



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

000169300 - 2012/04
RI:235.89 / NM:0.00

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

Provider Number: 000169300
 Date: 05/02/2012
 FYE: 11/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	239.70	235.89	04/01/2012
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

000169300

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 12/01/2010 - 11/30/2011
 Days In Reporting Period: 365
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	21,806	0	21,806
2. Operating Expenses Component			
A. Administration			609,087
B. Plant Operation			253,406
C. Laundry			35,320
D. Housekeeping			87,286
E. Operating Expense Component & Per Diem	45.1756	0.0000	985,099
3. Resident Care			
A. Dietary			356,730
B. Other			0
C. Nursing			301,300
D. Resident Care & Per Diem	30.1766	0.0000	658,030
4. Prop Exp & Per Diem	24.8180	0.0000	541,182
5. ROE/Use Per Diem	0.4424	0.0000	9,648
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,903.00		10,903.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,237,621.00		2,237,621.00
5. Direct Care Expense Per Diem	102.6149		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	21,806		21,806
2. Additional Services	346,072		346,072
3. Additional Services Exp & Per Diem	15.8705		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	45.1756		985,099
2. Resident Care Component	148.6620		3,241,723
3. Property Cost Component	24.8180		541,182
4. ROE/Use Allow Component	0.4424		9,648
5 Total Cost Per Diem	219.0980		4,777,652



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

000169300 - 2012/04
RI: 235.89
NM: 0.00

St. Augustine Center for Living
 Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/01/2010	11/30/2011	Unaudited [3]	201110
Prior Cost Report	09/01/2009	11/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.667	146.634	191.302			
2. Inflate Line 1 by Inflation Factor 1.02557075	45.809	150.384	196.193			
3. Line 1 x 1.400 x Inflation Factor 1.03579906	46.266	151.884	198.150			
4. Current Period Cost	45.176	148.662	193.838			
5. Incentive Basis (line 3 - line 4)	1.091	3.222		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	45.176	148.662	193.838			
7. Incentive Line 5 x Oper 50% Res 50%	0.545	1.611	2.156	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.518	4.460	8.977	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.000%	0.545	1.611	2.156	0.000	0.000	0.000
10. Final Incentive	0.545	1.611	2.156	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	45.721	150.273	195.994	0.000	0.000	0.000
12. Plus: Property Rate Component			24.818			0.000
13. Plus: ROE/Use Rate			0.442			0.000
14. Total Current Period Base			221.254			0.000
15. Prospective Rate: Line 11 x Inflation (1.02373743)	46.806	153.840	200.646	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	46.806	153.840	200.646	0.000	0.000	0.000
19. Property Rate Component			24.818			0.000
20. ROE Component + ROE Interim Component			0.442			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			225.91			0.00
23. Medicaid Days		21,806			0	
24. Resident Days		21,806			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			6.78			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			235.89			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001069500 - 2012/04
RI:340.46 / NM:408.41

Minor North
 85609 Miner Road
 Yulee FL 32097

Provider Number: 001069500
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>357.38</u>	<u>340.46</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>426.27</u>	<u>408.41</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 95146 Hendricks Road

 Fernandina Beach FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

001069500

Provider Name: **Minor North**
 Provider Number: 01069500
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,760	8,760
2. Operating Expenses Component			
A. Administration			539,687
B. Plant Operation			336,791
C. Laundry			50,608
D. Housekeeping			156,723
E. Operating Expense Component & Per Diem	123.7225	123.7225	1,083,809
3. Resident Care			
A. Dietary			210,954
B. Other			0
C. Nursing			256,154
D. Resident Care & Per Diem	53.3228	53.3228	467,108
4. Prop Exp & Per Diem	58.2771	58.2771	510,507
5. ROE/Use Per Diem	2.6622	2.6622	23,321
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,760.00	8,760.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,321,880.00	1,321,880.00
5. Direct Care Expense Per Diem	75.4498	150.8995	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,760	8,760
2. Additional Services	0	221,923	221,923
3. Additional Services Exp & Per Diem	25.3337	25.3337	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	123.7225	123.7225	1,083,809
2. Resident Care Component	154.1063	229.5561	2,010,911
3. Property Cost Component	58.2771	58.2771	510,507
4. ROE/Use Allow Component	2.6622	2.6622	23,321
5 Total Cost Per Diem	338.7680	414.2178	3,628,548



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

001069500 - 2012/04
RI: 340.46
NM: 408.41

Minor North

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 05/05/2011 - 06/05/2011 Days Eligible: 152 of 183

Eligibility factor :83.06%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	109.018	146.885	255.903	109.018	212.604	321.622
2. Inflate Line 1 by Inflation Factor 1.02050996	111.254	149.898	261.152	111.254	216.965	328.218
3. Line 1 x 1.400 x Inflation Factor 1.02871395	112.148	151.103	263.251	112.148	218.709	330.857
4. Current Period Cost	123.722	154.106	277.829	123.722	229.556	353.279
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	112.148	151.103	263.251	112.148	218.709	330.857
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 83.06%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	112.148	151.103	263.251	112.148	218.709	330.857
12. Plus: Property Rate Component			58.277			58.277
13. Plus: ROE/Use Rate			2.662			2.662
14. Total Current Period Base			324.191			391.796
15. Prospective Rate: Line 11 x Inflation (1.03617075)	116.205	156.569	272.773	116.205	226.620	342.824
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	116.205	156.569	272.773	116.205	226.620	342.824
19. Property Rate Component			58.277			58.277
20. ROE Component + ROE Interim Component			2.662			2.662
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			333.71			403.76
23. Medicaid Days			0			8,760
24. Resident Days			0			8,760
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			10.01			12.11
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			340.46			408.41



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001071000 - 2012/04
RI:356.74 / NM:433.25

Minor South
 85474 Miner Road
 Yulee FL 32097

Provider Number: 001071000
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>375.91</u>	<u>356.74</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>451.47</u>	<u>433.25</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

Care Ctrs of Nassau, LLC

95146 Hendricks Road
 Fernandina Beach FL 32034

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

001071000

Provider Name: **Minor South**
 Provider Number: 01071000
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	730	8,003	8,733
2. Operating Expenses Component			
A. Administration			525,021
B. Plant Operation			346,217
C. Laundry			49,266
D. Housekeeping			142,356
E. Operating Expense Component & Per Diem	121.7062	121.7062	1,062,860
3. Resident Care			
A. Dietary			268,830
B. Other			0
C. Nursing			305,339
D. Resident Care & Per Diem	65.7471	65.7471	574,169
4. Prop Exp & Per Diem	58.4995	58.4995	510,876
5. ROE/Use Per Diem	2.7310	2.7310	23,850
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	365.00	8,003.00	8,368.00
3. Staffing Percent	4.3618547	95.6381453	100.00
4. Allocation of Direct Care	58,348.79	1,279,357.21	1,337,706.00
5. Direct Care Expense Per Diem	79.9299	159.8597	
C. Additional Services Expense			
1. Medicaid Inpatient Days	730	8,003	8,733
2. Additional Services	19,987	219,120	239,107
3. Additional Services Exp & Per Diem	27.3795	27.3797	
D. Medicaid Per Diem Cost			
1. Operating Component	121.7062	121.7062	1,062,860
2. Resident Care Component	173.0564	252.9865	2,150,982
3. Property Cost Component	58.4995	58.4995	510,876
4. ROE/Use Allow Component	2.7310	2.7310	23,850
5 Total Cost Per Diem	355.9930	435.9232	3,748,568



