 | | | |
| 7 | Provider Target Rate | 55.9773 | | 59.2316 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.5668 | 82.0671 | 47.1619 | 13.6500 | | 188.4458 |
| 12/13 | Medicaid Adjustment Rate | | 1.1275 | 0.6479 | | | |
| 14 | Prospective Per Diem 11 | 45.5668 | 83.1946 | 47.8098 | 13.6500 | | 190.2212 |
| 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 01/01/2013 through 06/30/2013

0 324361-00 - 2013/01

202.57

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): | 4,668,949 | 8.4668 |
| Indexed Asset Value | 5,836,186 | < 60% of Base: | False | 20% ROE(2): | 1,167,237 | 0.5099 |
| 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: | 500,639 | Total FRVS PD: | | 11.4502 |

(1) 80% Capital (\$4,668,949) amortized at 8.9040% for 20 years Principal & Interest of \$500,639 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.4668

(2) 20% ROE (\$1,167,237) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5099

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Per Bed Standard Determination | | Used Per Bed Standard: | 28,500 |
| Comparison Date: | 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 45.5668 | 45.5668 | 2.6576 | 42.9092 |
| Patient Care | | | | |
| Direct Care | 83.1946 | 83.1946 | 4.8523 | 78.3423 |
| Indirect Care | 47.8098 | 47.8098 | 2.7885 | 45.0213 |
| Property | 13.6500 | 11.4502 | 0.6678 | 10.7824 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.6867 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.2212 | 188.0214 | 10.9662 | 202.5743 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324370-00 - 2013/01 206.09 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 57.67340% Occupancy: 77.08104% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 97.18441% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 47.0946 | 82.1798 | 47.6220 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.0946 | 82.1798 | 47.6220 | 27.0100 | | 203.9064 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 47.2131 | | 51.3593 | | | |
| 7 | Provider Target Rate | 48.5650 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.0946 | 82.1798 | 47.6220 | 13.6500 | | 190.5464 |
| 12/13 | Medicaid Adjustment Rate | | 0.7094 | 0.4111 | | | |
| 14 | Prospective Per Diem 11 | 47.0946 | 82.8892 | 48.0331 | 13.6500 | | 191.6669 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324370-00 - 2013/01 |
| 206.09 |

Signature HealthCARE of College Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | |
|--|----------------------|---------------------|------------------------------|------------------|---------------|
| Began FRVS: 8/31/1994 Year of Phase-In/ Full: RS to Start Calcs: 1981/01 Indexed Asset Value 3,015,487 FRVS Base Asset: 1,699,288 Occup Adj Factor: 0.9000 ROE Factor 0.025420 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,825,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 2,412,390 | 6.1405 |
| | < 60% of Base: | False | 20% ROE(2): | 603,097 | 0.4362 |
| | Interest Rate: | 6.5000 % | Insurance Cost(3): | 25,926 | 0.8612 |
| | Chase Rate: | 6.5000 % | Taxes Cost(3): | 53,620 | 1.7812 |
| | Amortization Rate: | 6.5000 % | Home Office(3): | 26,937 | 0.8948 |
| | Interest Only: | False | Replacement(3&4): | 30,461 | 0.0000 |
| Yearly Payment: | 215,834 | Total FRVS PD: | 10.1139 | | |

(1) 80% Capital (\$2,412,390) amortized at 6.5000% for 20 years Principal & Interest of \$215,834 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$6.1405

(2) 20% ROE (\$603,097) times the ROE factor (0.025420) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.4362

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 107 | Effective PBS Limitation | 3,049,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.0946 | 47.0946 | 2.7468 | 44.3478 |
| Patient Care | | | | |
| Direct Care | 82.8892 | 82.8892 | 4.8344 | 78.0548 |
| Indirect Care | 48.0331 | 48.0331 | 2.8015 | 45.2316 |
| Property | 13.6500 | 10.1139 | 0.5899 | 9.5240 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.1002 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.6669 | 188.1308 | 10.9726 | 206.0908 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 324388-00 - 2013/01

200.94

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.12077% Occupancy: 86.01598% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 108.44966% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 47.0316 | 78.5328 | 47.4383 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.0316 | 78.5328 | 47.4383 | 26.7800 | | 199.7827 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.5351 | | 47.4134 | | | |
| 7 | Provider Target Rate | 42.7244 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.7244 | 78.5328 | 47.4383 | 13.6500 | | 182.3455 |
| 12/13 | Medicaid Adjustment Rate | | 1.4243 | 0.8603 | | | |
| 14 | Prospective Per Diem 11 | 42.7244 | 79.9571 | 48.2986 | 13.6500 | | 184.6301 |
| 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 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 324388-00 - 2013/01 |
| 200.94 |

Signature HealthCARE of Gainesville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 3/8/2004 Year of Phase-In/ Full: RS to Start Calcs: 1980/01 Indexed Asset Value 3,275,355 FRVS Base Asset: 1,076,349 Occup Adj Factor: 0.9000 ROE Factor 0.025420 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 2,349,600.00 | | Total Amount | Per Diem |
| | Type: | Fixed [2] | 80% Capital(1): | 2,620,284 | 7.9636 |
| | < 60% of Base: | False | 20% ROE(2): | 655,071 | 0.4224 |
| | Interest Rate: | 10.5000 % | Insurance Cost(3): | 45,056 | 1.1959 |
| | Chase Rate: | 9.0000 % | Taxes Cost(3): | 57,463 | 1.5252 |
| | Amortization Rate: | 10.5000 % | Home Office(3): | 33,696 | 0.8944 |
| | Interest Only: | False | Replacement(3&4): | 6,415 | 0.0000 |
| Yearly Payment: | 313,925 | Total FRVS PD: | 12.0015 | | |

(1) 80% Capital (\$2,620,284) amortized at 10.5000% for 20 years Principal & Interest of \$313,925 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.9636

(2) 20% ROE (\$655,071) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4224

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 93 | Effective PBS Limitation | 2,650,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.7244 | 42.7244 | 2.4919 | 40.2325 |
| Patient Care | | | | |
| Direct Care | 79.9571 | 79.9571 | 4.6634 | 75.2937 |
| Indirect Care | 48.2986 | 48.2986 | 2.8170 | 45.4816 |
| Property | 13.6500 | 12.0015 | 0.7000 | 11.3015 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.8017 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 184.6301 | 182.9816 | 10.6723 | 200.9434 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324396-00 - 2013/01 208.80 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 74.40474% Occupancy: 80.67275% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 101.71287% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 46.9567 | 80.8557 | 49.2760 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.9567 | 80.8557 | 49.2760 | 27.8300 | | 204.9184 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 70.7467 | | 57.3618 | | | |
| 7 | Provider Target Rate | 72.7724 | | 59.0042 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.9567 | 80.8557 | 49.2760 | 13.6500 | | 190.7384 |
| 12/13 | Medicaid Adjustment Rate | | 2.2199 | 1.3529 | | | |
| 14 | Prospective Per Diem 11 | 46.9567 | 83.0756 | 50.6289 | 13.6500 | | 194.3112 |
| 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 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 324396-00 - 2013/01 |
| 208.80 |

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| Signature Healthcare of North Florida |
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| |
|-------------|
| 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 5,577,233 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): | 4,461,786 | 8.1621 |
| | < 60% of Base: | False | 20% ROE(2): | 1,115,447 | 0.4873 |
| | 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: | 482,622 | Total FRVS PD: | 10.9689 | | |

(1) 80% Capital (\$4,461,786) amortized at 9.0260% for 20 years Principal & Interest of \$482,622 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.1621

(2) 20% ROE (\$1,115,447) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4873

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 46.9567 | 46.9567 | 2.7387 | 44.2180 | |
| Patient Care | | | | | |
| Direct Care | 83.0756 | 83.0756 | 4.8453 | 78.2303 | |
| Indirect Care | 50.6289 | 50.6289 | 2.9529 | 47.6760 | |
| Property | 13.6500 | 10.9689 | 0.6398 | 10.3291 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$19.5149 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 194.3112 | 191.6301 | 11.1767 | 208.8007 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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|---|
| 0 324400-00 - 2013/01 196.64 |
|---|

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: 2013/01 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: 165 Conditional: 17 Total: 182 |
| | Medicaid Utilization 76.64368% Occupancy: 95.23876% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.07782% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 43.7930 | 84.9739 | 45.4583 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.7930 | 84.9739 | 45.4583 | 37.1200 | | 211.3452 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.2053 | | 64.2556 | | | |
| 7 | Provider Target Rate | 63.9864 | | 66.0954 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.7930 | 84.9739 | 45.4583 | 13.6500 | | 187.8752 |
| 12/13 | Medicaid Adjustment Rate | | 2.3091 | 1.2353 | | | |
| 14 | Prospective Per Diem 11 | 43.7930 | 87.2830 | 46.6936 | 13.6500 | | 191.4196 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324400-00 - 2013/01 |
| 196.64 |

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: | 50,500 |
| Comparison Bed 160 | Effective PBS Limitation | 4,589,120 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 43.7930 | 43.7930 | 2.5542 | 41.2388 |
| Patient Care | | | | |
| Direct Care | 87.2830 | 87.2830 | 5.0907 | 82.1923 |
| Indirect Care | 46.6936 | 46.6936 | 2.7234 | 43.9702 |
| Property | 13.6500 | 18.3193 | 1.0685 | 17.2508 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.1530 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.4196 | 196.0889 | 11.4368 | 196.6375 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324418-00 - 2013/01 206.97 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.28591% Occupancy: 82.40792% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 103.90058% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 | |

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 | 43.6380 | 85.2213 | 42.1480 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.6380 | 85.2213 | 42.1480 | 31.8900 | | 202.8973 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 70.6904 | | 62.3750 | | | |
| 7 | Provider Target Rate | 72.7145 | | 64.1610 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.6380 | 85.2213 | 42.1480 | 13.6500 | | 184.6573 |
| 12/13 | Medicaid Adjustment Rate | | 0.9862 | 0.4877 | | | |
| 14 | Prospective Per Diem 11 | 43.6380 | 86.2075 | 42.6357 | 13.6500 | | 186.1312 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324418-00 - 2013/01 |
| 206.97 |

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| Signature Healthcare of Brookwood Gardens |
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| |
|-------------|
| 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 8,366,707 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): | 6,693,366 | 15.8660 |
| | < 60% of Base: | False | 20% ROE(2): | 1,673,341 | 0.7310 |
| | 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: | 938,155 | Total FRVS PD: | 17.1179 | | |

- (1) 80% Capital (\$6,693,366) amortized at 12.9500% for 20 years Principal & Interest of \$938,155 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$15.8660
- (2) 20% ROE (\$1,673,341) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7310
- (3) Pass-throughs: Cost 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,441,840 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 43.6380 | 43.6380 | 2.5451 | 41.0929 | |
| Patient Care | | | | | |
| Direct Care | 86.2075 | 86.2075 | 5.0280 | 81.1795 | |
| Indirect Care | 42.6357 | 42.6357 | 2.4867 | 40.1490 | |
| Property | 13.6500 | 17.1179 | 0.9984 | 16.1195 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$19.5932 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 186.1312 | 189.5991 | 11.0582 | 206.9665 | |

| |
|-------------------------------------|
| *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 01/01/2013 through 06/30/2013

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|---|
| 0 324426-00 - 2013/01 197.24 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 73.05211% Occupancy: 97.31278% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.69276% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.23784784 Semester Index: 1.30828184 Cost: 1.05690037 Target: 1.02004310 DC FY Index: 1.18133049 DC Sem Index: 1.22250000 DC Inflation: 1.03485012 PS Target: 1.02863299 |

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 | 42.2687 | 75.2916 | 42.4730 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.2687 | 75.2916 | 42.4730 | 26.7000 | | 186.7333 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 61.2733 | | 57.6065 | | | |
| 7 | Provider Target Rate | 63.0277 | | 59.2559 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.2687 | 75.2916 | 42.4730 | 13.6500 | | 173.6833 |
| 12/13 | Medicaid Adjustment Rate | | 1.9526 | 1.1015 | | | |
| 14 | Prospective Per Diem 11 | 42.2687 | 77.2442 | 43.5745 | 13.6500 | | 176.7374 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324426-00 - 2013/01
197.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,351,706 | 13.2257 |
| Indexed Asset Value | 5,439,633 | < 60% of Base: | False | 20% ROE(2): | 1,087,927 | 0.7129 |
| 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: | 521,359 | Total FRVS PD: | | 16.3966 |

(1) 80% Capital (\$4,351,706) amortized at 10.5000% for 20 years Principal & Interest of \$521,359 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.2257

(2) 20% ROE (\$1,087,927) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7129

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,444,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.2687 | 42.2687 | 2.4653 | 39.8034 |
| Patient Care | | | | |
| Direct Care | 77.2442 | 77.2442 | 4.5052 | 72.7390 |
| Indirect Care | 43.5745 | 43.5745 | 2.5414 | 41.0331 |
| Property | 13.6500 | 16.3966 | 0.9563 | 15.4403 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.3918 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 176.7374 | 179.4840 | 10.4682 | 197.2400 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324434-00 - 2013/01 212.91 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 72.68326% Occupancy: 94.85976% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.59996% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 46.8389 | 90.5122 | 51.8243 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.8389 | 90.5122 | 51.8243 | 22.3300 | | 211.5054 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.8090 | | 47.4134 | | | |
| 7 | Provider Target Rate | 44.0347 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.0347 | 90.5122 | 48.7710 | 13.6500 | | 196.9679 |
| 12/13 | Medicaid Adjustment Rate | | 2.3098 | 1.2446 | | | |
| 14 | Prospective Per Diem 11 | 44.0347 | 92.8220 | 50.0156 | 13.6500 | | 200.5223 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324434-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

212.91

Signature Healthcare of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 9/1/1994 Year of Phase-In/ Full: RS to Start Calcs: 1980/07 Indexed Asset Value 2,892,209 FRVS Base Asset: 1,610,843 Occup Adj Factor: 0.9000 ROE Factor 0.025420 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,425,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 2,313,767 | 6.0016 |
| | < 60% of Base: | False | 20% ROE(2): | 578,442 | 0.4263 |
| | Interest Rate: | 6.5000 % | Insurance Cost(3): | 28,680 | 0.7889 |
| | Chase Rate: | 6.5000 % | Taxes Cost(3): | 47,524 | 1.3072 |
| | Amortization Rate: | 6.5000 % | Home Office(3): | 34,387 | 0.9459 |
| | Interest Only: | False | Replacement(3&4): | 14,478 | 0.0000 |
| Yearly Payment: | 207,010 | Total FRVS PD: | 9.4699 | | |

(1) 80% Capital (\$2,313,767) amortized at 6.5000% for 20 years Principal & Interest of \$207,010 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = \$6.0016

(2) 20% ROE (\$578,442) times the ROE factor (0.025420) divided by annual available days (38,325) 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: | 50,500 |
| Comparison Bed 105 | Effective PBS Limitation | 2,992,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.0347 | 44.0347 | 2.5683 | 41.4664 |
| Patient Care | | | | |
| Direct Care | 92.8220 | 92.8220 | 5.4138 | 87.4082 |
| Indirect Care | 50.0156 | 50.0156 | 2.9171 | 47.0985 |
| Property | 13.6500 | 9.4699 | 0.5523 | 8.9176 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1821 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 200.5223 | 196.3422 | 11.4515 | 212.9052 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 324442-00 - 2013/01 |
| 220.36 |