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

001071000 - 2012/04
RI: 356.74
NM: 433.25

Minor South

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	101.231	172.069	273.300	101.231	244.146	345.377
2. Inflate Line 1 by Inflation Factor 1.02050996	103.307	175.598	278.905	103.307	249.153	352.461
3. Line 1 x 1.400 x Inflation Factor 1.02871395	104.138	177.010	281.147	104.138	251.156	355.294
4. Current Period Cost	121.706	173.056	294.763	121.706	252.986	374.693
5. Incentive Basis (line 3 - line 4)	0.000	3.953		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	104.138	173.056	277.194	104.138	251.156	355.294
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.977	1.977	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.192	5.192	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.977	1.977	0.000	0.000	0.000
10. Final Incentive	0.000	1.977	1.977	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	104.138	175.033	279.171	104.138	251.156	355.294
12. Plus: Property Rate Component			58.499			58.499
13. Plus: ROE/Use Rate			2.731			2.731
14. Total Current Period Base			340.401			416.525
15. Prospective Rate: Line 11 x Inflation (1.03617075)	107.904	181.364	289.269	107.904	260.241	368.145
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	107.904	181.364	289.269	107.904	260.241	368.145
19. Property Rate Component			58.499			58.499
20. ROE Component + ROE Interim Component			2.731			2.731
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			350.49			429.37
23. Medicaid Days		730			8,003	
24. Resident Days		730			8,003	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			10.51			12.88
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			356.74			433.25



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028000300 - 2012/04
RI:273.98 / NM:0.00

Sandy Park Development Center
 2975 Garden Street
 North Ft. Myers FL 33917

Provider Number: 028000300
 Date: 05/02/2012
 FYE: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>279.78</u>	<u>273.98</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028000300

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 01/01/2010 - 12/31/2010
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	23,062	0	23,062
2. Operating Expenses Component			
A. Administration			767,378
B. Plant Operation			339,955
C. Laundry			36,373
D. Housekeeping			163,385
E. Operating Expense Component & Per Diem	56.6773	0.0000	1,307,091
3. Resident Care			
A. Dietary			412,042
B. Other			0
C. Nursing			143,047
D. Resident Care & Per Diem	24.0694	0.0000	555,089
4. Prop Exp & Per Diem	18.2577	0.0000	421,060
5. ROE/Use Per Diem	0.0003	0.0000	7
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	11,531.00		11,531.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,231,482.00		3,231,482.00
5. Direct Care Expense Per Diem	140.1215		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	23,062		23,062
2. Additional Services	308,797		308,797
3. Additional Services Exp & Per Diem	13.3899		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	56.6773		1,307,091
2. Resident Care Component	177.5808		4,095,368
3. Property Cost Component	18.2577		421,060
4. ROE/Use Allow Component	0.0003		7
5 Total Cost Per Diem	252.5161		5,823,526



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028000300 - 2012/04
RI: 273.98
NM: 0.00

Sandy Park Development Center

Ownership:Private[3]

Incentive Rating: Days Eligible: 183 of 183 Eligibility Factor:100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	57.690	173.974	231.664			
2. Inflate Line 1 by Inflation Factor 1.01978293	58.831	177.416	236.247			
3. Line 1 x 1.400 x Inflation Factor 1.02769611	59.287	178.793	238.080			
4. Current Period Cost	56.677	177.581	234.258			
5. Incentive Basis (line 3 - line 4)	2.610	1.212		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	56.677	177.581	234.258			
7. Incentive Line 5 x Oper 50% Res 50%	1.305	0.606	1.911	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	5.668	5.327	10.995	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.305	0.606	1.911	0.000	0.000	0.000
10. Final Incentive	1.305	0.606	1.911	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	57.982	178.187	236.169	0.000	0.000	0.000
12. Plus: Property Rate Component			18.258			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			254.427			0.000
15. Prospective Rate: Line 11 x Inflation (1.04551140)	60.621	186.296	246.917	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	60.621	186.296	246.917	0.000	0.000	0.000
19. Property Rate Component			18.258			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			265.18			0.00
23. Medicaid Days		23,062			0	
24. Resident Days		23,062			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			7.96			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			273.98			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028018601

Provider Name: **ST PETERSBURG CLUSTER**
 Provider Number: 28018601
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	8,224	8,589
2. Operating Expenses Component			
A. Administration			453,694
B. Plant Operation			190,131
C. Laundry			4,479
D. Housekeeping			53,573
E. Operating Expense Component & Per Diem	81.7181	81.7181	701,877
3. Resident Care			
A. Dietary			153,418
B. Other			177,902
C. Nursing			492,143
D. Resident Care & Per Diem	95.8741	95.8741	823,463
4. Prop Exp & Per Diem	11.5303	11.5303	99,034
5. ROE/Use Per Diem	2.2749	2.2749	19,539
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	8,224.00	8,406.50
3. Staffing Percent	2.1709392	97.8290608	100.00
4. Allocation of Direct Care	32,924.38	1,483,671.62	1,516,596.00
5. Direct Care Expense Per Diem	90.2038	180.4075	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	8,224	8,589
2. Additional Services	3,476	78,316	81,792
3. Additional Services Exp & Per Diem	9.5233	9.5229	
D. Medicaid Per Diem Cost			
1. Operating Component	81.7181	81.7181	701,877
2. Resident Care Component	195.6012	285.8045	2,421,851
3. Property Cost Component	11.5303	11.5303	99,034
4. ROE/Use Allow Component	2.2749	2.2749	19,539
5 Total Cost Per Diem	291.1245	381.3279	3,242,301



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028018601 - 2012/04
RI: 314.51
NM: 407.16

ST PETERSBURG CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	80.889	200.528	281.417	80.889	292.376	373.266
2. Inflate Line 1 by Inflation Factor 1.02080480	82.572	204.700	287.272	82.572	298.459	381.031
3. Line 1 x 1.400 x Inflation Factor 1.02912672	83.245	206.369	289.614	83.245	300.892	384.138
4. Current Period Cost	81.718	195.601	277.319	81.718	285.805	367.523
5. Incentive Basis (line 3 - line 4)	1.527	10.767		1.527	15.088	
6. Allowed Current Period Costs (Min of line 3 or 4)	81.718	195.601	277.319	81.718	285.805	367.523
7. Incentive Line 5 x Oper 50% Res 50%	0.764	5.384	6.147	0.764	7.544	8.308
8. Incentive - Line 4 x Oper 10% Res 3%	8.172	5.868	14.040	8.172	8.574	16.746
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.764	5.384	6.147	0.764	7.544	8.308
10. Final Incentive	0.764	5.384	6.147	0.764	7.544	8.308
11. Current Period Base: (line 6 + line 10)	82.482	200.985	283.467	82.482	293.348	375.830
12. Plus: Property Rate Component			11.530			11.530
13. Plus: ROE/Use Rate			2.275			2.275
14. Total Current Period Base			297.272			389.635
15. Prospective Rate: Line 11 x Inflation (1.03417159)	85.300	207.853	293.153	85.300	303.373	388.673
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.300	207.853	293.153	85.300	303.373	388.673
19. Property Rate Component			11.530			11.530
20. ROE Component + ROE Interim Component			2.275			2.275
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			306.96			402.47
23. Medicaid Days			365			8,224
24. Resident Days			365			8,224
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			9.21			12.07
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			314.51			407.16



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028019401 - 2012/04
RI:414.78 / NM:519.55

LAUREL HILL CLUSTER
 2011 Laurel Hill Cluster
 Orlando FL 32818

Provider Number: 028019401
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>423.70</u>	<u>414.78</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>530.77</u>	<u>519.55</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (7)
 Home Office:
 Quest South

 P.O. Box 1300

 Apopka FL 3270400

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028019401

Provider Name: **LAUREL HILL CLUSTER**
 Provider Number: 28019401
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,574	8,574
2. Operating Expenses Component			
A. Administration			631,889
B. Plant Operation			352,924
C. Laundry			71,857
D. Housekeeping			34,794
E. Operating Expense Component & Per Diem	127.2993	127.2993	1,091,464
3. Resident Care			
A. Dietary			190,839
B. Other			0
C. Nursing			1,042,782
D. Resident Care & Per Diem	143.8793	143.8793	1,233,621
4. Prop Exp & Per Diem	18.6993	18.6993	160,328
5. ROE/Use Per Diem	3.4146	3.4146	29,277
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,574.00	8,574.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,774,936.00	1,774,936.00
5. Direct Care Expense Per Diem	103.5069	207.0138	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,126	8,126
2. Additional Services	0	106,135	106,135
3. Additional Services Exp & Per Diem	13.0612	13.0612	
D. Medicaid Per Diem Cost			
1. Operating Component	127.2993	127.2993	1,091,464
2. Resident Care Component	260.4473	363.9542	3,114,692
3. Property Cost Component	18.6993	18.6993	160,328
4. ROE/Use Allow Component	3.4146	3.4146	29,277
5 Total Cost Per Diem	409.8606	513.3674	4,395,761



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028019401 - 2012/04

RI: 414.78

NM: 519.55

LAUREL HILL CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	107.971	259.288	367.259	107.971	361.338	469.309
2. Inflate Line 1 by Inflation Factor 1.02050996	110.186	264.606	374.792	110.186	368.749	478.935
3. Line 1 x 1.400 x Inflation Factor 1.02871395	111.071	266.733	377.805	111.071	371.714	482.785
4. Current Period Cost	127.299	260.447	387.747	127.299	363.954	491.254
5. Incentive Basis (line 3 - line 4)	0.000	6.286		0.000	7.760	
6. Allowed Current Period Costs (Min of line 3 or 4)	111.071	260.447	371.519	111.071	363.954	475.026
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.143	3.143	0.000	3.880	3.880
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	7.813	7.813	0.000	10.919	10.919
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.143	3.143	0.000	3.880	3.880
10. Final Incentive	0.000	3.143	3.143	0.000	3.880	3.880
11. Current Period Base: (line 6 + line 10)	111.071	263.590	374.662	111.071	367.834	478.905
12. Plus: Property Rate Component			18.699			18.699
13. Plus: ROE/Use Rate			3.415			3.415
14. Total Current Period Base			396.776			501.019
15. Prospective Rate: Line 11 x Inflation (1.03617075)	115.089	273.125	388.214	115.089	381.139	496.228
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	115.089	273.125	388.214	115.089	381.139	496.228
19. Property Rate Component			18.699			18.699
20. ROE Component + ROE Interim Component			3.415			3.415
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			410.33			518.34
23. Medicaid Days			0			8,126
24. Resident Days			0			8,574
25. Medicaid Utilization			NA			94.77%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			12.31			15.55
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			414.78			519.55



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028020801 - 2012/04
RI:294.93 / NM:391.69

MCCAULEY CLUSTER
 1385 McCauley Road
 Tallahassee FL 32308

Provider Number: 028020801
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>309.56</u>	<u>294.93</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>408.97</u>	<u>391.69</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028020801

Provider Name: **MCCAULEY CLUSTER**
 Provider Number: 28020801
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	867	7,500	8,367
2. Operating Expenses Component			
A. Administration			373,733
B. Plant Operation			155,172
C. Laundry			7,111
D. Housekeeping			32,093
E. Operating Expense Component & Per Diem	67.8988	67.8988	568,109
3. Resident Care			
A. Dietary			134,911
B. Other			85,054
C. Nursing			518,337
D. Resident Care & Per Diem	88.2398	88.2398	738,302
4. Prop Exp & Per Diem	15.0092	15.0092	125,582
5. ROE/Use Per Diem	1.6454	1.6454	13,767
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	433.50	7,500.00	7,933.50
3. Staffing Percent	5.4641709	94.5358291	100.00
4. Allocation of Direct Care	81,451.23	1,409,190.77	1,490,642.00
5. Direct Care Expense Per Diem	93.9461	187.8921	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	867	7,500	8,367
2. Additional Services	6,497	56,208	62,705
3. Additional Services Exp & Per Diem	7.4937	7.4944	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	67.8988	67.8988	568,109
2. Resident Care Component	189.6795	283.6263	2,291,649
3. Property Cost Component	15.0092	15.0092	125,582
4. ROE/Use Allow Component	1.6454	1.6454	13,767
5 Total Cost Per Diem	274.2328	368.1796	2,999,107



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028020801 - 2012/04

RI: 294.93

NM: 391.69

MCCAULEY CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 06/23/2011 - 07/13/2011 Days Eligible: 163 of 183

Eligibility factor :89.07%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	64.568	200.042	264.611	64.568	295.038	359.606
2. Inflate Line 1 by Inflation Factor 1.02080480	65.911	204.204	270.116	65.911	301.176	367.088
3. Line 1 x 1.400 x Inflation Factor 1.02912672	66.449	205.869	272.318	66.449	303.632	370.080
4. Current Period Cost	67.899	189.679	257.578	67.899	283.626	351.525
5. Incentive Basis (line 3 - line 4)	0.000	16.190		0.000	20.005	
6. Allowed Current Period Costs (Min of line 3 or 4)	66.449	189.679	256.128	66.449	283.626	350.075
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.095	8.095	0.000	10.003	10.003
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.690	5.690	0.000	8.509	8.509
9. Incentive - Min of Line 7,8 x Eligibility factor 89.07%	0.000	5.068	5.068	0.000	7.579	7.579
10. Final Incentive	0.000	5.068	5.068	0.000	7.579	7.579
11. Current Period Base: (line 6 + line 10)	66.449	194.748	261.197	66.449	291.205	357.654
12. Plus: Property Rate Component			15.009			15.009
13. Plus: ROE/Use Rate			1.645			1.645
14. Total Current Period Base			277.851			374.308
15. Prospective Rate: Line 11 x Inflation (1.03417159)	68.719	201.403	270.122	68.719	301.156	369.875
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	68.719	201.403	270.122	68.719	301.156	369.875
19. Property Rate Component			15.009			15.009
20. ROE Component + ROE Interim Component			1.645			1.645
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			286.77			386.53
23. Medicaid Days		867			7,500	
24. Resident Days		867			7,500	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.60			11.60
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			294.93			391.69



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028028301 - 2012/04
RI:312.46 / NM:392.68

GREENTREE COURT CLUSTER

2160 Green Tree Court
 Bartow FL 33830

Provider Number: 028028301
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>310.00</u>	<u>312.46</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>391.31</u>	<u>392.68</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (14)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028028301

Provider Name: **GREENTREE COURT CLUSTER**
 Provider Number: 28028301
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	49	8,002	8,051
2. Operating Expenses Component			
A. Administration			424,177
B. Plant Operation			183,995
C. Laundry			4,987
D. Housekeeping			58,972
E. Operating Expense Component & Per Diem	83.4842	83.4842	672,131
3. Resident Care			
A. Dietary			151,472
B. Other			183,565
C. Nursing			557,117
D. Resident Care & Per Diem	110.8128	110.8128	892,154
4. Prop Exp & Per Diem	19.9183	19.9183	160,362
5. ROE/Use Per Diem	0.8804	0.8804	7,088
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	24.50	8,002.00	8,026.50
3. Staffing Percent	0.3052389	99.6947611	100.00
4. Allocation of Direct Care	3,876.56	1,266,131.44	1,270,008.00
5. Direct Care Expense Per Diem	79.1134	158.2269	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	49	8,002	8,051
2. Additional Services	335	54,834	55,169
3. Additional Services Exp & Per Diem	6.8367	6.8525	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	83.4842	83.4842	672,131
2. Resident Care Component	196.7630	275.8922	2,217,331
3. Property Cost Component	19.9183	19.9183	160,362
4. ROE/Use Allow Component	0.8804	0.8804	7,088
5 Total Cost Per Diem	301.0458	380.1751	3,056,912