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 48.00300% Occupancy: 91.23288% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.02717% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 55.3454 | 94.1023 | 52.2873 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.3454 | 94.1023 | 52.2873 | 26.1500 | | 227.8850 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.6541 | | 55.6148 | | | |
| 7 | Provider Target Rate | 50.0472 | | 57.2072 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.0472 | 94.1023 | 52.2873 | 13.6500 | | 210.0868 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.0472 | 94.1023 | 52.2873 | 13.6500 | | 210.0868 |
| 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 01/01/2013 through 06/30/2013

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| 0 324442-00 - 2013/01 |
| 220.36 |

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| Signature Healthcare of Ormond |
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|-------------|
| FRVS |
|-------------|

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 5/20/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/01 Indexed Asset Value 2,524,517 FRVS Base Asset: 1,623,720 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): | 2,019,614 | 4.7992 |
| | < 60% of Base: | True | 20% ROE(2): | 504,903 | 0.6512 |
| | Interest Rate: | 4.7500 % | Insurance Cost(3): | 20,139 | 1.0080 |
| | Chase Rate: | 4.7500 % | Taxes Cost(3): | 34,847 | 1.7441 |
| | Amortization Rate: | 4.7500 % | Home Office(3): | 20,162 | 1.0091 |
| | Interest Only: | True | Replacement(3&4): | 18,461 | 0.0000 |
| Yearly Payment: | 94,593 | Total FRVS PD: | 9.2116 | | |

- (1) 80% Capital (\$2,019,614) amortized at 4.7500% for 20 years Interest of \$94,593 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$4.7992
- (2) 20% ROE (\$504,903) times the ROE factor (0.025420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6512
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 60 | Effective PBS Limitation | 1,623,720 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 50.0472 | 50.0472 | 2.9190 | 47.1282 | |
| Patient Care | | | | | |
| Direct Care | 94.1023 | 94.1023 | 5.4884 | 88.6139 | |
| Indirect Care | 52.2873 | 52.2873 | 3.0496 | 49.2377 | |
| Property | 13.6500 | 9.2116 | 0.5373 | 8.6743 | |
| ROE | 0.0000 | 0.0000 | | | |
| ROE Adjustment | 0.0000 | 0.0000 | | | |
| Quality Assess-Medicaid Share | | | | \$17.8686 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 210.0868 | 205.6484 | 11.9943 | 220.3551 | |

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| *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 01/01/2013 through 06/30/2013

| |
|---|
| 0 324451-00 - 2013/01 202.13 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Inflation |
| | Medicaid Utilization 65.48269% Occupancy: 91.59589% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.48486% Weighted Low Occ Adjustment Factor: 100.00000% | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 43.3074 | 91.0015 | 38.8840 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.3074 | 91.0015 | 38.8840 | 29.2800 | | 202.4729 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 41.6147 | | 49.3864 | | | |
| 7 | Provider Target Rate | 42.8063 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.8063 | 91.0015 | 38.8840 | 13.6500 | | 186.3418 |
| 12/13 | Medicaid Adjustment Rate | | 1.5851 | 0.6773 | | | |
| 14 | Prospective Per Diem 11 | 42.8063 | 92.5866 | 39.5613 | 13.6500 | | 188.6042 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324451-00 - 2013/01
202.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Anchor Care & 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: 4,000,000.00 | Total Amount | Per Diem |
| RS to Start Calcs: 1984/01 | Type: Variable [3] | 80% Capital(1): 2,619,294 | 5.9448 |
| Indexed Asset Value: 3,274,117 | < 60% of Base: False | 20% ROE(2): 654,823 | 0.4223 |
| FRVS Base Asset: 1,787,493 | Interest Rate: 6.5000 % | Insurance Cost(3): 34,406 | 0.8576 |
| Occup Adj Factor: 0.9000 | Chase Rate: 6.5000 % | Taxes Cost(3): 52,758 | 1.3150 |
| ROE Factor: 0.025420 | Amortization Rate: 6.5000 % | Home Office(3): 35,296 | 0.8798 |
| | Interest Only: False | Replacement(3&4): 46,255 | 0.0000 |
| | Yearly Payment: 234,345 | Total FRVS PD: | 9.4195 |

(1) 80% Capital (\$2,619,294) amortized at 6.5000% for 20 years Principal & Interest of \$234,345 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.9448

(2) 20% ROE (\$654,823) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4223

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.8063 | 42.8063 | 2.4966 | 40.3097 |
| Patient Care | | | | |
| Direct Care | 92.5866 | 92.5866 | 5.4000 | 87.1866 |
| Indirect Care | 39.5613 | 39.5613 | 2.3074 | 37.2539 |
| Property | 13.6500 | 9.4195 | 0.5494 | 8.8701 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.6766 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 188.6042 | 184.3737 | 10.7534 | 202.1293 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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| 0 324469-00 - 2013/01 193.12 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 66.79097% Occupancy: 96.73744% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.96738% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 42.6277 | 76.0137 | 35.4985 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.6277 | 76.0137 | 35.4985 | 32.2800 | | 186.4199 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 45.9306 | | 49.3864 | | | |
| 7 | Provider Target Rate | 47.2457 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.6277 | 76.0137 | 35.4985 | 13.6500 | | 167.7899 |
| 12/13 | Medicaid Adjustment Rate | | 1.4359 | 0.6706 | | | |
| 14 | Prospective Per Diem 11 | 42.6277 | 77.4496 | 36.1691 | 13.6500 | | 169.8964 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324469-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

193.12

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): | 4,171,391 | 15.3316 |
| Indexed Asset Value | 5,214,239 | < 60% of Base: | False | 20% ROE(2): | 1,042,848 | 0.6725 |
| 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: | 604,372 | Total FRVS PD: | | 19.0977 |

(1) 80% Capital (\$4,171,391) amortized at 13.5000% for 20 years Principal & Interest of \$604,372 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.3316

(2) 20% ROE (\$1,042,848) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6725

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.6277 | 42.6277 | 2.4862 | 40.1415 |
| Patient Care | | | | |
| Direct Care | 77.4496 | 77.4496 | 4.5172 | 72.9324 |
| Indirect Care | 36.1691 | 36.1691 | 2.1095 | 34.0596 |
| Property | 13.6500 | 19.0977 | 1.1139 | 17.9838 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.1711 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 169.8964 | 175.3441 | 10.2268 | 193.1208 |

***Medicaid Trend Adjustment :**



0 324477-00 - 2013/01
219.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 64.00502% Occupancy: 82.51420% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 104.03459% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 47.7593 | 94.5691 | 50.9034 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.7593 | 94.5691 | 50.9034 | 25.6400 | | 218.8718 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.6642 | | 60.2640 | | | |
| 7 | Provider Target Rate | 52.1149 | | 61.9895 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.7593 | 94.5691 | 50.9034 | 13.6500 | | 206.8818 |
| 12/13 | Medicaid Adjustment Rate | | 1.4900 | 0.8020 | | | |
| 14 | Prospective Per Diem 11 | 47.7593 | 96.0591 | 51.7054 | 13.6500 | | 209.1738 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324477-00 - 2013/01
219.18

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): 3,672,693 | 6.0993 |
| Indexed Asset Value 4,590,866 | < 60% of Base: False | 20% ROE(2): 918,173 | 0.4332 |
| 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: 328,591 | Total FRVS PD: 9.8056 | |

(1) 80% Capital (\$3,672,693) amortized at 6.5000% for 20 years Principal & Interest of \$328,591 divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = \$6.0993

(2) 20% ROE (\$918,173) times the ROE factor (0.025420) divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = \$0.4332

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | |
|-----------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 164 | Effective PBS Limitation 4,674,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.7593 | 47.7593 | 2.7855 | 44.9738 |
| Patient Care | | | | |
| Direct Care | 96.0591 | 96.0591 | 5.6026 | 90.4565 |
| Indirect Care | 51.7054 | 51.7054 | 3.0157 | 48.6897 |
| Property | 13.6500 | 9.8056 | 0.5719 | 9.2337 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$16.9924 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.1738 | 205.3294 | 11.9757 | 219.1785 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324485-00 - 2013/01 193.97 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 74.02084% Occupancy: 89.59589% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.96324% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,243 Medicare: 6,164 Medicaid: 29,048 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 46.9686 | 85.6615 | 40.6476 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.9686 | 85.6615 | 40.6476 | 22.6400 | | 195.9177 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 38.7285 | | 47.4134 | | | |
| 7 | Provider Target Rate | 39.8374 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.8374 | 85.6615 | 40.6476 | 13.6500 | | 179.7965 |
| 12/13 | Medicaid Adjustment Rate | | 2.3149 | 1.0984 | | | |
| 14 | Prospective Per Diem 11 | 39.8374 | 87.9764 | 41.7460 | 13.6500 | | 183.2098 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324485-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

193.97

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 3,273,093 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 | | Total Amount | Per Diem |
| | Type: | None [1] | 80% Capital(1): | 2,618,474 | 2.6167 |
| | < 60% of Base: | True | 20% ROE(2): | 654,619 | 0.4221 |
| | 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: | 103,151 | Total FRVS PD: | 6.5554 | | |

- (1) 80% Capital (\$2,618,474) amortized at 4.0000% for 20 years Interest of \$103,151 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$2.6167
- (2) 20% ROE (\$654,619) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4221
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.8374 | 39.8374 | 2.3235 | 37.5139 |
| Patient Care | | | | |
| Direct Care | 87.9764 | 87.9764 | 5.1311 | 82.8453 |
| Indirect Care | 41.7460 | 41.7460 | 2.4348 | 39.3112 |
| Property | 13.6500 | 6.5554 | 0.3823 | 6.1731 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2946 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.2098 | 176.1152 | 10.2717 | 193.9705 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324493-00 - 2013/01 192.65 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 57.83411% Occupancy: 90.10274% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.60228% Weighted Low Occ Adjustment Factor: 100.00000% |

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 | 42.7957 | 79.4225 | 44.0928 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 42.7957 | 79.4225 | 44.0928 | 32.3200 | | 198.6310 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 42.6534 | | 53.5252 | | | |
| 7 | Provider Target Rate | 43.8747 | | 55.0578 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 42.7957 | 79.4225 | 44.0928 | 13.6500 | | 179.9610 |
| 12/13 | Medicaid Adjustment Rate | | 0.7000 | 0.3886 | | | |
| 14 | Prospective Per Diem 11 | 42.7957 | 80.1225 | 44.4814 | 13.6500 | | 181.0496 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324493-00 - 2013/01
192.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 1,884,854 | 5.6411 |
| Indexed Asset Value | 2,356,067 | < 60% of Base: | False | 20% ROE(2): | 471,213 | 0.3506 |
| 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: | 192,722 | Total FRVS PD: | | 9.4221 |

(1) 80% Capital (\$1,884,854) amortized at 8.2500% for 20 years Principal & Interest of \$192,722 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$5.6411

(2) 20% ROE (\$471,213) times the ROE factor (0.025420) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.3506

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 104 | Effective PBS Limitation | 2,964,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 42.7957 | 42.7957 | 2.4960 | 40.2997 |
| Patient Care | | | | |
| Direct Care | 80.1225 | 80.1225 | 4.6731 | 75.4494 |
| Indirect Care | 44.4814 | 44.4814 | 2.5943 | 41.8871 |
| Property | 13.6500 | 9.4221 | 0.5495 | 8.8726 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$17.3072 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 181.0496 | 176.8217 | 10.3129 | 192.6484 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 324507-00 - 2013/01 215.46 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.54145% Occupancy: 88.78539% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.94135% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 44.5291 | 88.9213 | 41.1138 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.5291 | 88.9213 | 41.1138 | 35.6300 | | 210.1942 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 44.0740 | | 49.3864 | | | |
| 7 | Provider Target Rate | 45.3360 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.5291 | 88.9213 | 41.1138 | 13.6500 | | 188.2142 |
| 12/13 | Medicaid Adjustment Rate | | 1.3546 | 0.6263 | | | |
| 14 | Prospective Per Diem 11 | 44.5291 | 90.2759 | 41.7401 | 13.6500 | | 190.1951 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 324507-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 4,565,303 | 17.4840 |
| Indexed Asset Value | 5,706,629 | < 60% of Base: | False | 20% ROE(2): | 1,141,326 | 0.7360 |
| 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: | 689,218 | Total FRVS PD: | | 21.8105 |

(1) 80% Capital (\$4,565,303) amortized at 14.2000% for 20 years Principal & Interest of \$689,218 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$17.4840

(2) 20% ROE (\$1,141,326) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7360

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.5291 | 44.5291 | 2.5971 | 41.9320 |
| Patient Care | | | | |
| Direct Care | 90.2759 | 90.2759 | 5.2653 | 85.0106 |
| Indirect Care | 41.7401 | 41.7401 | 2.4345 | 39.3056 |
| Property | 13.6500 | 21.8105 | 1.2721 | 20.5384 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.8416 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 190.1951 | 198.3556 | 11.5690 | 215.4606 |

*Medicaid Trend Adjustment :



0 324515-00 - 2013/01
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 01/01/2013 through 06/30/2013

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 63.30851% Occupancy: 86.81208% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.45339% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 49.1703 | 84.5773 | 47.3070 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.1703 | 84.5773 | 47.3070 | 23.3300 | | 204.3846 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 49.7137 | | 54.1519 | | | |
| 7 | Provider Target Rate | 51.1372 | | 55.7024 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.1703 | 84.5773 | 47.3070 | 13.6500 | | 194.7046 |
| 12/13 | Medicaid Adjustment Rate | | 1.2663 | 0.7083 | | | |
| 14 | Prospective Per Diem 11 | 49.1703 | 85.8436 | 48.0153 | 13.6500 | | 196.6792 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324515-00 - 2013/01
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 01/01/2013 through 06/30/2013

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): | 1,697,988 | 5.1312 |
| Indexed Asset Value | 2,122,485 | < 60% of Base: | False | 20% ROE(2): | 424,497 | 0.3189 |
| 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: | 173,616 | Total FRVS PD: | | 9.3423 |

(1) 80% Capital (\$1,697,988) amortized at 8.2500% for 20 years Principal & Interest of \$173,616 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$5.1312

(2) 20% ROE (\$424,497) times the ROE factor (0.025420) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$0.3189

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 103 | Effective PBS Limitation | 2,935,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.1703 | 49.1703 | 2.8678 | 46.3025 |
| Patient Care | | | | |
| Direct Care | 85.8436 | 85.8436 | 5.0068 | 80.8368 |
| Indirect Care | 48.0153 | 48.0153 | 2.8004 | 45.2149 |
| Property | 13.6500 | 9.3423 | 0.5449 | 8.7974 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$18.6370 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 196.6792 | 192.3715 | 11.2199 | 208.6210 |

*Medicaid Trend Adjustment :