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028028301 - 2012/04

RI: 312.46

NM: 392.68

GREENTREE COURT CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 04/01/2011 - 04/16/2011 Days Eligible: 168 of 183

Eligibility factor :91.80%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.381	189.504	266.885	77.381	267.210	344.591
2. Inflate Line 1 by Inflation Factor 1.02080480	78.991	193.447	272.437	78.991	272.770	351.760
3. Line 1 x 1.400 x Inflation Factor 1.02912672	79.635	195.024	274.658	79.635	274.993	354.628
4. Current Period Cost	83.484	196.763	280.247	83.484	275.892	359.376
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.635	195.024	274.658	79.635	274.993	354.628
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 91.80%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.635	195.024	274.658	79.635	274.993	354.628
12. Plus: Property Rate Component			19.918			19.918
13. Plus: ROE/Use Rate			0.880			0.880
14. Total Current Period Base			295.457			375.427
15. Prospective Rate: Line 11 x Inflation (1.03417159)	82.356	201.688	284.044	82.356	284.390	366.746
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	82.356	201.688	284.044	82.356	284.390	366.746
19. Property Rate Component			19.918			19.918
20. ROE Component + ROE Interim Component			0.880			0.880
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			304.85			387.55
23. Medicaid Days			49			8,002
24. Resident Days			49			8,002
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			9.15			11.63
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			312.46			392.68



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028029101 - 2012/04
RI:333.73 / NM:438.66

MAHAN CLUSTER
 2034 Mahan Drive
 Tallahassee FL 32308

Provider Number: 028029101
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD ,


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>333.87</u>	<u>333.73</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>440.23</u>	<u>438.66</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (2)
 Home Office:
 Sunrise Community

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2012 to 04/2012

028029101

Provider Name: **MAHAN CLUSTER**
Provider Number: 28029101
Audit Status: Unaudited [3]
Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
Rate Semester: April, 2012
Cost Report: 07/01/2010 - 06/30/2011
Days In Reporting Period: 365
Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	629	5,102	5,731
2. Operating Expenses Component			
A. Administration			318,199
B. Plant Operation			151,481
C. Laundry			6,528
D. Housekeeping			27,761
E. Operating Expense Component & Per Diem	87.9374	87.9374	503,969
3. Resident Care			
A. Dietary			128,468
B. Other			72,150
C. Nursing			494,330
D. Resident Care & Per Diem	121.2612	121.2612	694,948
4. Prop Exp & Per Diem	21.9543	21.9543	125,820
5. ROE/Use Per Diem	2.6393	2.6393	15,126
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	314.50	5,102.00	5,416.50
3. Staffing Percent	5.8063325	94.1936675	100.00
4. Allocation of Direct Care	70,146.01	1,137,948.99	1,208,095.00
5. Direct Care Expense Per Diem	111.5199	223.0398	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	629	5,102	5,731
2. Additional Services	6,345	51,461	57,806
3. Additional Services Exp & Per Diem	10.0874	10.0864	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	87.9374	87.9374	503,969
2. Resident Care Component	242.8685	354.3874	1,960,849
3. Property Cost Component	21.9543	21.9543	125,820
4. ROE/Use Allow Component	2.6393	2.6393	15,126
5 Total Cost Per Diem	355.3995	466.9184	2,605,764



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028029101 - 2012/04

RI: 333.73

NM: 438.66

MAHAN CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	69.821	214.107	283.928	69.821	315.742	385.563
2. Inflate Line 1 by Inflation Factor 1.02080480	71.274	218.562	289.835	71.274	322.311	393.585
3. Line 1 x 1.400 x Inflation Factor 1.02912672	71.855	220.344	292.198	71.855	324.939	396.793
4. Current Period Cost	87.937	242.869	330.806	87.937	354.387	442.325
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.855	220.344	292.198	71.855	324.939	396.793
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	71.855	220.344	292.198	71.855	324.939	396.793
12. Plus: Property Rate Component			21.954			21.954
13. Plus: ROE/Use Rate			2.639			2.639
14. Total Current Period Base			316.792			421.387
15. Prospective Rate: Line 11 x Inflation (1.03417159)	74.310	227.873	302.183	74.310	336.042	410.353
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.310	227.873	302.183	74.310	336.042	410.353
19. Property Rate Component			21.954			21.954
20. ROE Component + ROE Interim Component			2.639			2.639
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			326.77			434.95
23. Medicaid Days		629			5,102	
24. Resident Days		629			5,102	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			9.80			13.05
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			333.73			438.66



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028030501 - 2012/04
RI:223.00 / NM:276.68

LAKE CITY CLUSTER
 673 N. W. Cluster Drive
 Lake City FL 32055

Provider Number: 028030501
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>225.92</u>	<u>223.00</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>280.33</u>	<u>276.68</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2012 to 04/2012

028030501

Provider Name: **LAKE CITY CLUSTER**
Provider Number: 28030501
Audit Status: Unaudited [3]
Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
Rate Semester: April, 2012
Cost Report: 07/01/2010 - 06/30/2011
Days In Reporting Period: 365
Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,253	8,253
2. Operating Expenses Component			
A. Administration			411,145
B. Plant Operation			150,273
C. Laundry			61,854
D. Housekeeping			19,769
E. Operating Expense Component & Per Diem	77.9160	77.9160	643,041
3. Resident Care			
A. Dietary			160,580
B. Other			0
C. Nursing			280,360
D. Resident Care & Per Diem	53.4278	53.4278	440,940
4. Prop Exp & Per Diem	3.6903	3.6903	30,456
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,253.00	8,253.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	877,794.00	877,794.00
5. Direct Care Expense Per Diem	53.1803	106.3606	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,253	8,253
2. Additional Services	0	180,621	180,621
3. Additional Services Exp & Per Diem	21.8855	21.8855	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	77.9160	77.9160	643,041
2. Resident Care Component	128.4936	181.6739	1,499,355
3. Property Cost Component	3.6903	3.6903	30,456
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	210.1000	263.2803	2,172,852



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028030501 - 2012/04

RI: 223.00

NM: 276.68

LAKE CITY CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.420	123.889	196.309	72.420	175.881	248.301
2. Inflate Line 1 by Inflation Factor 1.02080480	73.927	126.467	200.393	73.927	179.540	253.467
3. Line 1 x 1.400 x Inflation Factor 1.02912672	74.529	127.498	202.027	74.529	181.004	255.533
4. Current Period Cost	77.916	128.494	206.410	77.916	181.674	259.590
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.529	127.498	202.027	74.529	181.004	255.533
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	74.529	127.498	202.027	74.529	181.004	255.533
12. Plus: Property Rate Component			3.690			3.690
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			205.717			259.224
15. Prospective Rate: Line 11 x Inflation (1.03417159)	77.076	131.855	208.931	77.076	187.189	264.265
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.076	131.855	208.931	77.076	187.189	264.265
19. Property Rate Component			3.690			3.690
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			212.62			267.96
23. Medicaid Days			0			8,253
24. Resident Days			0			8,253
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.38			8.04
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			223.00			276.68



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028031301 - 2012/04
RI:354.17 / NM:448.03

BAYSHORE CLUSTER
 2059 Lisenby Avenue
 Panama City FL 32405

Provider Number: 028031301
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>366.12</u>	<u>354.17</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>464.36</u>	<u>448.03</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (2)
 Home Office:
 Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028031301