0 324566-00 - 2013/01
212.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 81.40376% Occupancy: 86.91585% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.58422% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.25362148 Semester Index: 1.30828184 Cost: 1.04360197 Target: 1.02004310 DC FY Index: 1.18950000 DC Sem Index: 1.22250000 DC Inflation: 1.02774275 PS Target: 1.02863299 |

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 | 47.9430 | 97.3286 | 55.3978 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.9430 | 97.3286 | 55.3978 | 23.1300 | | 223.7994 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 48.7483 | | 61.3042 | | | |
| 7 | Provider Target Rate | 50.1441 | | 63.0595 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 51.5274 | | 53.8282 | | | |
| 10b | Base for line 10a | 50.0931 | | 52.3298 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.9430 | 96.2398 | 53.8282 | 13.6500 | | 211.6610 |
| 12/13 | Medicaid Adjustment Rate | | 3.4001 | 1.9017 | | | |
| 14 | Prospective Per Diem 11 | 47.9430 | 99.6399 | 55.7299 | 13.6500 | | 216.9628 |
| 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 01/01/2013 through 06/30/2013

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| 0 324566-00 - 2013/01 212.39 |
|---|

Southern Oaks Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | |
|--|----------------------|---------------------|------------------------------|------------------|---------------|
| Began FRVS: 11/1/1988 Year of Phase-In/ Full: RS to Start Calcs: 1978/07 Indexed Asset Value 5,039,930 FRVS Base Asset: 2,938,978 Occup Adj Factor: 0.9000 ROE Factor 0.024170 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 3,485,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 4,031,944 | 4.7261 |
| | < 60% of Base: | False | 20% ROE(2): | 1,007,986 | 0.3532 |
| | Interest Rate: | 5.2500 % | Insurance Cost(3): | 201,382 | 3.0228 |
| | Chase Rate: | 4.2500 % | Taxes Cost(3): | 42,900 | 0.6439 |
| | Amortization Rate: | 5.2500 % | Home Office(3): | 20,902 | 0.3137 |
| | Interest Only: | False | Replacement(3&4): | 61,388 | 0.0000 |
| Yearly Payment: | 326,028 | Total FRVS PD: | | 9.0597 | |

(1) 80% Capital (\$4,031,944) amortized at 5.2500% for 20 years Principal & Interest of \$326,028 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$4.7261

(2) 20% ROE (\$1,007,986) times the ROE factor (0.024170) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$0.3532

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 210 | Effective PBS Limitation | 5,985,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 47.9430 | 47.9430 | 2.7962 | 45.1468 |
| Patient Care | | | | |
| Direct Care | 99.6399 | 99.6399 | 5.8114 | 93.8285 |
| Indirect Care | 55.7299 | 55.7299 | 3.2504 | 52.4795 |
| Property | 13.6500 | 9.0597 | 0.5284 | 8.5313 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$3.5707 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 216.9628 | 212.3725 | 12.3864 | 212.3892 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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|---|
| 0 325031-00 - 2013/01 245.88 |
|---|

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 99 Maximum: 36,234 Max Annualized: 36,135 Total Patient: 33,517 Medicare: 3,414 Medicaid: 27,064 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 80.74708% Occupancy: 92.50152% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.62668% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,314,286 | 2,379,876 | 1,661,404 | 1,375,392 | 0 | 6,730,958 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 48.5621 | 87.9351 | 61.3880 | 50.8200 | | 248.7052 |
| 3 | Cost Per Diem Inflated | 50.5551 | 90.2988 | 63.9074 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.5551 | 90.2988 | 63.9074 | 50.8200 | | 255.5813 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 67.8737 | | 78.4378 | | | |
| 7 | Provider Target Rate | 69.8171 | | 80.6837 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 57.4520 | | 73.1895 | | | |
| 10b | Base for line 10a | 55.8528 | | 71.1522 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.5551 | 90.2988 | 63.9074 | 13.6500 | | 218.4113 |
| 12/13 | Medicaid Adjustment Rate | | 3.1235 | 2.2106 | | | |
| 14 | Prospective Per Diem 11 | 50.5551 | 93.4223 | 66.1180 | 13.6500 | | 223.7454 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325031-00 - 2013/01
245.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Terraces of Lake Worth Rehab and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | | |
|-------------------------|------------------|----------------------|---------------------|------------------------------|------------------|----------------|
| Began FRVS: | 8/1/1986 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| Year of Phase-In/ Full: | | Amount: | 2,768,698.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1977/07 | Type: | Fixed [2] | 80% Capital(1): | 3,817,351 | 13.8740 |
| Indexed Asset Value | 4,771,689 | < 60% of Base: | False | 20% ROE(2): | 954,338 | 0.6421 |
| FRVS Base Asset: | 1,103,813 | Interest Rate: | 10.3000 % | Insurance Cost(3): | 95,934 | 2.8622 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 70,695 | 2.1092 |
| ROE Factor | 0.021880 | Amortization Rate: | 10.3000 % | Home Office(3): | 10,516 | 0.3138 |
| | | Interest Only: | False | Replacement(3&4): | 5,100 | 0.0000 |
| | | Yearly Payment: | 451,202 | Total FRVS PD: | | 19.8013 |

(1) 80% Capital (\$3,817,351) amortized at 10.3000% for 20 years Principal & Interest of \$451,202 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$13.8740

(2) 20% ROE (\$954,338) times the ROE factor (0.021880) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.6421

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 99 | Effective PBS Limitation | 2,821,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.5551 | 50.5551 | 2.9486 | 47.6065 |
| Patient Care | | | | |
| Direct Care | 93.4223 | 93.4223 | 5.4488 | 87.9735 |
| Indirect Care | 66.1180 | 66.1180 | 3.8563 | 62.2617 |
| Property | 13.6500 | 19.8013 | 1.1549 | 18.6464 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$20.5585 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 223.7454 | 229.8967 | 13.4086 | 245.8790 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325040-00 - 2013/01 213.28 |
|---|

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 210 Maximum: 76,860 Max Annualized: 76,650 Total Patient: 74,604 Medicare: 24,010 Medicaid: 42,427 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | | | Medicaid Utilization 56.86960% Occupancy: 97.06479% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.38009% Weighted Low Occ Adjustment Factor: 100.00000% |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,752,884 | 3,715,697 | 2,122,675 | 2,221,902 | 0 | 9,813,158 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 41.3153 | 87.5786 | 50.0312 | 52.3700 | | 231.2951 |
| 3 | Cost Per Diem Inflated | 43.0109 | 89.9327 | 52.0845 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 43.0109 | 89.9327 | 52.0845 | 52.3700 | | 237.3981 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 50.4880 | | 59.9326 | | | |
| 7 | Provider Target Rate | 51.9336 | | 61.6486 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | 45.1961 | | 58.5206 | | | |
| 10b | Base for line 10a | 43.9380 | | 56.8916 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 43.0109 | 89.9327 | 52.0845 | 13.6500 | | 198.6781 |
| 12/13 | Medicaid Adjustment Rate | | 0.6950 | 0.4025 | | | |
| 14 | Prospective Per Diem 11 | 43.0109 | 90.6277 | 52.4870 | 13.6500 | | 199.7756 |
| 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 01/01/2013 through 06/30/2013

0 325040-00 - 2013/01

213.28

Arbor Village 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: | 6,300,000.00 | | Total Amount | Per Diem |
| RS to Start Calcs: | 1982/01 | Type: | Fixed [2] | 80% Capital(1): | 6,785,253 | 10.0569 |
| Indexed Asset Value | 8,481,566 | < 60% of Base: | False | 20% ROE(2): | 1,696,313 | 0.5380 |
| FRVS Base Asset: | 2,419,633 | Interest Rate: | 9.0000 % | Insurance Cost(3): | 195,493 | 2.6204 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 5.2500 % | Taxes Cost(3): | 72,319 | 0.9694 |
| ROE Factor | 0.021880 | Amortization Rate: | 8.2500 % | Home Office(3): | 23,406 | 0.3137 |
| | | Interest Only: | False | Replacement(3&4): | 56,803 | 0.0000 |
| | | Yearly Payment: | 693,778 | Total FRVS PD: | | 14.4984 |

(1) 80% Capital (\$6,785,253) amortized at 8.2500% for 20 years Principal & Interest of \$693,778 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$10.0569

(2) 20% ROE (\$1,696,313) times the ROE factor (0.021880) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$0.5380

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|---------------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,130,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 43.0109 | 43.0109 | 2.5086 | 40.5023 |
| Patient Care | | | | |
| Direct Care | 90.6277 | 90.6277 | 5.2858 | 85.3419 |
| Indirect Care | 52.4870 | 52.4870 | 3.0613 | 49.4257 |
| Property | 13.6500 | 14.4984 | 0.8456 | 13.6528 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.5233 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 199.7756 | 200.6240 | 11.7013 | 213.2784 |

***Medicaid Trend Adjustment :**



0 325163-00 - 2013/01
249.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 03/01/2011-02/29/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 85 Maximum: 31,110 Max Annualized: 31,025 Total Patient: 28,375 Medicare: 1,686 Medicaid: 25,037 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 88.23612% Occupancy: 91.20861% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.99658% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.25670530 Semester Index: 1.30828184 Cost: 1.04104108 Target: 1.02004310 DC FY Index: 1.19049979 DC Sem Index: 1.22250000 DC Inflation: 1.02687964 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|-----|-----------------|
| 1 | Total Cost | 1,184,920 | 2,316,150 | 1,710,965 | 1,021,009 | 0 | 6,233,044 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 47.3268 | 92.5091 | 68.3375 | 40.7800 | | 248.9534 |
| 3 | Cost Per Diem Inflated | 49.2691 | 94.9957 | 71.1421 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 49.2691 | 94.9957 | 71.1421 | 40.7800 | | 256.1869 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 70.1758 | | 81.9386 | | | |
| 7 | Provider Target Rate | 72.1851 | | 84.2847 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | 61.2314 | | 74.6699 | | | |
| 10b | Base for line 10a | 59.5270 | | 72.5914 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 49.2691 | 94.9957 | 71.1421 | 13.6500 | | 229.0569 |
| 12/13 | Medicaid Adjustment Rate | | 4.0863 | 3.0602 | | | |
| 14 | Prospective Per Diem 11 | 49.2691 | 99.0820 | 74.2023 | 13.6500 | | 236.2034 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325163-00 - 2013/01
249.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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 | 0.2172 |
| FRVS Base Asset: | 480,912 | Interest Rate: | 9.5000 % | Insurance Cost(3): | 81,696 | 2.8792 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.7500 % | Taxes Cost(3): | 63,007 | 2.2205 |
| ROE Factor | 0.021880 | Amortization Rate: | 9.5000 % | Home Office(3): | 8,902 | 0.3137 |
| | | Interest Only: | False | Replacement(3&4): | 11,604 | 0.0000 |
| | | Yearly Payment: | 124,024 | Total FRVS PD: | | 10.0723 |

(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 (0.021880) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = \$0.2172

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|-----------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 85 | Effective PBS Limitation | 2,422,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 49.2691 | 49.2691 | 2.8736 | 46.3955 |
| Patient Care | | | | |
| Direct Care | 99.0820 | 99.0820 | 5.7789 | 93.3031 |
| Indirect Care | 74.2023 | 74.2023 | 4.3278 | 69.8745 |
| Property | 13.6500 | 10.0723 | 0.5875 | 9.4848 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$21.5299 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 236.2034 | 232.6257 | 13.5678 | 249.4202 |

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325236-00 - 2013/01 193.07 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 39.69698% Occupancy: 95.84018% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.83609% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.23415178 Semester Index: 1.30828184 Cost: 1.06006559 Target: 1.02004310 DC FY Index: 1.17950000 DC Sem Index: 1.22250000 DC Inflation: 1.03645613 PS Target: 1.02863299 | |

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 | 61.1776 | 76.2770 | 44.6607 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 61.1776 | 76.2770 | 44.6607 | 13.0500 | 3.6458 | 198.8111 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.2835 | | 48.9785 | | | |
| 7 | Provider Target Rate | 66.1241 | | 50.3809 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 76.2770 | 44.6607 | 13.0500 | 3.6458 | 185.7980 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 76.2770 | 44.6607 | 13.0500 | 3.6458 | 185.7980 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325236-00 - 2013/01
193.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,697,299 | 10.2568 |
| Indexed Asset Value | 5,871,624 | < 60% of Base: | False | 20% ROE(2): | 1,174,325 | 0.7695 |
| 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: | 404,323 | Total FRVS PD: | | 13.2628 |

(1) 80% Capital (\$4,697,299) amortized at 6.0150% for 20 years Principal & Interest of \$404,323 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2568

(2) 20% ROE (\$1,174,325) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7695

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,602,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 76.2770 | 76.2770 | 4.4488 | 71.8282 |
| Indirect Care | 44.6607 | 44.6607 | 2.6048 | 42.0559 |
| Property | 13.0500 | 13.2628 | 0.7735 | 12.4893 |
| ROE | 3.6458 | 2.3215 | 0.1354 | 2.1861 |
| ROE Adjustment | -2.3215 | -2.3215 | -0.1354 | -2.1861 |
| Quality Assess-Medicaid Share | | | | \$12.5072 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.4765 | 182.3650 | 10.6363 | 193.0683 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 325244-00 - 2013/01 |
| 206.91 |

Heartland Health Care Center-Kendall

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of 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 | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 42,368 Medicare: 27,427 Medicaid: 11,227 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 26.49877% Occupancy: 96.46630% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.62551% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 685,249 | 974,336 | 523,285 | 143,818 | 25,202 | 2,351,890 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 61.0358 | 86.7851 | 46.6095 | 12.8100 | 2.2448 | 209.4852 |
| 3 | Cost Per Diem Inflated | 63.0417 | 88.7822 | 48.1413 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 63.0417 | 88.7822 | 48.1413 | 12.8100 | 2.2448 | 215.0200 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.0295 | | 51.8416 | | | |
| 7 | Provider Target Rate | 63.8056 | | 53.3260 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 88.7822 | 48.1413 | 12.8100 | 2.2448 | 205.0258 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 88.7822 | 48.1413 | 12.8100 | 2.2448 | 205.0258 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325244-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

206.91

Heartland Health Care Center-Kendall

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): | 3,989,543 | 9.2272 |
| Indexed Asset Value | 4,986,929 | < 60% of Base: | False | 20% ROE(2): | 997,386 | 0.4506 |
| FRVS Base Asset: | 3,578,520 | Interest Rate: | 6.7400 % | Insurance Cost(3): | 8,460 | 0.1997 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 62,612 | 1.4778 |
| ROE Factor | 0.017810 | Amortization Rate: | 6.7400 % | Home Office(3): | 18,810 | 0.4440 |
| | | Interest Only: | False | Replacement(3&4): | 734,547 | 0.0000 |
| | | Yearly Payment: | 363,736 | Total FRVS PD: | | 11.7993 |

(1) 80% Capital (\$3,989,543) amortized at 6.7400% for 20 years Principal & Interest of \$363,736 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2272

(2) 20% ROE (\$997,386) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4506

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,578,520 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------------------|-----------------|-----------------|----------------|------------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 88.7822 | 88.7822 | 5.1781 | 83.6041 |
| Indirect Care | 48.1413 | 48.1413 | 2.8078 | 45.3335 |
| Property | 12.8100 | 11.7993 | 0.6882 | 11.1111 |
| ROE | 2.2448 | 1.2084 | 0.0705 | 1.1379 |
| ROE Adjustment | -1.2084 | -1.2084 | -0.0705 | -1.1379 |
| Quality Assess-Medicaid Share | | | | \$8.0721 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 203.8174 | 201.7703 | 11.7680 | 206.9068 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 325252-00 - 2013/01 |
| 206.03 |

Heartland Health Care Center-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 | 10/01/2011-09/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 42,779 Medicare: 30,798 Medicaid: 9,871 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 23.07441% Occupancy: 97.40210% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 122.80537% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.27684492 Semester Index: 1.30828184 Cost: 1.02462078 Target: 1.02004310 DC FY Index: 1.20000000 DC Sem Index: 1.22250000 DC Inflation: 1.01875000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 487,563 | 813,667 | 509,376 | 152,902 | 17,193 | 1,980,701 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 49.3935 | 82.4300 | 51.6033 | 15.4900 | 1.7418 | 200.6586 |
| 3 | Cost Per Diem Inflated | 50.6096 | 83.9756 | 52.8738 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.6096 | 83.9756 | 52.8738 | 15.4900 | 1.7418 | 204.6908 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 60.4576 | | 51.3626 | | | |
| 7 | Provider Target Rate | 62.1887 | | 52.8333 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6096 | 83.9756 | 52.8333 | 13.6500 | 1.7418 | 202.8103 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6096 | 83.9756 | 52.8333 | 13.6500 | 1.7418 | 202.8103 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325252-00 - 2013/01
206.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Heartland Health Care Center-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 | 0.4011 |
| FRVS Base Asset: | 3,620,880 | Interest Rate: | 10.5000 % | Insurance Cost(3): | 15,355 | 0.3589 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 10.0000 % | Taxes Cost(3): | 52,780 | 1.2338 |
| ROE Factor | 0.015420 | Amortization Rate: | 10.5000 % | Home Office(3): | 31,131 | 0.7277 |
| | | Interest Only: | False | Replacement(3&4): | 94,508 | 0.0000 |
| | | Yearly Payment: | 491,389 | Total FRVS PD: | | 15.1870 |

(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 (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4011

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,620,880 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 50.6096 | 50.6096 | 2.9518 | 47.6578 |
| Patient Care | | | | |
| Direct Care | 83.9756 | 83.9756 | 4.8978 | 79.0778 |
| Indirect Care | 52.8333 | 52.8333 | 3.0815 | 49.7518 |
| Property | 13.6500 | 15.1870 | 0.8858 | 14.3012 |
| ROE | 1.7418 | 0.3133 | 0.0183 | 0.2950 |
| ROE Adjustment | -0.3133 | -0.3133 | -0.0183 | -0.2950 |
| Quality Assess-Medicaid Share | | | | \$6.4107 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 202.4970 | 202.6055 | 11.8169 | 206.0317 |

*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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 325261-00 - 2013/01 |
| 198.82 |

Heartland Health Care Center-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 |
|--|--|---|--|
| 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 | 10/01/2011-09/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 39,944 Medicare: 14,099 Medicaid: 18,586 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 46.53014% Occupancy: 90.94718% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.66695% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.27684492 | Semester Index: 1.30828184 |
| | | Cost: 1.02462078 | Target: 1.02004310 |
| | | DC FY Index: 1.20000000 | DC Sem Index: 1.22250000 |
| | | DC Inflation: 1.01875000 | PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,000,970 | 1,457,557 | 819,830 | 156,866 | 10,855 | 3,446,078 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 53.8561 | 78.4223 | 44.1101 | 8.4400 | 0.5840 | 185.4125 |
| 3 | Cost Per Diem Inflated | 55.1821 | 79.8927 | 45.1961 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.1821 | 79.8927 | 45.1961 | 8.4400 | 0.5840 | 189.2949 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.7241 | | 50.3880 | | | |
| 7 | Provider Target Rate | 66.5773 | | 51.8308 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 79.8927 | 45.1961 | 8.4400 | 0.5840 | 182.2773 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 79.8927 | 45.1961 | 8.4400 | 0.5840 | 182.2773 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325261-00 - 2013/01
198.82

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Heartland Health Care Center-Orange Park

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): | 4,016,566 | 9.6713 |
| Indexed Asset Value | 5,020,708 | < 60% of Base: | False | 20% ROE(2): | 1,004,142 | 0.3928 |
| FRVS Base Asset: | 3,602,760 | Interest Rate: | 7.2600 % | Insurance Cost(3): | 8,979 | 0.2248 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 74,200 | 1.8576 |
| ROE Factor | 0.015420 | Amortization Rate: | 7.2600 % | Home Office(3): | 25,206 | 0.6310 |
| | | Interest Only: | False | Replacement(3&4): | 198,088 | 0.0000 |
| | | Yearly Payment: | 381,244 | Total FRVS PD: | | 12.7775 |

(1) 80% Capital (\$4,016,566) amortized at 7.2600% for 20 years Principal & Interest of \$381,244 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6713

(2) 20% ROE (\$1,004,142) times the ROE factor (0.015420) divided by annual available days (43,800) 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: | 30,023 |
| Comparison Date: 7/1/1989 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,602,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 79.8927 | 79.8927 | 4.6597 | 75.2330 |
| Indirect Care | 45.1961 | 45.1961 | 2.6360 | 42.5601 |
| Property | 8.4400 | 12.7775 | 0.7452 | 12.0323 |
| ROE | 0.5840 | 0.0578 | 0.0034 | 0.0544 |
| ROE Adjustment | -0.0578 | -0.0578 | -0.0034 | -0.0544 |
| Quality Assess-Medicaid Share | | | | \$14.8105 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 182.2195 | 186.0308 | 10.8501 | 198.8236 |

*Medicaid Trend Adjustment :



0 325279-00 - 2013/01

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 01/01/2013 through 06/30/2013

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: 2013/01 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 Medicaid Utilization 46.33382% Occupancy: 76.62498% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 96.60941% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 47.5683 | 91.1960 | 43.6469 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 47.5683 | 91.1960 | 43.6469 | 10.5300 | 3.2316 | 196.1728 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 66.1435 | | 49.3864 | | | |
| 7 | Provider Target Rate | 68.0374 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 47.5683 | 91.1960 | 43.6469 | 10.5300 | 3.2316 | 196.1728 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 47.5683 | 91.1960 | 43.6469 | 10.5300 | 3.2316 | 196.1728 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325279-00 - 2013/01
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 01/01/2013 through 06/30/2013

Manor Care Nursing and Rehabilitation 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 | | |
|--|----------------------|---------------------|------------------------------|------------------|---------------|
| | Amount: | | Total Amount | Per Diem | |
| RS to Start Calcs: 1977/07 | Type: | 2,068,000.00 | 80% Capital(1): | 2,936,976 | 6.2630 |
| Indexed Asset Value 3,671,220 | < 60% of Base: | Fixed [2] | 20% ROE(2): | 734,244 | 0.4117 |
| FRVS Base Asset: 2,386,545 | Interest Rate: | 7.5000 % | Insurance Cost(3): | 1,709 | 0.0443 |
| Occup Adj Factor: 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 54,480 | 1.4115 |
| ROE Factor 0.025420 | Amortization Rate: | 7.5000 % | Home Office(3): | 26,364 | 0.6831 |
| | Interest Only: | False | Replacement(3&4): | 85,900 | 0.0000 |
| | Yearly Payment: | 283,921 | Total FRVS PD: | | 8.8136 |

(1) 80% Capital (\$2,936,976) amortized at 7.5000% for 20 years Principal & Interest of \$283,921 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$6.2630

(2) 20% ROE (\$734,244) times the ROE factor (0.025420) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.4117

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 138 | Effective PBS Limitation | 3,933,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 47.5683 | 47.5683 | 2.7744 | 44.7939 |
| Patient Care | | | | |
| Direct Care | 91.1960 | 91.1960 | 5.3189 | 85.8771 |
| Indirect Care | 43.6469 | 43.6469 | 2.5457 | 41.1012 |
| Property | 10.5300 | 8.8136 | 0.6142 | 9.9158 |
| ROE | 3.2316 | 2.6659 | 0.1885 | 3.0431 |
| ROE Adjustment | -2.6659 | -2.6659 | -0.1555 | -2.5104 |
| Quality Assess-Medicaid Share | | | | \$15.1748 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 193.5069 | 191.2248 | 11.2862 | 206.2279 |

***Medicaid Trend Adjustment :**



0 325287-00 - 2013/01
201.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Heartland Health Care Center of South Jacksonvil

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 117 Maximum: 42,822 Max Annualized: 42,705 Total Patient: 40,097 Medicare: 20,264 Medicaid: 13,528 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 33.73818% Occupancy: 93.63645% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.05761% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 679,140 | 1,066,464 | 644,994 | 189,121 | 14,728 | 2,594,447 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 50.2025 | 78.8338 | 47.6784 | 13.9800 | 1.0887 | 191.7834 |
| 3 | Cost Per Diem Inflated | 51.9676 | 80.7382 | 49.3547 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 51.9676 | 80.7382 | 49.3547 | 13.9800 | 1.0887 | 197.1292 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.8463 | | 47.4134 | | | |
| 7 | Provider Target Rate | 59.5026 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 48.1645 | 80.7382 | 48.7710 | 13.6500 | 1.0887 | 192.4124 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 48.1645 | 80.7382 | 48.7710 | 13.6500 | 1.0887 | 192.4124 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325287-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

201.34

Heartland Health Care Center of South Jacksonvil

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): | 4,085,891 | 11.8911 |
| Indexed Asset Value 5,107,364 | | < 60% of Base: False | 20% ROE(2): | 1,021,473 | 0.4983 |
| FRVS Base Asset: 2,155,424 | | Interest Rate: 9.5000 % | Insurance Cost(3): | 6,547 | 0.1633 |
| Occup Adj Factor: 0.9000 | | Chase Rate: 13.0000 % | Taxes Cost(3): | 75,816 | 1.8908 |
| ROE Factor 0.018750 | | Amortization Rate: 9.5000 % | Home Office(3): | 26,978 | 0.6728 |
| | | Interest Only: False | Replacement(3&4): | 63,969 | 0.0000 |
| | | Yearly Payment: 457,030 | Total FRVS PD: | | 15.1163 |

(1) 80% Capital (\$4,085,891) amortized at 9.5000% for 20 years Principal & Interest of \$457,030 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$11.8911

(2) 20% ROE (\$1,021,473) times the ROE factor (0.018750) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.4983

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 89 | Effective PBS Limitation | 2,536,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 48.1645 | 48.1645 | 2.8092 | 45.3553 |
| Patient Care | | | | |
| Direct Care | 80.7382 | 80.7382 | 4.7090 | 76.0292 |
| Indirect Care | 48.7710 | 48.7710 | 2.8445 | 45.9265 |
| Property | 13.6500 | 15.1163 | 0.7961 | 12.8539 |
| ROE | 1.0887 | 0.0000 | 0.0635 | 1.0252 |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$11.3220 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 192.4124 | 192.7900 | 11.2223 | 201.3445 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325295-00 - 2013/01 197.47 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.72041% Occupancy: 78.22831% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 98.63091% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 |

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 | 41.8156 | 78.2246 | 44.1205 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 41.8156 | 78.2246 | 44.1205 | 10.4600 | 3.1174 | 177.7381 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.1463 | | 47.4134 | | | |
| 7 | Provider Target Rate | 63.9257 | | 48.7710 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 48.1645 | 96.2398 | 61.0570 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 47.4780 | | 56.1342 | | | |
| 10 | Target Rate Class Ceiling | 48.4296 | | 57.2593 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 41.8156 | 78.2246 | 44.1205 | 10.4600 | 3.1174 | 177.7381 |
| 12/13 | Medicaid Adjustment Rate | | 1.7354 | 0.9788 | | | |
| 14 | Prospective Per Diem 11 | 41.8156 | 79.9600 | 45.0993 | 10.4600 | 3.1174 | 180.4523 |
| 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 01/01/2013 through 06/30/2013

| |
|---|
| 0 325295-00 - 2013/01 197.47 |
|---|

| |
|---|
| Heartland of Brooksville FL, LLC |
|---|

| |
|-------------|
| FRVS |
|-------------|

FRVS Status as of this Semester: **On FRV [2]**

| Began FRVS: 1/1/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/01 Indexed Asset Value 5,766,478 FRVS Base Asset: 3,530,760 Occup Adj Factor: 0.9000 ROE Factor 0.025630 | Mortgage Information Amount: 4,000,000.00 Type: Variable [3] < 60% of Base: False Interest Rate: 6.0150 % Chase Rate: 8.5000 % Amortization Rate: 6.0150 % Interest Only: False Yearly Payment: 397,082 | Calculation of FRVS Per Diem <table border="1"> <thead> <tr> <th></th> <th>Total Amount</th> <th>Per Diem</th> </tr> </thead> <tbody> <tr> <td>80% Capital(1):</td> <td>4,613,182</td> <td>10.0731</td> </tr> <tr> <td>20% ROE(2):</td> <td>1,153,296</td> <td>0.7498</td> </tr> <tr> <td>Insurance Cost(3):</td> <td>2,521</td> <td>0.0736</td> </tr> <tr> <td>Taxes Cost(3):</td> <td>66,090</td> <td>1.9288</td> </tr> <tr> <td>Home Office(3):</td> <td>19,532</td> <td>0.5700</td> </tr> <tr> <td>Replacement(3&4):</td> <td>193,984</td> <td>0.0000</td> </tr> <tr> <td>Total FRVS PD:</td> <td></td> <td>13.3953</td> </tr> </tbody> </table> | | Total Amount | Per Diem | 80% Capital(1): | 4,613,182 | 10.0731 | 20% ROE(2): | 1,153,296 | 0.7498 | Insurance Cost(3): | 2,521 | 0.0736 | Taxes Cost(3): | 66,090 | 1.9288 | Home Office(3): | 19,532 | 0.5700 | Replacement(3&4): | 193,984 | 0.0000 | Total FRVS PD: | | 13.3953 |
|---|--|--|--|--------------|----------|-----------------|------------------|----------------|-------------|------------------|---------------|--------------------|--------------|---------------|----------------|---------------|---------------|-----------------|---------------|---------------|-------------------|----------------|---------------|-----------------------|--|----------------|
| | Total Amount | Per Diem | | | | | | | | | | | | | | | | | | | | | | | | |
| 80% Capital(1): | 4,613,182 | 10.0731 | | | | | | | | | | | | | | | | | | | | | | | | |
| 20% ROE(2): | 1,153,296 | 0.7498 | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Cost(3): | 2,521 | 0.0736 | | | | | | | | | | | | | | | | | | | | | | | | |
| Taxes Cost(3): | 66,090 | 1.9288 | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Office(3): | 19,532 | 0.5700 | | | | | | | | | | | | | | | | | | | | | | | | |
| Replacement(3&4): | 193,984 | 0.0000 | | | | | | | | | | | | | | | | | | | | | | | | |
| Total FRVS PD: | | 13.3953 | | | | | | | | | | | | | | | | | | | | | | | | |