Provider Name: **BAYSHORE CLUSTER**
 Provider Number: 28031301
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	7,178	7,178
2. Operating Expenses Component			
A. Administration			382,249
B. Plant Operation			119,940
C. Laundry			5,845
D. Housekeeping			38,303
E. Operating Expense Component & Per Diem	76.1127	76.1127	546,337
3. Resident Care			
A. Dietary			132,591
B. Other			209,299
C. Nursing			522,652
D. Resident Care & Per Diem	120.4433	120.4433	864,542
4. Prop Exp & Per Diem	22.9419	22.9419	164,677
5. ROE/Use Per Diem	1.9717	1.9717	14,153
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,178.00	7,178.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,299,252.00	1,299,252.00
5. Direct Care Expense Per Diem	90.5024	181.0047	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	7,178	7,178
2. Additional Services	0	144,666	144,666
3. Additional Services Exp & Per Diem	20.1541	20.1541	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	76.1127	76.1127	546,337
2. Resident Care Component	231.0997	321.6021	2,308,460
3. Property Cost Component	22.9419	22.9419	164,677
4. ROE/Use Allow Component	1.9717	1.9717	14,153
5 Total Cost Per Diem	332.1261	422.6284	3,033,627



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028031301 - 2012/04

RI: 354.17

NM: 448.03

BAYSHORE CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.633	230.700	308.333	77.633	324.581	402.214
2. Inflate Line 1 by Inflation Factor 1.02080480	79.248	235.499	314.748	79.248	331.334	410.582
3. Line 1 x 1.400 x Inflation Factor 1.02912672	79.894	237.419	317.314	79.894	334.035	413.930
4. Current Period Cost	76.113	231.100	307.212	76.113	321.602	397.715
5. Incentive Basis (line 3 - line 4)	3.782	6.319		3.782	12.433	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.113	231.100	307.212	76.113	321.602	397.715
7. Incentive Line 5 x Oper 50% Res 50%	1.891	3.160	5.051	1.891	6.216	8.107
8. Incentive - Line 4 x Oper 10% Res 3%	7.611	6.933	14.544	7.611	9.648	17.259
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.891	3.160	5.051	1.891	6.216	8.107
10. Final Incentive	1.891	3.160	5.051	1.891	6.216	8.107
11. Current Period Base: (line 6 + line 10)	78.004	234.259	312.263	78.004	327.819	405.822
12. Plus: Property Rate Component			22.942			22.942
13. Plus: ROE/Use Rate			1.972			1.972
14. Total Current Period Base			337.177			430.736
15. Prospective Rate: Line 11 x Inflation (1.03417159)	80.669	242.264	322.934	80.669	339.021	419.690
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.669	242.264	322.934	80.669	339.021	419.690
19. Property Rate Component			22.942			22.942
20. ROE Component + ROE Interim Component			1.972			1.972
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			347.85			444.61
23. Medicaid Days			0			7,178
24. Resident Days			0			7,178
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj R1% 3.000 NM% 3.000			10.44			13.34
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			354.17			448.03



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028032101 - 2012/04
RI:235.26 / NM:285.57

GAINESVILLE 39TH AVE CLUSTER
 5915 N.W. 39th Avenue
 Gainesville FL 32606

Provider Number: 028032101
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>242.83</u>	<u>235.26</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>293.86</u>	<u>285.57</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028032101

Provider Name: **GAINESVILLE 39TH AVE CLUSTER**
 Provider Number: 28032101
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,413	8,413
2. Operating Expenses Component			
A. Administration			434,705
B. Plant Operation			138,631
C. Laundry			5,373
D. Housekeeping			14,951
E. Operating Expense Component & Per Diem	70.5646	70.5646	593,660
3. Resident Care			
A. Dietary			146,851
B. Other			0
C. Nursing			479,434
D. Resident Care & Per Diem	74.4425	74.4425	626,285
4. Prop Exp & Per Diem	6.0845	6.0845	51,189
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,413.00	8,413.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	843,414.00	843,414.00
5. Direct Care Expense Per Diem	50.1256	100.2513	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,413	8,413
2. Additional Services	0	109,647	109,647
3. Additional Services Exp & Per Diem	13.0330	13.0330	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.5646	70.5646	593,660
2. Resident Care Component	137.6012	187.7269	1,579,346
3. Property Cost Component	6.0845	6.0845	51,189
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	214.2503	264.3760	2,224,195



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028032101 - 2012/04

RI: 235.26

NM: 285.57

GAINESVILLE 39TH AVE CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	73.337	136.254	209.591	73.337	185.022	258.359
2. Inflate Line 1 by Inflation Factor 1.02080480	74.862	139.089	213.951	74.862	188.872	263.734
3. Line 1 x 1.400 x Inflation Factor 1.02912672	75.473	140.223	215.695	75.473	190.411	265.884
4. Current Period Cost	70.565	137.601	208.166	70.565	187.727	258.291
5. Incentive Basis (line 3 - line 4)	4.908	2.621		4.908	2.684	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.565	137.601	208.166	70.565	187.727	258.291
7. Incentive Line 5 x Oper 50% Res 50%	2.454	1.311	3.765	2.454	1.342	3.796
8. Incentive - Line 4 x Oper 10% Res 3%	7.056	4.128	11.184	7.056	5.632	12.688
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.454	1.311	3.765	2.454	1.342	3.796
10. Final Incentive	2.454	1.311	3.765	2.454	1.342	3.796
11. Current Period Base: (line 6 + line 10)	73.019	138.912	211.931	73.019	189.069	262.088
12. Plus: Property Rate Component			6.085			6.085
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			218.015			268.172
15. Prospective Rate: Line 11 x Inflation (1.03417159)	75.514	143.659	219.173	75.514	195.530	271.044
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.514	143.659	219.173	75.514	195.530	271.044
19. Property Rate Component			6.085			6.085
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			225.26			277.12
23. Medicaid Days			0		8,413	
24. Resident Days			0		8,413	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.76			8.31
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			235.26			285.57



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028035600 - 2012/04
RI:283.46 / NM:434.26

PARC CENTER APARTMENTS
 3190 75th Street North
 St. Petersburg FL 33170

Provider Number: 028035600
 Date: 05/02/2012
 FYE: 09/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>293.57</u>	<u>283.46</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>442.81</u>	<u>434.26</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028035600

Provider Name: **PARC CENTER APARTMENTS**
 Provider Number: 28035600
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 10/01/2010 - 09/30/2011
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	13,720	3,285	17,005
2. Operating Expenses Component			
A. Administration			733,600
B. Plant Operation			163,268
C. Laundry			10,303
D. Housekeeping			23,879
E. Operating Expense Component & Per Diem	54.7515	54.7515	931,050
3. Resident Care			
A. Dietary			303,522
B. Other			0
C. Nursing			252,320
D. Resident Care & Per Diem	32.6870	32.6870	555,842
4. Prop Exp & Per Diem	10.8314	10.8314	184,188
5. ROE/Use Per Diem	1.5637	1.5637	26,590
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,860.00	3,285.00	10,145.00
3. Staffing Percent	67.6195170	32.3804830	100.00
4. Allocation of Direct Care	2,102,357.73	1,006,741.27	3,109,099.00
5. Direct Care Expense Per Diem	153.2331	306.4661	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	13,720	3,285	17,005
2. Additional Services	126,501	30,289	156,790
3. Additional Services Exp & Per Diem	9.2202	9.2204	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	54.7515	54.7515	931,050
2. Resident Care Component	195.1402	348.3735	3,821,731
3. Property Cost Component	10.8314	10.8314	184,188
4. ROE/Use Allow Component	1.5637	1.5637	26,590
5 Total Cost Per Diem	262.2868	415.5201	4,963,559