(1) 80% Capital (\$4,613,182) amortized at 6.0150% for 20 years Principal & Interest of \$397,082 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.0731

(2) 20% ROE (\$1,153,296) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7498

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | |
|--|--|
| Per Bed Standard Determination Comparison Date: 7/1/1987 Comparison Bed 120 | Used Per Bed Standard: 29,423 Current RS PBS: 50,500 Effective PBS Limitation 3,530,760 |
|--|--|

| |
|--|
| Comparison of Reimbursement under Cost vs. FRVS |
|--|

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 41.8156 | 41.8156 | 2.4389 | 39.3767 |
| Patient Care | | | | |
| Direct Care | 79.9600 | 79.9600 | 4.6636 | 75.2964 |
| Indirect Care | 45.0993 | 45.0993 | 2.6304 | 42.4689 |
| Property | 10.4600 | 13.3953 | 0.7813 | 12.6140 |
| ROE | 3.1174 | 2.6027 | 0.1518 | 2.4509 |
| ROE Adjustment | -2.6027 | -2.6027 | -0.1518 | -2.4509 |
| Quality Assess-Medicaid Share | | | | \$18.8777 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.8496 | 180.2702 | 10.5142 | 197.4661 |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 325309-00 - 2013/01 |
| 188.54 |

Heartland Health Care Center-Bovnton 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 | 07/01/2011-06/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 42,196 Medicare: 6,747 Medicaid: 24,550 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.18087% Occupancy: 96.07468% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 121.13175% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26665332 Semester Index: 1.30828184 Cost: 1.03286497 Target: 1.02004310 DC FY Index: 1.19500000 DC Sem Index: 1.22250000 DC Inflation: 1.02301255 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,272,516 | 1,648,969 | 843,160 | 341,982 | 39,027 | 4,145,654 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 51.8336 | 67.1678 | 34.3446 | 13.9300 | 1.5897 | 168.8657 |
| 3 | Cost Per Diem Inflated | 53.5371 | 68.7135 | 35.4733 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 53.5371 | 68.7135 | 35.4733 | 13.9300 | 1.5897 | 173.2436 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 61.3539 | | 51.3593 | | | |
| 7 | Provider Target Rate | 63.1106 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 68.7135 | 35.4733 | 13.6500 | 1.5897 | 172.4740 |
| 12/13 | Medicaid Adjustment Rate | | 0.6324 | 0.3265 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 69.3459 | 35.7998 | 13.6500 | 1.5897 | 173.4329 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325309-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

188.54

Heartland Health Care Center-Bovnton 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): | 4,045,860 | 8.6456 |
| Indexed Asset Value | 5,057,325 | < 60% of Base: | True | 20% ROE(2): | 1,011,465 | 0.4570 |
| FRVS Base Asset: | 3,642,240 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 8,481 | 0.2010 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 102,244 | 2.4231 |
| ROE Factor | 0.017810 | Amortization Rate: | 8.5000 % | Home Office(3): | 20,932 | 0.4961 |
| | | Interest Only: | True | Replacement(3&4): | 81,977 | 0.0000 |
| | | Yearly Payment: | 340,809 | Total FRVS PD: | 12.2228 | |

- (1) 80% Capital (\$4,045,860) amortized at 8.5000% for 20 years Interest of \$340,809 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6456
- (2) 20% ROE (\$1,011,465) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4570
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,642,240 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|---------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 69.3459 | 69.3459 | 4.0445 | 65.3014 |
| Indirect Care | 35.7998 | 35.7998 | 2.0880 | 33.7118 |
| Property | 13.6500 | 12.2228 | 0.7129 | 11.5099 |
| ROE | 1.5897 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2300 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 173.4329 | 170.4160 | 9.9393 | 188.5391 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 325325-00 - 2013/01

194.18

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 35.20278% Occupancy: 94.68950% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.38530% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 44.9742 | 87.1921 | 39.3843 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.9742 | 87.1921 | 39.3843 | 16.3500 | 3.7879 | 191.6885 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 63.4672 | | 51.3593 | | | |
| 7 | Provider Target Rate | 65.2845 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.9742 | 87.1921 | 39.3843 | 13.6500 | 3.7879 | 188.9885 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.9742 | 87.1921 | 39.3843 | 13.6500 | 3.7879 | 188.9885 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325325-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

194.18

Heartland of Fort Mvers FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | |
|--|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 4/25/1991 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 4,490,629 FRVS Base Asset: 2,715,660 Occup Adj Factor: 0.9000 ROE Factor 0.025420 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 5,500,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 3,592,503 | 7.8444 |
| | < 60% of Base: | False | 20% ROE(2): | 898,126 | 0.5792 |
| | Interest Rate: | 6.0150 % | Insurance Cost(3): | 5,113 | 0.1233 |
| | Chase Rate: | 8.5000 % | Taxes Cost(3): | 87,568 | 2.1114 |
| | Amortization Rate: | 6.0150 % | Home Office(3): | 25,896 | 0.6244 |
| | Interest Only: | False | Replacement(3&4): | 908,908 | 0.0000 |
| Yearly Payment: | 309,227 | Total FRVS PD: | 11.2827 | | |

(1) 80% Capital (\$3,592,503) amortized at 6.0150% for 20 years Principal & Interest of \$309,227 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.8444

(2) 20% ROE (\$898,126) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5792

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 90 | Effective PBS Limitation | 2,715,660 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.9742 | 44.9742 | 2.6231 | 42.3511 |
| Patient Care | | | | |
| Direct Care | 87.1921 | 87.1921 | 5.0854 | 82.1067 |
| Indirect Care | 39.3843 | 39.3843 | 2.2971 | 37.0872 |
| Property | 13.6500 | 11.2827 | 0.6581 | 10.6246 |
| ROE | 3.7879 | 2.2142 | 0.1291 | 2.0851 |
| ROE Adjustment | -2.2142 | -2.2142 | -0.1291 | -2.0851 |
| Quality Assess-Medicaid Share | | | | \$13.1752 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 186.7743 | 182.8333 | 10.6637 | 194.1772 |

***Medicaid Trend Adjustment :**



0 325333-00 - 2013/01
200.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Heartland Health Care Center-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 | 08/01/2011-07/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 109 Maximum: 39,894 Max Annualized: 39,785 Total Patient: 38,153 Medicare: 6,088 Medicaid: 27,807 Medicaid Utilization 72.88287% Occupancy: 95.63593% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 120.57858% Weighted Low Occ Adjustment Factor: 100.00000% | Superior: 0 Standard: 182 Conditional: 0 Total: 182 Inflation FY Index: 1.27004145 Semester Index: 1.30828184 Cost: 1.03010956 Target: 1.02004310 DC FY Index: 1.19666435 DC Sem Index: 1.22250000 DC Inflation: 1.02158972 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals | |
|-------|---|----------------|--|----------------|----------------|---------------|-----------------|--|
| 1 | Total Cost | 1,196,232 | 2,195,243 | 1,104,369 | 386,517 | 32,764 | 4,915,125 | |
| 1a | Audit Adjustments | | | | | | | |
| 2 | Cost Per Diem | 43.0191 | 78.9457 | 39.7155 | 13.9000 | 1.1783 | 176.7586 | |
| 3 | Cost Per Diem Inflated | 44.3144 | 80.6501 | 40.9113 | | | | |
| 4 | Low Occupancy Adjustment | | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.3144 | 80.6501 | 40.9113 | 13.9000 | 1.1783 | 180.9541 | |
| 5a | Interim Adjustment | | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.2700 | | 51.3593 | | | | |
| 7 | Provider Target Rate | 66.1102 | | 52.8299 | | | | |
| 7a | Interim Adjustment | | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | | |
| 10a | New Provider Target Limitation | | | | | | | |
| 10b | Base for line 10a | | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.3144 | 80.6501 | 40.9113 | 13.6500 | 1.1783 | 180.7041 | |
| 12/13 | Medicaid Adjustment Rate | | 2.0762 | 1.0532 | | | | |
| 14 | Prospective Per Diem 11 | 44.3144 | 82.7263 | 41.9645 | 13.6500 | 1.1783 | 183.8335 | |
| 15 | Inflated Usual & Customary Charge | | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325333-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

200.03

Heartland Health Care Center-Lauderhill

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 4,680,440 FRVS Base Asset: 2,519,910 Occup Adj Factor: 0.9000 ROE Factor 0.016770 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 4,050,000.00 | | Total Amount | Per Diem |
| | Type: | Variable [3] | 80% Capital(1): | 3,744,352 | 9.0011 |
| | < 60% of Base: | False | 20% ROE(2): | 936,088 | 0.4384 |
| | Interest Rate: | 6.0150 % | Insurance Cost(3): | 7,904 | 0.2072 |
| | Chase Rate: | 8.5000 % | Taxes Cost(3): | 131,355 | 3.4428 |
| | Amortization Rate: | 6.0150 % | Home Office(3): | 19,875 | 0.5209 |
| | Interest Only: | False | Replacement(3&4): | 117,618 | 0.0000 |
| Yearly Payment: | 322,297 | Total FRVS PD: | | 13.6104 | |

(1) 80% Capital (\$3,744,352) amortized at 6.0150% for 20 years Principal & Interest of \$322,297 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$9.0011

(2) 20% ROE (\$936,088) times the ROE factor (0.016770) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.4384

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 85 | Effective PBS Limitation | 2,519,910 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.3144 | 44.3144 | 2.5846 | 41.7298 |
| Patient Care | | | | |
| Direct Care | 82.7263 | 82.7263 | 4.8249 | 77.9014 |
| Indirect Care | 41.9645 | 41.9645 | 2.4475 | 39.5170 |
| Property | 13.6500 | 13.6104 | 0.7938 | 12.8166 |
| ROE | 1.1783 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.2375 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.8335 | 182.6156 | 10.6508 | 200.0347 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 325341-00 - 2013/01 |
| 207.86 |

Heartland-Prosperity 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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 49.30667% Occupancy: 89.40411% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.72144% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 50.3872 | 86.5209 | 46.5240 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.3872 | 86.5209 | 46.5240 | 11.7800 | 3.7820 | 198.9941 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 65.6707 | | 51.3593 | | | |
| 7 | Provider Target Rate | 67.5510 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.3872 | 86.5209 | 46.5240 | 11.7800 | 3.7820 | 198.9941 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.3872 | 86.5209 | 46.5240 | 11.7800 | 3.7820 | 198.9941 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325341-00 - 2013/01
207.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

Heartland-Prosperity 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): | 3,880,882 | 8.4741 |
| Indexed Asset Value | 4,851,103 | < 60% of Base: | False | 20% ROE(2): | 970,221 | 0.6256 |
| 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: | 334,049 | Total FRVS PD: | | 11.9085 |

(1) 80% Capital (\$3,880,882) amortized at 6.0150% for 20 years Principal & Interest of \$334,049 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.4741

(2) 20% ROE (\$970,221) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6256

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,663,600 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.3872 | 50.3872 | 2.9388 | 47.4484 |
| Patient Care | | | | |
| Direct Care | 86.5209 | 86.5209 | 5.0463 | 81.4746 |
| Indirect Care | 46.5240 | 46.5240 | 2.7135 | 43.8105 |
| Property | 11.7800 | 11.9085 | 0.6946 | 11.2139 |
| ROE | 3.7820 | 2.0414 | 0.1191 | 1.9223 |
| ROE Adjustment | -2.0414 | -2.0414 | -0.1191 | -1.9223 |
| Quality Assess-Medicaid Share | | | | \$15.0835 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 196.9527 | 195.3406 | 11.3932 | 207.8633 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325350-00 - 2013/01 209.47 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 47.11106% Occupancy: 94.39536% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 119.01444% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 50.9056 | 87.6694 | 44.4014 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 50.9056 | 87.6694 | 44.4014 | 13.4100 | 4.0426 | 200.4290 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 67.1151 | | 51.3593 | | | |
| 7 | Provider Target Rate | 69.0368 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.9056 | 87.6694 | 44.4014 | 13.4100 | 4.0426 | 200.4290 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.9056 | 87.6694 | 44.4014 | 13.4100 | 4.0426 | 200.4290 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325350-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

209.47

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): | 5,234,052 | 9.1668 |
| Indexed Asset Value | 6,542,565 | < 60% of Base: | False | 20% ROE(2): | 1,308,513 | 0.6706 |
| 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: | 454,704 | Total FRVS PD: | | 13.6188 |

(1) 80% Capital (\$5,234,052) amortized at 6.1300% for 20 years Principal & Interest of \$454,704 divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = \$9.1668

(2) 20% ROE (\$1,308,513) times the ROE factor (0.025420) divided by annual available days (55,115) 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: | 29,423 |
| Comparison Date: | 7/1/1987 | Current RS PBS: | 50,500 |
| Comparison Bed | 101 | Effective PBS Limitation | 2,971,723 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.9056 | 50.9056 | 2.9690 | 47.9366 |
| Patient Care | | | | |
| Direct Care | 87.6694 | 87.6694 | 5.1132 | 82.5562 |
| Indirect Care | 44.4014 | 44.4014 | 2.5897 | 41.8117 |
| Property | 13.4100 | 13.6188 | 0.7943 | 12.8245 |
| ROE | 4.0426 | 2.2090 | 0.1288 | 2.0802 |
| ROE Adjustment | -2.2090 | -2.2090 | -0.1288 | -2.0802 |
| Quality Assess-Medicaid Share | | | | \$15.5108 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 198.2200 | 196.5952 | 11.4662 | 209.4722 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325368-00 - 2013/01 195.57 |
|---|

ManorCare Health Services (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 Northwest 51st 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 59,389 Medicare: 9,115 Medicaid: 41,265 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 69.48256% Occupancy: 90.14724% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 113.65838% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,594,220 | 3,067,058 | 1,737,497 | 833,140 | 72,367 | 7,304,282 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 38.6337 | 74.3259 | 42.1058 | 20.1900 | 1.7537 | 177.0091 |
| 3 | Cost Per Diem Inflated | 39.9920 | 76.1214 | 43.5862 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.9920 | 76.1214 | 43.5862 | 20.1900 | 1.7537 | 181.6433 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 67.5781 | | 51.3593 | | | |
| 7 | Provider Target Rate | 69.5131 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.9920 | 76.1214 | 43.5862 | 13.6500 | 1.7537 | 175.1033 |
| 12/13 | Medicaid Adjustment Rate | | 1.6684 | 0.9553 | | | |
| 14 | Prospective Per Diem 11 | 39.9920 | 77.7898 | 44.5415 | 13.6500 | 1.7537 | 177.7270 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325368-00 - 2013/01
195.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

ManorCare Health Services (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): 5,984,586 | 9.5626 |
| Indexed Asset Value | 7,480,732 | < 60% of Base: False | 20% ROE(2): 1,496,146 | 0.4744 |
| FRVS Base Asset: | 3,420,000 | Interest Rate: 7.2000 % | Insurance Cost(3): 11,432 | 0.1925 |
| Occup Adj Factor: | 0.9000 | Chase Rate: 8.0000 % | Taxes Cost(3): 158,387 | 2.6669 |
| ROE Factor | 0.018750 | Amortization Rate: 7.2000 % | Home Office(3): 33,520 | 0.5644 |
| | | Interest Only: False | Replacement(3&4): 1,196,955 | 0.0000 |
| | | Yearly Payment: 565,435 | Total FRVS PD: | 13.4608 |

(1) 80% Capital (\$5,984,586) amortized at 7.2000% for 20 years Principal & Interest of \$565,435 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.5626

(2) 20% ROE (\$1,496,146) times the ROE factor (0.018750) divided by annual available days (65,700) 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.9920 | 39.9920 | 2.3325 | 37.6595 |
| Patient Care | | | | |
| Direct Care | 77.7898 | 77.7898 | 4.5370 | 73.2528 |
| Indirect Care | 44.5415 | 44.5415 | 2.5978 | 41.9437 |
| Property | 13.6500 | 13.4608 | 0.7961 | 12.8539 |
| ROE | 1.7537 | 0.0000 | 0.1023 | 1.6514 |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$19.3769 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.7270 | 175.7841 | 10.3657 | 195.5706 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 325376-00 - 2013/01

207.01

ManorCare Health Services-Bovnton 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 52,701 Medicare: 17,036 Medicaid: 25,229 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 47.87196% Occupancy: 79.99545% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 100.85893% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,282,450 | 1,954,993 | 1,134,577 | 561,093 | 45,980 | 4,979,093 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 50.8324 | 77.4899 | 44.9711 | 22.2400 | 1.8225 | 197.3559 |
| 3 | Cost Per Diem Inflated | 52.6196 | 79.3618 | 46.5522 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 52.6196 | 79.3618 | 46.5522 | 22.2400 | 1.8225 | 202.5961 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 64.9956 | | 51.3593 | | | |
| 7 | Provider Target Rate | 66.8566 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 52.6196 | 79.3618 | 46.5522 | 13.6500 | 1.8225 | 194.0061 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 52.6196 | 79.3618 | 46.5522 | 13.6500 | 1.8225 | 194.0061 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325376-00 - 2013/01
207.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

ManorCare Health Services-Bovnton Beach

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: 1985/01 | Amount: 4,116,079.00 | 80% Capital(1): 6,350,806 | 9.9306 |
| Indexed Asset Value 7,938,507 | Type: Variable [3] | 20% ROE(2): 1,587,701 | 0.5035 |
| FRVS Base Asset: 3,420,000 | < 60% of Base: False | Insurance Cost(3): 7,974 | 0.1513 |
| Occup Adj Factor: 0.9000 | Interest Rate: 6.9200 % | Taxes Cost(3): 168,860 | 3.2041 |
| ROE Factor 0.018750 | Chase Rate: 13.0000 % | Home Office(3): 33,345 | 0.6327 |
| | Amortization Rate: 6.9200 % | Replacement(3&4): 89,675 | 0.0000 |
| | Interest Only: False | Total FRVS PD: 14.4222 | |
| | Yearly Payment: 587,199 | | |

(1) 80% Capital (\$6,350,806) amortized at 6.9200% for 20 years Principal & Interest of \$587,199 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.9306

(2) 20% ROE (\$1,587,701) times the ROE factor (0.018750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5035

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 52.6196 | 52.6196 | 3.0690 | 49.5506 |
| Patient Care | | | | |
| Direct Care | 79.3618 | 79.3618 | 4.6287 | 74.7331 |
| Indirect Care | 46.5522 | 46.5522 | 2.7151 | 43.8371 |
| Property | 13.6500 | 14.4222 | 0.7961 | 12.8539 |
| ROE | 1.8225 | 0.0000 | 0.1063 | 1.7162 |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.4906 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 194.0061 | 192.9558 | 11.3152 | 207.0139 |

***Medicaid Trend Adjustment :**



0 325384-00 - 2013/01

203.15

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2013 through 06/30/2013

ManorCare Health Services

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 40,252 Medicare: 16,939 Medicaid: 14,768 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 36.68886% Occupancy: 91.64845% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.55113% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,319,768 | 1,142,123 | 674,309 | 162,743 | 36,259 | 3,335,202 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 89.3667 | 77.3377 | 45.6601 | 11.0200 | 2.4552 | 225.8397 |
| 3 | Cost Per Diem Inflated | 92.5088 | 79.2059 | 47.2655 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 92.5088 | 79.2059 | 47.2655 | 11.0200 | 2.4552 | 232.4554 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 65.4610 | | 51.3593 | | | |
| 7 | Provider Target Rate | 67.3353 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 79.2059 | 47.2655 | 11.0200 | 2.4552 | 192.9941 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 79.2059 | 47.2655 | 11.0200 | 2.4552 | 192.9941 |
| 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 01/01/2013 through 06/30/2013

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|------------------------------|
| 0 325384-00 - 2013/01 |
| 203.15 |

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| ManorCare Health Services |
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|-------------|
| FRVS |
|-------------|

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | |
|---|-----------------------------|-----------------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: 5/1/2000 Year of Phase-In/ Full: RS to Start Calcs: 1999/07 Indexed Asset Value 5,258,749 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.018750 | Mortgage Information | | Calculation of FRVS Per Diem | | |
| | Amount: | 0.00 | | Total Amount | Per Diem |
| | Type: | None [1] | 80% Capital(1): | 4,206,999 | 9.5239 |
| | < 60% of Base: | True | 20% ROE(2): | 1,051,750 | 0.5003 |
| | Interest Rate: | 9.0000 % | Insurance Cost(3): | 9,711 | 0.2413 |
| | Chase Rate: | 9.0000 % | Taxes Cost(3): | 72,146 | 1.7924 |
| | Amortization Rate: | 9.0000 % | Home Office(3): | 28,152 | 0.6994 |
| | Interest Only: | True | Replacement(3&4): | 64,809 | 0.0000 |
| Yearly Payment: | 375,433 | Total FRVS PD: | | 12.7573 | |

- (1) 80% Capital (\$4,206,999) amortized at 9.0000% for 20 years Interest of \$375,433 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5239
- (2) 20% ROE (\$1,051,750) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5003
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,661,520 |

| | | | | | |
|--|--|--|--|--|--|
| Comparison of Reimbursement under Cost vs. FRVS | | | | | |
|--|--|--|--|--|--|

| Components | Cost | FRVS | MTA* | Final Component | |
|-------------------------------|-----------------|-----------------|----------------|------------------|--|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 | |
| Patient Care | | | | | |
| Direct Care | 79.2059 | 79.2059 | 4.6196 | 74.5863 | |
| Indirect Care | 47.2655 | 47.2655 | 2.7567 | 44.5088 | |
| Property | 11.0200 | 12.7573 | 0.7441 | 12.0132 | |
| ROE | 2.4552 | 0.0058 | 0.0003 | 0.0055 | |
| ROE Adjustment | -0.0058 | -0.0058 | -0.0003 | -0.0055 | |
| Quality Assess-Medicaid Share | | | | \$13.2573 | |
| Supplemental Rate Add-on | | | | \$8.8324 | |
| Totals | 192.9883 | 192.2762 | 11.2143 | 203.1516 | |

| |
|-------------------------------------|
| *Medicaid Trend Adjustment : |
|-------------------------------------|



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325422-00 - 2013/01 219.14 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 47.62493% Occupancy: 92.87437% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.09678% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 56.8341 | 89.0906 | 51.4234 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 56.8341 | 89.0906 | 51.4234 | 21.1600 | 5.0055 | 223.5136 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 74.6500 | | 51.3593 | | | |
| 7 | Provider Target Rate | 76.7875 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 89.0906 | 51.4234 | 13.6500 | 5.0055 | 212.2170 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 89.0906 | 51.4234 | 13.6500 | 5.0055 | 212.2170 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 325422-00 - 2013/01 |
| 219.14 |

| |
|--------------------------------|
| 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 | | |
| RS to Start Calcs: 1984/01 | Type: None [1] | 80% Capital(1): 4,309,870 | 9.7264 |
| Indexed Asset Value 5,387,337 | < 60% of Base: True | 20% ROE(2): 1,077,467 | 0.7126 |
| FRVS Base Asset: 2,764,500 | Interest Rate: 8.7500 % | Insurance Cost(3): 4,957 | 0.1250 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.7500 % | Taxes Cost(3): 38,335 | 0.9665 |
| ROE Factor 0.025420 | Amortization Rate: 8.7500 % | Home Office(3): 26,989 | 0.6805 |
| | Interest Only: True | Replacement(3&4): 641,874 | 0.0000 |
| | Yearly Payment: 373,829 | Total FRVS PD: | 12.2110 |

- (1) 80% Capital (\$4,309,870) amortized at 8.7500% for 20 years Interest of \$373,829 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$9.7264
- (2) 20% ROE (\$1,077,467) times the ROE factor (0.025420) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.7126
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 97 | Effective PBS Limitation 2,764,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 89.0906 | 89.0906 | 5.1961 | 83.8945 |
| Indirect Care | 51.4234 | 51.4234 | 2.9992 | 48.4242 |
| Property | 13.6500 | 12.2110 | 0.7961 | 12.8539 |
| ROE | 5.0055 | 2.3417 | 0.2919 | 4.7136 |
| ROE Adjustment | -2.3417 | -2.3417 | -0.1366 | -2.2051 |
| Quality Assess-Medicaid Share | | | | \$12.6754 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.8753 | 205.7725 | 12.2406 | 219.1425 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325449-00 - 2013/01 196.99 |
|---|

ManorCare 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 |
|---|--|---|--|
| 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 38,755 Medicare: 12,910 Medicaid: 21,574 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 55.66766% Occupancy: 88.23998% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 111.25369% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation |
| | | | FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 750,256 | 1,782,120 | 1,069,735 | 222,644 | 10,620 | 3,835,375 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 34.7759 | 82.6050 | 49.5845 | 10.3200 | 0.4923 | 177.7777 |
| 3 | Cost Per Diem Inflated | 35.9986 | 84.6005 | 51.3279 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 35.9986 | 84.6005 | 51.3279 | 10.3200 | 0.4923 | 182.7393 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 66.0812 | | 51.3593 | | | |
| 7 | Provider Target Rate | 67.9733 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 35.9986 | 84.6005 | 51.3279 | 10.3200 | 0.4923 | 182.7393 |
| 12/13 | Medicaid Adjustment Rate | | 0.5394 | 0.3273 | | | |
| 14 | Prospective Per Diem 11 | 35.9986 | 85.1399 | 51.6552 | 10.3200 | 0.4923 | 183.6060 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325449-00 - 2013/01
196.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

ManorCare 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: 3,000,000.00 | | |
| RS to Start Calcs: 1983/01 | Type: Variable [3] | 80% Capital(1): 4,744,437 | 9.1762 |
| Indexed Asset Value 5,930,546 | < 60% of Base: False | 20% ROE(2): 1,186,109 | 0.5642 |
| FRVS Base Asset: 3,420,000 | Interest Rate: 4.5500 % | Insurance Cost(3): 5,543 | 0.1430 |
| Occup Adj Factor: 0.9000 | Chase Rate: 8.0000 % | Taxes Cost(3): 26,018 | 0.6713 |
| ROE Factor 0.018750 | Amortization Rate: 4.5500 % | Home Office(3): 25,553 | 0.6593 |
| | Interest Only: False | Replacement(3&4): 40,461 | 0.0000 |
| | Yearly Payment: 361,726 | Total FRVS PD: | 11.2140 |

(1) 80% Capital (\$4,744,437) amortized at 4.5500% for 20 years Principal & Interest of \$361,726 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1762

(2) 20% ROE (\$1,186,109) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5642

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | |
|---------------------------------------|---|
| Per Bed Standard Determination | Used Per Bed Standard: 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 35.9986 | 35.9986 | 2.0996 | 33.8990 |
| Patient Care | | | | |
| Direct Care | 85.1399 | 85.1399 | 4.9657 | 80.1742 |
| Indirect Care | 51.6552 | 51.6552 | 3.0127 | 48.6425 |
| Property | 10.3200 | 11.2140 | 0.6019 | 9.7181 |
| ROE | 0.4923 | 0.0000 | 0.0287 | 0.4636 |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$15.2649 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.6060 | 184.0077 | 10.7086 | 196.9947 |

***Medicaid Trend Adjustment :**



0 325457-00 - 2013/01
202.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

ManorCare Health Services (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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 41,266 Medicare: 18,319 Medicaid: 17,255 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 41.81408% Occupancy: 93.95720% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 118.46201% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 779,089 | 1,323,954 | 853,024 | 286,433 | 25,337 | 3,267,837 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 45.1515 | 76.7287 | 49.4363 | 16.6000 | 1.4684 | 189.3849 |
| 3 | Cost Per Diem Inflated | 46.7390 | 78.5822 | 51.1744 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 46.7390 | 78.5822 | 51.1744 | 16.6000 | 1.4684 | 194.5640 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 77.3142 | | 51.3593 | | | |
| 7 | Provider Target Rate | 79.5279 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 46.7390 | 78.5822 | 51.1744 | 13.6500 | 1.4684 | 191.6140 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 46.7390 | 78.5822 | 51.1744 | 13.6500 | 1.4684 | 191.6140 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325457-00 - 2013/01
202.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

ManorCare Health Services (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): 3,811,104 | 9.8489 |
| Indexed Asset Value | 4,763,880 | < 60% of Base: False | 20% ROE(2): 952,776 | 0.4532 |
| FRVS Base Asset: | 3,420,000 | Interest Rate: 8.2000 % | Insurance Cost(3): 8,040 | 0.1948 |
| Occup Adj Factor: | 0.9000 | Chase Rate: 13.0000 % | Taxes Cost(3): 77,544 | 1.8791 |
| ROE Factor | 0.018750 | Amortization Rate: 8.2000 % | Home Office(3): 28,812 | 0.6982 |
| | | Interest Only: False | Replacement(3&4): 542,669 | 0.0000 |
| | | Yearly Payment: 388,243 | Total FRVS PD: | 13.0742 |

(1) 80% Capital (\$3,811,104) amortized at 8.2000% for 20 years Principal & Interest of \$388,243 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8489

(2) 20% ROE (\$952,776) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4532

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 46.7390 | 46.7390 | 2.7260 | 44.0130 |
| Patient Care | | | | |
| Direct Care | 78.5822 | 78.5822 | 4.5832 | 73.9990 |
| Indirect Care | 51.1744 | 51.1744 | 2.9847 | 48.1897 |
| Property | 13.6500 | 13.0742 | 0.7961 | 12.8539 |
| ROE | 1.4684 | 0.0000 | 0.0856 | 1.3828 |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Quality Assess-Medicaid Share | | | | \$12.7286 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 191.6140 | 189.5698 | 11.1756 | 201.9994 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 325465-00 - 2013/01