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028035600 - 2012/04

RI: 283.46

NM: 434.26

PARC CENTER APARTMENTS

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 07/08/2011 - 08/11/2011 Days Eligible: 149 of 183

Eligibility factor :81.42%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2010	09/30/2011	Unaudited [3]	201110
Prior Cost Report	10/01/2009	09/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	54.889	201.228	256.117	54.889	344.530	399.419
2. Inflate Line 1 by Inflation Factor 1.02203841	56.099	205.662	261.761	56.099	352.123	408.221
3. Line 1 x 1.400 x Inflation Factor 1.03085378	56.583	207.436	264.019	56.583	355.160	411.743
4. Current Period Cost	54.752	195.140	249.892	54.752	348.374	403.125
5. Incentive Basis (line 3 - line 4)	1.831	12.296		1.831	6.786	
6. Allowed Current Period Costs (Min of line 3 or 4)	54.752	195.140	249.892	54.752	348.374	403.125
7. Incentive Line 5 x Oper 50% Res 50%	0.915	6.148	7.063	0.915	3.393	4.309
8. Incentive - Line 4 x Oper 10% Res 3%	5.475	5.854	11.329	5.475	10.451	15.926
9. Incentive - Min of Line 7,8 x Eligibility factor 81.42%	0.745	4.767	5.512	0.745	2.763	3.508
10. Final Incentive	0.745	4.767	5.512	0.745	2.763	3.508
11. Current Period Base: (line 6 + line 10)	55.497	199.907	255.404	55.497	351.136	406.633
12. Plus: Property Rate Component			10.831			10.831
13. Plus: ROE/Use Rate			1.564			1.564
14. Total Current Period Base			267.799			419.028
15. Prospective Rate: Line 11 x Inflation (1.02798624)	57.050	205.501	262.551	57.050	360.963	418.013
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	57.050	205.501	262.551	57.050	360.963	418.013
19. Property Rate Component			10.831			10.831
20. ROE Component + ROE Interim Component			1.564			1.564
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			274.95			430.41
23. Medicaid Days		13,720			3,285	
24. Resident Days		13,720			3,285	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.25			12.91
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			283.46			434.26



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028036401 - 2012/04
RI:424.62 / NM:536.71

SKIPPER ROAD CLUSTER
 2611 E. Bearss Avenue
 Tampa FL 33613

Provider Number: 028036401
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>443.41</u>	<u>424.62</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>574.55</u>	<u>536.71</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (29)
 Home Office:
 Quest Inc

 P.O. Box 1300

 Apopka FL 327041300

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028036401

Provider Name: **SKIPPER ROAD CLUSTER**
 Provider Number: 28036401
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,682	7,682
2. Operating Expenses Component			
A. Administration			630,607
B. Plant Operation			156,167
C. Laundry			43,447
D. Housekeeping			52,271
E. Operating Expense Component & Per Diem	114.8779	114.8779	882,492
3. Resident Care			
A. Dietary			155,294
B. Other			0
C. Nursing			974,975
D. Resident Care & Per Diem	147.1321	147.1321	1,130,269
4. Prop Exp & Per Diem	21.0115	21.0115	161,410
5. ROE/Use Per Diem	4.2632	4.2632	32,750
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,682.00	7,682.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,598,495.00	1,598,495.00
5. Direct Care Expense Per Diem	104.0416	208.0832	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,682	7,682
2. Additional Services	0	113,803	113,803
3. Additional Services Exp & Per Diem	14.8142	14.8142	
D. Medicaid Per Diem Cost			
1. Operating Component	114.8779	114.8779	882,492
2. Resident Care Component	265.9880	370.0295	2,842,567
3. Property Cost Component	21.0115	21.0115	161,410
4. ROE/Use Allow Component	4.2632	4.2632	32,750
5 Total Cost Per Diem	406.1405	510.1821	3,919,219



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028036401 - 2012/04

RI: 424.62

NM: 536.71

SKIPPER ROAD CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	101.702	265.600	367.303	101.702	377.984	479.686
2. Inflate Line 1 by Inflation Factor 1.02050996 *	110.964	271.048	382.012	110.964	412.409	523.373
3. Line 1 x 1.400 x Inflation Factor 1.02871395 *	111.799	273.227	385.025	111.799	415.510	527.309
4. Current Period Cost	114.878	265.988	380.866	114.878	370.030	484.907
5. Incentive Basis (line 3 - line 4)	0.000	7.239		0.000	45.481	
6. Allowed Current Period Costs (Min of line 3 or 4)	111.799	265.988	377.787	111.799	370.030	481.828
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.619	3.619	0.000	22.740	22.740
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	7.980	7.980	0.000	11.101	11.101
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.619	3.619	0.000	11.101	11.101
10. Final Incentive	0.000	3.619	3.619	0.000	11.101	11.101
11. Current Period Base: (line 6 + line 10)	111.799	269.607	381.406	111.799	381.130	492.929
12. Plus: Property Rate Component			21.011			21.011
13. Plus: ROE/Use Rate			4.263			4.263
14. Total Current Period Base			406.681			518.204
15. Prospective Rate: Line 11 x Inflation (1.03617075)	115.843	279.359	395.202	115.843	394.916	510.759
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	115.843	279.359	395.202	115.843	394.916	510.759
19. Property Rate Component			21.011			21.011
20. ROE Component + ROE Interim Component			4.263			4.263
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			420.47			536.03
23. Medicaid Days			0			7,682
24. Resident Days			0			7,682
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			12.61			16.08
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			424.62			536.71

* See Attachment

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 4/1/2012 Rate Semester				
Skipper Road Cluster/Provider #0280364-01				
Adjustment to Prior Period Cost (L1, L2, L3)				
Vacancy IRR #229 - Effective 12/1/2010				
Status: COST SETTLEMENT				
B @ 4/1/2012 Residential Institutional	1 (L1) Prior Period Allow Base Plus Incentives Excl IRR	2 IRR 4/1/2012	3 (L2) Inflate Col 8 By Factor 1.02050996 IRR @ 4/1/2012 (Col. 9)	4 (L3) Factor in Col 10 X 1.400 X Col 8 1.02871395 IRR @ 4/1/2012 (Col. 9)
Operating	101.7020	7.176	110.964	111.798
Resident Care	265.6000	0.000	271.047	273.226
Total	367.302	7.176	382.011	385.025
N-A/Medical				
Operating	101.7020	7.176	110.964	111.798
Resident Care	377.9840	26.673	412.409	415.510
Total	479.686	33.849	523.373	527.309

updated 04/19/2012



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028037201 - 2012/04
RI:289.33 / NM:371.82

PEMBROKE PINES CLUSTER
 871 S.W. Douglas Road
 Pembroke Pines FL 33025

Provider Number: 028037201
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>299.95</u>	<u>289.33</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>384.12</u>	<u>371.82</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (10)
 Home Office:
 ANN STORCK CENTER

 1790 SW 43RD WAY

 FT. LAUDERDALE FL 33317

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028037201

Provider Name: **PEMBROKE PINES CLUSTER**
 Provider Number: 28037201
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,621	8,621
2. Operating Expenses Component			
A. Administration			278,243
B. Plant Operation			187,871
C. Laundry			32,814
D. Housekeeping			70,454
E. Operating Expense Component & Per Diem	66.0459	66.0459	569,382
3. Resident Care			
A. Dietary			153,189
B. Other			0
C. Nursing			595,303
D. Resident Care & Per Diem	86.8219	86.8219	748,492
4. Prop Exp & Per Diem	7.8789	7.8789	67,924
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,621.00	8,621.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,408,310.00	1,408,310.00
5. Direct Care Expense Per Diem	81.6790	163.3581	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,621	8,621
2. Additional Services	0	209,706	209,706
3. Additional Services Exp & Per Diem	24.3250	24.3250	
D. Medicaid Per Diem Cost			
1. Operating Component	66.0459	66.0459	569,382
2. Resident Care Component	192.8260	274.5050	2,366,508
3. Property Cost Component	7.8789	7.8789	67,924
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	266.7508	348.4299	3,003,814