198.07

ManorCare Health Services-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 |
|---|--|--|--|
| 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 178 Maximum: 65,148 Max Annualized: 64,970 Total Patient: 59,404 Medicare: 13,694 Medicaid: 31,421 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 52.89374% Occupancy: 91.18315% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.96447% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,368,067 | 2,571,300 | 1,174,364 | 494,881 | 55,169 | 5,663,781 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.5399 | 81.8338 | 37.3751 | 15.7500 | 1.7558 | 180.2546 |
| 3 | Cost Per Diem Inflated | 45.0707 | 83.8106 | 38.6892 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.0707 | 83.8106 | 38.6892 | 15.7500 | 1.7558 | 185.0763 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 58.2820 | | 51.3593 | | | |
| 7 | Provider Target Rate | 59.9508 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.0707 | 83.8106 | 38.6892 | 13.6500 | 1.7558 | 182.9763 |
| 12/13 | Medicaid Adjustment Rate | | 0.2728 | 0.1260 | | | |
| 14 | Prospective Per Diem 11 | 45.0707 | 84.0834 | 38.8152 | 13.6500 | 1.7558 | 183.3751 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325465-00 - 2013/01
198.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

ManorCare Health Services-Sarasota

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): | 5,592,742 | 12.2400 |
| Indexed Asset Value | 6,990,927 | < 60% of Base: | False | 20% ROE(2): | 1,398,185 | 0.4483 |
| FRVS Base Asset: | 3,420,000 | Interest Rate: | 11.5000 % | Insurance Cost(3): | 7,805 | 0.1314 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 13.0000 % | Taxes Cost(3): | 50,921 | 0.8572 |
| ROE Factor | 0.018750 | Amortization Rate: | 11.5000 % | Home Office(3): | 35,795 | 0.6026 |
| | | Interest Only: | False | Replacement(3&4): | 236,831 | 0.0000 |
| | | Yearly Payment: | 715,712 | Total FRVS PD: | | 14.2795 |

- (1) 80% Capital (\$5,592,742) amortized at 11.5000% for 20 years Principal & Interest of \$715,712 divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = \$12.2400
- (2) 20% ROE (\$1,398,185) times the ROE factor (0.018750) divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = \$0.4483
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

| | | |
|---------------------------------------|--------------------------|------------------|
| Per Bed Standard Determination | Used Per Bed Standard: | 28,500 |
| Comparison Date: 10/1/1985 | Current RS PBS: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,420,000 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.0707 | 45.0707 | 2.6287 | 42.4420 |
| Patient Care | | | | |
| Direct Care | 84.0834 | 84.0834 | 4.9041 | 79.1793 |
| Indirect Care | 38.8152 | 38.8152 | 2.2639 | 36.5513 |
| Property | 13.6500 | 14.2795 | 0.8328 | 13.4467 |
| ROE | 1.7558 | 0.9311 | 0.0543 | 0.8768 |
| ROE Adjustment | -0.9311 | -0.9311 | -0.0543 | -0.8768 |
| Quality Assess-Medicaid Share | | | | \$17.6133 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 182.4440 | 182.2488 | 10.6295 | 198.0650 |

***Medicaid Trend Adjustment :**



0 325473-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

219.05

ManorCare Health Services

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 129 Maximum: 47,214 Max Annualized: 47,085 Total Patient: 39,720 Medicare: 14,643 Medicaid: 15,834 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 39.86405% Occupancy: 84.12759% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 106.06875% Weighted Low Occ Adjustment Factor: 100.00000% | | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 837,178 | 1,415,210 | 778,073 | 249,544 | 14,528 | 3,294,533 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 52.8722 | 89.3779 | 49.1394 | 15.7600 | 0.9175 | 208.0670 |
| 3 | Cost Per Diem Inflated | 54.7311 | 91.5370 | 50.8671 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 54.7311 | 91.5370 | 50.8671 | 15.7600 | 0.9175 | 213.8127 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.4744 | | 51.3593 | | | |
| 7 | Provider Target Rate | 64.2632 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 91.5370 | 50.8671 | 13.6500 | 0.9175 | 210.0191 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 91.5370 | 50.8671 | 13.6500 | 0.9175 | 210.0191 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325473-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

219.05

ManorCare Health Services

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): | 4,457,133 | 8.8599 |
| Indexed Asset Value | 5,571,416 | < 60% of Base: | True | 20% ROE(2): | 1,114,283 | 0.4930 |
| FRVS Base Asset: | 4,711,854 | Interest Rate: | 8.5000 % | Insurance Cost(3): | 9,886 | 0.2489 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 84,739 | 2.1334 |
| ROE Factor | 0.018750 | Amortization Rate: | 8.5000 % | Home Office(3): | 28,001 | 0.7050 |
| | | Interest Only: | True | Replacement(3&4): | 272,137 | 0.0000 |
| | | Yearly Payment: | 375,453 | Total FRVS PD: | | 12.4402 |

(1) 80% Capital (\$4,457,133) amortized at 8.5000% for 20 years Interest of \$375,453 divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = \$8.8599

(2) 20% ROE (\$1,114,283) times the ROE factor (0.018750) divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = \$0.4930

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 129 | Effective PBS Limitation | 4,711,854 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 91.5370 | 91.5370 | 5.3388 | 86.1982 |
| Indirect Care | 50.8671 | 50.8671 | 2.9668 | 47.9003 |
| Property | 13.6500 | 12.4402 | 0.7256 | 11.7146 |
| ROE | 0.9175 | 0.5315 | 0.0310 | 0.5005 |
| ROE Adjustment | -0.5315 | -0.5315 | -0.0310 | -0.5005 |
| Quality Assess-Medicaid Share | | | | \$14.4515 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 209.4876 | 207.8918 | 12.1251 | 219.0506 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325481-00 - 2013/01 206.86 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 52.10904% Occupancy: 91.20319% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 114.98975% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 | |

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 | 57.1660 | 79.2622 | 48.3055 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 57.1660 | 79.2622 | 48.3055 | 15.2900 | 4.3349 | 204.3586 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 68.5418 | | 53.5902 | | | |
| 7 | Provider Target Rate | 70.5044 | | 55.1246 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 53.0475 | 79.2622 | 48.3055 | 13.6500 | 4.3349 | 198.6001 |
| 12/13 | Medicaid Adjustment Rate | | 0.1881 | 0.1146 | | | |
| 14 | Prospective Per Diem 11 | 53.0475 | 79.4503 | 48.4201 | 13.6500 | 4.3349 | 198.9028 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325481-00 - 2013/01
206.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

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): | 4,086,478 | 8.4732 |
| Indexed Asset Value | 5,108,098 | < 60% of Base: | True | 20% ROE(2): | 1,021,620 | 0.6588 |
| 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: | 334,012 | Total FRVS PD: | | 13.1382 |

- (1) 80% Capital (\$4,086,478) amortized at 8.2500% for 20 years Interest of \$334,012 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.4732
- (2) 20% ROE (\$1,021,620) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6588
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,252,320 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 53.0475 | 53.0475 | 3.0939 | 49.9536 |
| Patient Care | | | | |
| Direct Care | 79.4503 | 79.4503 | 4.6339 | 74.8164 |
| Indirect Care | 48.4201 | 48.4201 | 2.8241 | 45.5960 |
| Property | 13.6500 | 13.1382 | 0.7663 | 12.3719 |
| ROE | 4.3349 | 3.2437 | 0.1892 | 3.0545 |
| ROE Adjustment | -3.2437 | -3.2437 | -0.1892 | -3.0545 |
| Quality Assess-Medicaid Share | | | | \$15.2919 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 195.6591 | 194.0561 | 11.3182 | 206.8622 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325490-00 - 2013/01 213.56 |
|---|

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: 2013/01 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: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 61.88151% Occupancy: 87.06660% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 109.77429% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.24155496 Semester Index: 1.30828184 Cost: 1.05374460 Target: 1.02004310 DC FY Index: 1.18316382 DC Sem Index: 1.22250000 DC Inflation: 1.03324660 PS Target: 1.02863299 | |

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 | 45.8157 | 91.9326 | 47.8440 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 45.8157 | 91.9326 | 47.8440 | 14.9700 | 3.1432 | 203.7055 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 66.8715 | | 62.7314 | | | |
| 7 | Provider Target Rate | 68.7862 | | 64.5276 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 62.0315 | 106.7147 | 85.0191 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 63.7972 | | 74.1906 | | | |
| 10 | Target Rate Class Ceiling | 65.0759 | | 76.5172 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 45.8157 | 91.9326 | 47.8440 | 13.6500 | 3.1432 | 202.3855 |
| 12/13 | Medicaid Adjustment Rate | | 1.2288 | 0.6395 | | | |
| 14 | Prospective Per Diem 11 | 45.8157 | 93.1614 | 48.4835 | 13.6500 | 3.1432 | 204.2538 |
| 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 01/01/2013 through 06/30/2013

| |
|------------------------------|
| 0 325490-00 - 2013/01 |
| 213.56 |

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: | 50,500 |
| Comparison Bed 147 | Effective PBS Limitation | 4,189,500 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 45.8157 | 45.8157 | 2.6722 | 43.1435 |
| Patient Care | | | | |
| Direct Care | 93.1614 | 93.1614 | 5.4336 | 87.7278 |
| Indirect Care | 48.4835 | 48.4835 | 2.8278 | 45.6557 |
| Property | 13.6500 | 10.4551 | 0.6098 | 9.8453 |
| ROE | 3.1432 | 2.7551 | 0.1607 | 2.5944 |
| ROE Adjustment | -2.7551 | -2.7551 | -0.1607 | -2.5944 |
| Quality Assess-Medicaid Share | | | | \$18.3539 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 201.4987 | 197.9157 | 11.5434 | 213.5586 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325520-00 - 2013/01 193.05 |
|---|

ManorCare Health Services (Delrav 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 |
|---|--|--|--|
| 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 | 05/01/2011-04/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 41,028 Medicare: 20,526 Medicaid: 15,180 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 36.99912% Occupancy: 93.41530% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.77879% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26104493 Semester Index: 1.30828184 Cost: 1.03745855 Target: 1.02004310 DC FY Index: 1.19233184 DC Sem Index: 1.22250000 DC Inflation: 1.02530182 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|-----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 655,015 | 1,089,719 | 770,606 | 346,559 | 7,861 | 2,869,760 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 43.1499 | 71.7865 | 50.7646 | 22.8300 | 0.5179 | 189.0488 |
| 3 | Cost Per Diem Inflated | 44.7662 | 73.6028 | 52.6662 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 44.7662 | 73.6028 | 52.6662 | 22.8300 | 0.5179 | 194.3831 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 61.7879 | | 51.3593 | | | |
| 7 | Provider Target Rate | 63.5571 | | 52.8299 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.0475 | 100.1552 | 67.4301 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 52.8206 | | 59.7055 | | | |
| 10 | Target Rate Class Ceiling | 53.8793 | | 60.9022 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 44.7662 | 73.6028 | 52.6662 | 13.6500 | 0.5179 | 185.2031 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 44.7662 | 73.6028 | 52.6662 | 13.6500 | 0.5179 | 185.2031 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325520-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

193.05

ManorCare Health Services (Delrav Beach)

FRVS

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | | |
|-------------------------|------------------|-----------------------------|-----------------|-------------------------------------|---------------------|-----------------|
| Began FRVS: | 2/17/1999 | 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): | 4,237,319 | 8.2486 |
| Indexed Asset Value | 5,296,649 | < 60% of Base: | True | 20% ROE(2): | 1,059,330 | 0.5318 |
| FRVS Base Asset: | 4,594,920 | Interest Rate: | 7.7500 % | Insurance Cost(3): | 7,468 | 0.1820 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 112,200 | 2.7347 |
| ROE Factor | 0.019790 | Amortization Rate: | 7.7500 % | Home Office(3): | 30,592 | 0.7456 |
| | | Interest Only: | True | Replacement(3&4): | 40,985 | 0.0000 |
| | | Yearly Payment: | 325,160 | Total FRVS PD: | 12.4427 | |

- (1) 80% Capital (\$4,237,319) amortized at 7.7500% for 20 years Interest of \$325,160 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.2486
- (2) 20% ROE (\$1,059,330) times the ROE factor (0.019790) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5318
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 4,594,920 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 44.7662 | 44.7662 | 2.6109 | 42.1553 |
| Patient Care | | | | |
| Direct Care | 73.6028 | 73.6028 | 4.2928 | 69.3100 |
| Indirect Care | 52.6662 | 52.6662 | 3.0717 | 49.5945 |
| Property | 13.6500 | 12.4427 | 0.7257 | 11.7170 |
| ROE | 0.5179 | 0.0184 | 0.0011 | 0.0173 |
| ROE Adjustment | -0.0184 | -0.0184 | -0.0011 | -0.0173 |
| Quality Assess-Medicaid Share | | | | \$11.4383 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 185.1847 | 183.4779 | 10.7011 | 193.0475 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 325678-00 - 2013/01

214.52

ManorCare Health Services-Carrollwood

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 40,385 Medicare: 20,132 Medicaid: 13,156 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 32.57645% Occupancy: 91.95127% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 115.93293% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,138,937 | 1,099,892 | 725,236 | 182,605 | 19,265 | 3,165,935 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 86.5717 | 83.6038 | 55.1259 | 13.8800 | 1.4644 | 240.6458 |
| 3 | Cost Per Diem Inflated | 89.6155 | 85.6234 | 57.0641 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 89.6155 | 85.6234 | 57.0641 | 13.8800 | 1.4644 | 247.6474 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 62.2327 | | 56.1646 | | | |
| 7 | Provider Target Rate | 64.0146 | | 57.7728 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 85.6234 | 57.0641 | 13.6500 | 1.4644 | 208.4079 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 85.6234 | 57.0641 | 13.6500 | 1.4644 | 208.4079 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325678-00 - 2013/01
214.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

ManorCare Health Services-Carrollwood

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): 4,069,075 | 10.2455 |
| Indexed Asset Value 5,086,344 | < 60% of Base: True | | 20% ROE(2): 1,017,269 | 0.4839 |
| FRVS Base Asset: 3,602,760 | Interest Rate: 10.0000 % | | Insurance Cost(3): 5,960 | 0.1476 |
| Occup Adj Factor: 0.9000 | Chase Rate: 10.0000 % | | Taxes Cost(3): 53,468 | 1.3240 |
| ROE Factor 0.018750 | Amortization Rate: 10.0000 % | | Home Office(3): 29,887 | 0.7401 |
| | Interest Only: True | | Replacement(3&4): 92,403 | 0.0000 |
| | Yearly Payment: 403,877 | | Total FRVS PD: | 12.9411 |

(1) 80% Capital (\$4,069,075) amortized at 10.0000% for 20 years Interest of \$403,877 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2455

(2) 20% ROE (\$1,017,269) times the ROE factor (0.018750) 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: 30,023 |
| Comparison Date: 7/1/1989 | Current RS PBS: 50,500 |
| Comparison Bed 120 | Effective PBS Limitation 3,602,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 85.6234 | 85.6234 | 4.9939 | 80.6295 |
| Indirect Care | 57.0641 | 57.0641 | 3.3282 | 53.7359 |
| Property | 13.6500 | 12.9411 | 0.7548 | 12.1863 |
| ROE | 1.4644 | 0.7704 | 0.0449 | 0.7255 |
| ROE Adjustment | -0.7704 | -0.7704 | -0.0449 | -0.7255 |
| Quality Assess-Medicaid Share | | | | \$11.4793 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 207.6375 | 206.2346 | 12.0284 | 214.5179 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325686-00 - 2013/01 185.96 |
|---|