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028037201 - 2012/04

RI: 289.33

NM: 371.82

PEMBROKE PINES CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	64.776	196.926	261.703	64.776	277.357	342.133
2. Inflate Line 1 by Inflation Factor 1.02080480	66.124	201.023	267.147	66.124	283.127	349.251
3. Line 1 x 1.400 x Inflation Factor 1.02912672	66.663	202.662	269.325	66.663	285.436	352.099
4. Current Period Cost	66.046	192.826	258.872	66.046	274.505	340.551
5. Incentive Basis (line 3 - line 4)	0.617	9.836		0.617	10.931	
6. Allowed Current Period Costs (Min of line 3 or 4)	66.046	192.826	258.872	66.046	274.505	340.551
7. Incentive Line 5 x Oper 50% Res 50%	0.308	4.918	5.227	0.308	5.465	5.774
8. Incentive - Line 4 x Oper 10% Res 3%	6.605	5.785	12.389	6.605	8.235	14.840
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.308	4.918	5.227	0.308	5.465	5.774
10. Final Incentive	0.308	4.918	5.227	0.308	5.465	5.774
11. Current Period Base: (line 6 + line 10)	66.354	197.744	264.099	66.354	279.970	346.325
12. Plus: Property Rate Component			7.879			7.879
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			271.977			354.204
15. Prospective Rate: Line 11 x Inflation (1.03417159)	68.622	204.501	273.123	68.622	289.537	358.159
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	68.622	204.501	273.123	68.622	289.537	358.159
19. Property Rate Component			7.879			7.879
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			281.00			366.04
23. Medicaid Days			0			8,621
24. Resident Days			0			8,621
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.43			10.98
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			289.33			371.82



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028038101 - 2012/04
RI:223.26 / NM:273.53

OCALA CLUSTER
 3205 S. E. 17th Street
 Ocala FL 32671

Provider Number: 028038101
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>232.76</u>	<u>223.26</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>285.67</u>	<u>273.53</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028038101

Provider Name: **OCALA CLUSTER**
 Provider Number: 28038101
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,760	8,760
2. Operating Expenses Component			
A. Administration			391,928
B. Plant Operation			170,907
C. Laundry			49,652
D. Housekeeping			19,172
E. Operating Expense Component & Per Diem	72.1072	72.1072	631,659
3. Resident Care			
A. Dietary			147,476
B. Other			0
C. Nursing			289,133
D. Resident Care & Per Diem	49.8412	49.8412	436,609
4. Prop Exp & Per Diem	4.2116	4.2116	36,894
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,760.00	8,760.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	847,087.00	847,087.00
5. Direct Care Expense Per Diem	48.3497	96.6994	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,760	8,760
2. Additional Services	0	211,996	211,996
3. Additional Services Exp & Per Diem	24.2005	24.2005	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	72.1072	72.1072	631,659
2. Resident Care Component	122.3914	170.7411	1,495,692
3. Property Cost Component	4.2116	4.2116	36,894
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	198.7102	247.0599	2,164,245



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028038101 - 2012/04

RI: 223.26

NM: 273.53

OCALA CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.679	125.457	203.136	77.679	176.016	253.695
2. Inflate Line 1 by Inflation Factor 1.02080480	79.295	128.067	207.362	79.295	179.678	258.973
3. Line 1 x 1.400 x Inflation Factor 1.02912672	79.942	129.111	209.052	79.942	181.143	261.084
4. Current Period Cost	72.107	122.391	194.499	72.107	170.741	242.848
5. Incentive Basis (line 3 - line 4)	7.834	6.719		7.834	10.402	
6. Allowed Current Period Costs (Min of line 3 or 4)	72.107	122.391	194.499	72.107	170.741	242.848
7. Incentive Line 5 x Oper 50% Res 50%	3.917	3.360	7.277	3.917	5.201	9.118
8. Incentive - Line 4 x Oper 10% Res 3%	7.211	3.672	10.882	7.211	5.122	12.333
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.917	3.360	7.277	3.917	5.122	9.039
10. Final Incentive	3.917	3.360	7.277	3.917	5.122	9.039
11. Current Period Base: (line 6 + line 10)	76.024	125.751	201.775	76.024	175.863	251.888
12. Plus: Property Rate Component			4.212			4.212
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			205.987			256.099
15. Prospective Rate: Line 11 x Inflation (1.03417159)	78.622	130.048	208.670	78.622	181.873	260.495
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.622	130.048	208.670	78.622	181.873	260.495
19. Property Rate Component			4.212			4.212
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			212.89			264.71
23. Medicaid Days			0			8,760
24. Resident Days			0			8,760
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.39			7.94
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			223.26			273.53



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028040201 - 2012/04
RI:417.09 / NM:543.62

WILLIAMS ROAD CLUSTER
 1923 Sarah Louise Drive
 Brandon FL 33510


Provider Number: 028040201
 Date: 05/03/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>442.13</u>	<u>417.09</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>577.27</u>	<u>543.62</u>	<u>04/01/2012</u>

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

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (29)
 Home Office:
 Quest Inc

 P.O. Box 1300

 Apopka FL 327041300

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2012 to 04/2012

028040201

Provider Name: **WILLIAMS ROAD CLUSTER**
 Provider Number: 28040201
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,061	8,061
2. Operating Expenses Component			
A. Administration			622,130
B. Plant Operation			188,619
C. Laundry			46,164
D. Housekeeping			20,805
E. Operating Expense Component & Per Diem	108.8845	108.8845	877,718
3. Resident Care			
A. Dietary			162,671
B. Other			0
C. Nursing			1,065,290
D. Resident Care & Per Diem	152.3336	152.3336	1,227,961
4. Prop Exp & Per Diem	17.2806	17.2806	139,299
5. ROE/Use Per Diem	3.9191	3.9191	31,592
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,061.00	8,061.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,651,818.00	1,651,818.00
5. Direct Care Expense Per Diem	102.4574	204.9148	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,061	8,061
2. Additional Services	0	102,033	102,033
3. Additional Services Exp & Per Diem	12.6576	12.6576	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	108.8845	108.8845	877,718
2. Resident Care Component	267.4486	369.9060	2,981,812
3. Property Cost Component	17.2806	17.2806	139,299
4. ROE/Use Allow Component	3.9191	3.9191	31,592
5 Total Cost Per Diem	397.5328	499.9902	4,030,421



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028040201 - 2012/04

RI: 417.09

NM: 543.62

WILLIAMS ROAD CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	100.907	260.669	361.576	100.907	379.017	479.925
2. Inflate Line 1 by Inflation Factor 1.02050996 *	108.602	266.015	374.617	108.602	407.913	516.515
3. Line 1 x 1.400 x Inflation Factor 1.02871395 *	109.430	268.154	377.584	109.430	411.022	520.452
4. Current Period Cost	112.166	267.449	379.615	112.166	382.227	494.393
5. Incentive Basis (line 3 - line 4)	0.000	0.705		0.000	28.795	
6. Allowed Current Period Costs (Min of line 3 or 4)	109.430	267.449	376.879	109.430	382.227	491.657
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.352	0.352	0.000	14.398	14.398
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	8.023	8.023	0.000	11.467	11.467
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.352	0.352	0.000	11.467	11.467
10. Final Incentive	0.000	0.352	0.352	0.000	11.467	11.467
11. Current Period Base: (line 6 + line 10)	109.430	267.801	377.231	109.430	393.694	503.124
12. Plus: Property Rate Component			17.281			17.281
13. Plus: ROE/Use Rate			3.919			3.919
14. Total Current Period Base			398.431			524.323
15. Prospective Rate: Line 11 x Inflation (1.03617075)	113.388	277.488	390.876	113.388	407.934	521.322
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	113.388	277.488	390.876	113.388	407.934	521.322
19. Property Rate Component			17.281			17.281
20. ROE Component + ROE Interim Component			3.919			3.919
21. Plus :Property Interim Rate Component *			0.638			0.638
22. Final Per Diem			412.71			543.15
23. Medicaid Days			0		8,061	
24. Resident Days			0		8,061	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj R1% 3.000 NM% 3.000			12.38			16.29
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			417.09			543.62