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: 2013/01 Unaudited [3] Initial CR? False Medicaid Utilization 48.02079% Occupancy: 92.68721% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 116.86081% Weighted Low Occ Adjustment Factor: 100.00000% | Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,597 Medicare: 13,954 Medicaid: 19,495 | Superior: 182 Standard: 0 Conditional: 0 Total: 182 Inflation FY Index: 1.24527319 Semester Index: 1.30828184 Cost: 1.05059825 Target: 1.02004310 DC FY Index: 1.18500000 DC Sem Index: 1.22250000 DC Inflation: 1.03164557 PS Target: 1.02863299 |

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 | 39.1013 | 77.8522 | 46.3563 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 39.1013 | 77.8522 | 46.3563 | 15.7200 | 3.6875 | 182.7173 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 63.8162 | | 51.0646 | | | |
| 7 | Provider Target Rate | 65.6434 | | 52.5267 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 39.1013 | 77.8522 | 46.3563 | 13.6500 | 3.6875 | 180.6473 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 39.1013 | 77.8522 | 46.3563 | 13.6500 | 3.6875 | 180.6473 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325686-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

185.96

Manor Care of Dunedin FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | | |
|-------------------------|------------------|----------------------|-----------------|------------------------------|------------------|---------------|
| Began FRVS: | 5/1/1996 | 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): | 2,917,414 | 6.0492 |
| Indexed Asset Value | 3,646,768 | < 60% of Base: | True | 20% ROE(2): | 729,354 | 0.4703 |
| FRVS Base Asset: | 3,043,800 | Interest Rate: | 8.2500 % | Insurance Cost(3): | 6,297 | 0.1551 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.2500 % | Taxes Cost(3): | 64,720 | 1.5942 |
| ROE Factor | 0.025420 | Amortization Rate: | 8.2500 % | Home Office(3): | 23,031 | 0.5673 |
| | | Interest Only: | True | Replacement(3&4): | 470,384 | 0.0000 |
| | | Yearly Payment: | 238,458 | Total FRVS PD: | | 8.8361 |

(1) 80% Capital (\$2,917,414) amortized at 8.2500% for 20 years Interest of \$238,458 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.0492

(2) 20% ROE (\$729,354) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4703

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed | 120 | Effective PBS Limitation | 3,043,800 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 39.1013 | 39.1013 | 2.2805 | 36.8208 |
| Patient Care | | | | |
| Direct Care | 77.8522 | 77.8522 | 4.5407 | 73.3115 |
| Indirect Care | 46.3563 | 46.3563 | 2.7037 | 43.6526 |
| Property | 13.6500 | 8.8361 | 0.5154 | 8.3207 |
| ROE | 3.6875 | 2.8807 | 0.1680 | 2.7127 |
| ROE Adjustment | -2.8807 | -2.8807 | -0.1680 | -2.7127 |
| Quality Assess-Medicaid Share | | | | \$15.0222 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.7666 | 172.1459 | 10.0403 | 185.9602 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

0 325694-00 - 2013/01

194.62

ManorCare Health Services-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 |
|---|--|--|--|
| 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 | 06/01/2011-05/31/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 180 Maximum: 65,880 Max Annualized: 65,700 Total Patient: 61,546 Medicare: 21,048 Medicaid: 28,055 | Superior: 182 Standard: 0 Conditional: 0 Total: 182 |
| | Medicaid Utilization 45.58379% Occupancy: 93.42137% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 117.78643% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26384602 Semester Index: 1.30828184 Cost: 1.03515920 Target: 1.02004310 DC FY Index: 1.19366518 DC Sem Index: 1.22250000 DC Inflation: 1.02415654 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|----------------|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,764,740 | 2,100,237 | 1,131,093 | 397,259 | 44,485 | 5,437,814 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 62.9029 | 74.8614 | 40.3170 | 14.1600 | 1.5856 | 193.8269 |
| 3 | Cost Per Diem Inflated | 65.1145 | 76.6698 | 41.7345 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 65.1145 | 76.6698 | 41.7345 | 14.1600 | 1.5856 | 199.2644 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.0745 | | 49.3864 | | | |
| 7 | Provider Target Rate | 58.7087 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 76.6698 | 41.7345 | 13.6500 | 1.5856 | 184.2459 |
| 12/13 | Medicaid Adjustment Rate | | | | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 76.6698 | 41.7345 | 13.6500 | 1.5856 | 184.2459 |
| 15 | Inflated Usual & Customary Charge | | | | | | |

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325694-00 - 2013/01
194.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

ManorCare Health Services-Palm Harbor

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): | 5,600,292 | 9.4006 |
| Indexed Asset Value | 7,000,365 | < 60% of Base: | True | 20% ROE(2): | 1,400,073 | 0.4440 |
| FRVS Base Asset: | 5,431,320 | Interest Rate: | 10.0000 % | Insurance Cost(3): | 11,529 | 0.1873 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 10.0000 % | Taxes Cost(3): | 101,132 | 1.6432 |
| ROE Factor | 0.018750 | Amortization Rate: | 10.0000 % | Home Office(3): | 37,559 | 0.6103 |
| | | Interest Only: | True | Replacement(3&4): | 231,484 | 0.0000 |
| | | Yearly Payment: | 555,858 | Total FRVS PD: | | 12.2854 |

(1) 80% Capital (\$5,600,292) amortized at 10.0000% for 20 years Interest of \$555,858 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.4006

(2) 20% ROE (\$1,400,073) times the ROE factor (0.018750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4440

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 180 | Effective PBS Limitation | 5,431,320 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 76.6698 | 76.6698 | 4.4717 | 72.1981 |
| Indirect Care | 41.7345 | 41.7345 | 2.4341 | 39.3004 |
| Property | 13.6500 | 12.2854 | 0.7165 | 11.5689 |
| ROE | 1.5856 | 0.8368 | 0.0488 | 0.7880 |
| ROE Adjustment | -0.8368 | -0.8368 | -0.0488 | -0.7880 |
| Quality Assess-Medicaid Share | | | | \$15.0619 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 183.4091 | 181.2957 | 10.5738 | 194.6162 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 325708-00 - 2013/01 192.72 |
|---|

Heartland of Zephyrvills

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of 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 | 10/01/2011-09/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 39,077 Medicare: 12,779 Medicaid: 23,462 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 60.04043% Occupancy: 88.97313% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 112.17806% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.27684492 Semester Index: 1.30828184 Cost: 1.02462078 Target: 1.02004310 DC FY Index: 1.20000000 DC Sem Index: 1.22250000 DC Inflation: 1.01875000 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|----------------|----------------|----------------|---------------|-----------------|
| 1 | Total Cost | 1,270,991 | 1,604,939 | 1,026,113 | 242,362 | 22,586 | 4,166,991 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 54.1723 | 68.4059 | 43.7351 | 10.3300 | 0.9627 | 177.6060 |
| 3 | Cost Per Diem Inflated | 55.5061 | 69.6885 | 44.8119 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 55.5061 | 69.6885 | 44.8119 | 10.3300 | 0.9627 | 181.2992 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 57.7776 | | 49.3864 | | | |
| 7 | Provider Target Rate | 59.4319 | | 50.8005 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 50.6060 | 98.1975 | 64.2435 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.1494 | | 57.8638 | | | |
| 10 | Target Rate Class Ceiling | 51.1545 | | 59.0236 | | | |
| 10a | New Provider Target Limitation | | | | | | |
| 10b | Base for line 10a | | | | | | |
| 11 | Lesser of 5,7,8,10, 10a | 50.6060 | 69.6885 | 44.8119 | 10.3300 | 0.9627 | 176.3991 |
| 12/13 | Medicaid Adjustment Rate | | 0.7872 | 0.5062 | | | |
| 14 | Prospective Per Diem 11 | 50.6060 | 70.4757 | 45.3181 | 10.3300 | 0.9627 | 177.6925 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



0 325708-00 - 2013/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

192.72

Heartland of Zephyrills

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): | 4,485,758 | 9.7949 |
| Indexed Asset Value | 5,607,198 | < 60% of Base: | False | 20% ROE(2): | 1,121,440 | 0.4387 |
| FRVS Base Asset: | 3,530,760 | Interest Rate: | 6.0150 % | Insurance Cost(3): | 10,853 | 0.2777 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 8.5000 % | Taxes Cost(3): | 55,155 | 1.4114 |
| ROE Factor | 0.015420 | Amortization Rate: | 6.0150 % | Home Office(3): | 23,320 | 0.5968 |
| | | Interest Only: | False | Replacement(3&4): | 163,911 | 0.0000 |
| | | Yearly Payment: | 386,114 | Total FRVS PD: | | 12.5195 |

(1) 80% Capital (\$4,485,758) amortized at 6.0150% for 20 years Principal & Interest of \$386,114 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7949

(2) 20% ROE (\$1,121,440) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4387

(3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 120 | Effective PBS Limitation | 3,530,760 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|-------------------------------|-----------------|-----------------|----------------|------------------|
| Operating | 50.6060 | 50.6060 | 2.9515 | 47.6545 |
| Patient Care | | | | |
| Direct Care | 70.4757 | 70.4757 | 4.1104 | 66.3653 |
| Indirect Care | 45.3181 | 45.3181 | 2.6431 | 42.6750 |
| Property | 10.3300 | 12.5195 | 0.7302 | 11.7893 |
| ROE | 0.9627 | 0.5061 | 0.0295 | 0.4766 |
| ROE Adjustment | -0.5061 | -0.5061 | -0.0295 | -0.4766 |
| Quality Assess-Medicaid Share | | | | \$15.4045 |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 177.1864 | 178.9193 | 10.4352 | 192.7210 |

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2013 through 06/30/2013

| |
|---|
| 0 326011-00 - 2013/01 209.88 |
|---|

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 # | 05/01/2011-04/30/2012 Days In CR 366 First Used: 2013/01 Last Used: 2013/01 Unaudited [3] Initial CR? False | Number of Beds: 36 Maximum: 13,176 Max Annualized: 13,140 Total Patient: 10,808 Medicare: 938 Medicaid: 6,366 | Superior: 0 Standard: 182 Conditional: 0 Total: 182 |
| | Medicaid Utilization 58.90081% Occupancy: 82.02793% Statewide Low Occupancy Threshold: 79.31420% Medicaid Low Occupancy Threshold: 40.85520% Low Occupancy Adjustment Factor: 103.42150% Weighted Low Occ Adjustment Factor: 100.00000% | Inflation | |
| | | FY Index: 1.26104493 Semester Index: 1.30828184 Cost: 1.03745855 Target: 1.02004310 DC FY Index: 1.19233184 DC Sem Index: 1.22250000 DC Inflation: 1.02530182 PS Target: 1.02863299 | |

Rate Calculations

| Item | Description | Operating | Direct | InDirect | Property | ROE | Totals |
|-------|---|--|-----------------|-----------------|----------------|-----|-----------------|
| 1 | Total Cost | 446,448 | 698,353 | 683,733 | 82,758 | 0 | 1,911,292 |
| 1a | Audit Adjustments | | | | | | |
| 2 | Cost Per Diem | 70.1301 | 109.7004 | 107.4039 | 13.0000 | | 300.2344 |
| 3 | Cost Per Diem Inflated | 72.7571 | 112.4760 | 111.4271 | | | |
| 4 | Low Occupancy Adjustment | | | | | | |
| 5 | Occupancy Adjusted/Inflated Per Diem | 72.7571 | 112.4760 | 111.4271 | 13.0000 | | 309.6602 |
| 5a | Interim Adjustment | | | | | | |
| 5b | Interim Adjusted Per Diem | | | | | | |
| 6 | Prior Semester: Provider Target Base | 68.0669 | | 102.1305 | | | |
| 7 | Provider Target Rate | 70.0159 | | 105.0548 | | | |
| 7a | Interim Adjustment | | | | | | |
| 7b | Interim Adjusted Provider Target Rate | | | | | | |
| 8 | Cost Based Class Ceilings | 53.8275 | 94.1344 | 68.4048 | 13.6500 | | |
| 9 | Prior Semester: Class Ceiling Target Base | 50.8132 | | 61.7620 | | | |
| 10 | Target Rate Class Ceiling | 51.8317 | | 62.9999 | | | |
| 10a | New Provider Target Limitation | 52.3618 | | 61.9039 | | | |
| 10b | Base for line 10a | 50.9043 | | 60.1807 | | | |
| 11 | Lesser of 5,7,8,10, 10a | 51.8317 | 94.1344 | 61.9039 | 13.0000 | | 220.8700 |
| 12/13 | Medicaid Adjustment Rate | | 0.9426 | 0.6199 | | | |
| 14 | Prospective Per Diem 11 | 51.8317 | 95.0770 | 62.5238 | 13.0000 | | 222.4325 |
| 15 | Inflated Usual & Customary Charge | Usual and Customary Limitations not applied after 7/1/2002 | | | | | |

Provider has submitted Supplemental Schedule.



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209.88

Moosehaven, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

| | | | | | | |
|-------------------------|------------------|----------------------|-----------------|------------------------------|----------------|---------------|
| Began FRVS: | 4/17/2008 | 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): | 358,274 | 2.3248 |
| Indexed Asset Value | 447,843 | < 60% of Base: | True | 20% ROE(2): | 89,569 | 0.1499 |
| FRVS Base Asset: | 0 | Interest Rate: | 0.0000 % | Insurance Cost(3): | 15,911 | 1.4722 |
| Occup Adj Factor: | 0.9000 | Chase Rate: | 7.7500 % | Taxes Cost(3): | 1,354 | 0.1253 |
| ROE Factor | 0.019790 | Amortization Rate: | 7.7500 % | Home Office(3): | 0 | 0.0000 |
| | | Interest Only: | True | Replacement(3&4): | 178,801 | 0.0000 |
| | | Yearly Payment: | 27,493 | Total FRVS PD: | | 4.0722 |

- (1) 80% Capital (\$358,274) amortized at 7.7500% for 20 years Interest of \$27,493 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$2.3248
- (2) 20% ROE (\$89,569) times the ROE factor (0.019790) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$0.1499
- (3) Pass-throughs: 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: | 50,500 |
| Comparison Bed 36 | Effective PBS Limitation | 384,084 |

Comparison of Reimbursement under Cost vs. FRVS

| Components | Cost | FRVS | MTA* | Final Component |
|--------------------------|-----------------|-----------------|----------------|-----------------|
| Operating | 51.8317 | 51.8317 | 3.0230 | 48.8087 |
| Patient Care | | | | |
| Direct Care | 95.0770 | 95.0770 | 5.5453 | 89.5317 |
| Indirect Care | 62.5238 | 62.5238 | 3.6466 | 58.8772 |
| Property | 13.0000 | 4.0722 | 0.2375 | 3.8347 |
| ROE | 0.0000 | 0.0000 | | |
| ROE Adjustment | 0.0000 | 0.0000 | | |
| Supplemental Rate Add-on | | | | \$8.8324 |
| Totals | 222.4325 | 213.5047 | 12.4524 | 209.8847 |

***Medicaid Trend Adjustment :**