* See Attachment

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 4/1/2012 Rate Semester				
Williams Road Cluster/Provider #0280402-01				
Adjustment to Prior Period Cost (L1, L2, L3)				
Vacancy IRR #230 - Effective 1/1/2011				
Status: COST SETTLEMENT				
	1	2	3	4
B	(L1)		(L2)	(L3)
@ 4/1/2012	Prior Period		Inflate Col 8	Factor in
Residential	Allow Base		By Factor	Col 10 X 1.400
Institutional	Plus Incentives		1.02050996	X Col 8
	Excl IRR	IRR	IRR	IRR
		4/1/2012	@ 4/1/2012 (Col. 9)	@ 4/1/2012 (Col. 9)
Operating	100.9070	5.625	108.602	109.429
Resident Care	260.6690	0.000	266.015	268.154
Total	361.576	5.625	374.617	377.583
N-A/Medical				
Operating	100.9070	5.625	108.602	109.429
Resident Care	379.0170	21.122	407.913	411.022
Total	479.924	26.747	516.514	520.452

updated 04/19/2012

Williams Road Cluster		ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION					
Provider #0280402-01		OF L4, L20 @ 4/1/2012 RS					
Cost Settlement - IRR #230 Effective - 1/1/2011							
Calculation of L4		Residential/Institutional			Non-Ambulatory Medical		
		Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost		108.885	267.449	376.334	108.885	369.906	478.791
B. Cost Settlement for IRR Effective 1/1/2011		5.625	0.000	5.625	5.625	21.122	26.747
C. Prorated CS IRR eff 1/1/2011 - 7/12 of IRR comp.		3.281	0.000	3.281	3.281	12.321	15.602
D. Grossed Up Current Period (Line A plus Line C)		112.166	267.449	379.615	112.166	382.227	494.393

PROPERTY COMPONENT	
Calculation of L21 - 7/12 of IRR comp.	
Property Interim Rate Component	1.093
Grossed Up Property Interim Rate Component	0.638



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028041101 - 2012/04
RI:354.57 / NM:440.03

MCP 80th Street
 11750 S.W. 80th Street
 Miami FL 33183

Provider Number: 028041101
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>362.76</u>	<u>354.57</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>449.39</u>	<u>440.03</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP of Miami

1411 N.W. 14th Avenue
Miami FL 33125

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028041101

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,675	8,675
2. Operating Expenses Component			
A. Administration			385,231
B. Plant Operation			288,248
C. Laundry			31,030
D. Housekeeping			37,051
E. Operating Expense Component & Per Diem	85.4824	85.4824	741,560
3. Resident Care			
A. Dietary			153,032
B. Other			0
C. Nursing			860,014
D. Resident Care & Per Diem	116.7776	116.7776	1,013,046
4. Prop Exp & Per Diem	46.9482	46.9482	407,276
5. ROE/Use Per Diem	1.1097	1.1097	9,627
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,675.00	8,675.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,442,224.00	1,442,224.00
5. Direct Care Expense Per Diem	83.1253	166.2506	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,675	8,675
2. Additional Services	0	97,948	97,948
3. Additional Services Exp & Per Diem	11.2908	11.2908	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	85.4824	85.4824	741,560
2. Resident Care Component	211.1938	294.3191	2,553,218
3. Property Cost Component	46.9482	46.9482	407,276
4. ROE/Use Allow Component	1.1097	1.1097	9,627
5 Total Cost Per Diem	344.7342	427.8595	3,711,681



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028041101 - 2012/04

RI: 354.57

NM: 440.03

MCP 80th Street

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.863	200.202	282.065	81.863	282.979	364.841
2. Inflate Line 1 by Inflation Factor 1.02080480	83.566	204.367	287.933	83.566	288.866	372.432
3. Line 1 x 1.400 x Inflation Factor 1.02912672	84.247	206.033	290.280	84.247	291.221	375.468
4. Current Period Cost	85.482	211.194	296.676	85.482	294.319	379.802
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	84.247	206.033	290.280	84.247	291.221	375.468
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	84.247	206.033	290.280	84.247	291.221	375.468
12. Plus: Property Rate Component			46.948			46.948
13. Plus: ROE/Use Rate			1.110			1.110
14. Total Current Period Base			338.338			423.526
15. Prospective Rate: Line 11 x Inflation (1.03417159)	87.126	213.074	300.200	87.126	301.173	388.298
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	87.126	213.074	300.200	87.126	301.173	388.298
19. Property Rate Component			46.948			46.948
20. ROE Component + ROE Interim Component			1.110			1.110
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			348.26			436.36
23. Medicaid Days			0			8,675
24. Resident Days			0			8,675
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			10.45			13.09
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			354.57			440.03



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028045301 - 2012/04
RI:373.81 / NM:458.48

MCP Braddock
 14400 SW 32nd Street
 Miami, FL 33175

Provider Number: 028045301
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>389.20</u>	<u>373.81</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>475.57</u>	<u>458.48</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP of Miami

1411 N.W. 14th Avenue
Miami, FL

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028045301

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,726	8,726
2. Operating Expenses Component			
A. Administration			399,107
B. Plant Operation			287,857
C. Laundry			31,523
D. Housekeeping			34,057
E. Operating Expense Component & Per Diem	86.2416	86.2416	752,544
3. Resident Care			
A. Dietary			149,266
B. Other			0
C. Nursing			967,816
D. Resident Care & Per Diem	128.0176	128.0176	1,117,082
4. Prop Exp & Per Diem	46.6382	46.6382	406,965
5. ROE/Use Per Diem	0.8260	0.8260	7,208
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,726.00	8,726.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,463,783.00	1,463,783.00
5. Direct Care Expense Per Diem	83.8748	167.7496	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,726	8,726
2. Additional Services	0	97,606	97,606
3. Additional Services Exp & Per Diem	11.1857	11.1857	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	86.2416	86.2416	752,544
2. Resident Care Component	223.0781	306.9529	2,678,471
3. Property Cost Component	46.6382	46.6382	406,965
4. ROE/Use Allow Component	0.8260	0.8260	7,208
5 Total Cost Per Diem	356.7839	440.6587	3,845,188



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028045301 - 2012/04

RI: 373.81

NM: 458.48

MCP Braddock

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.951	225.855	305.806	79.951	308.390	388.341
2. Inflate Line 1 by Inflation Factor 1.02080480	81.614	230.554	312.169	81.614	314.806	396.421
3. Line 1 x 1.400 x Inflation Factor 1.02912672	82.280	232.434	314.713	82.280	317.372	399.652
4. Current Period Cost	86.242	223.078	309.320	86.242	306.953	393.194
5. Incentive Basis (line 3 - line 4)	0.000	9.355		0.000	10.420	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.280	223.078	305.358	82.280	306.953	389.233
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.678	4.678	0.000	5.210	5.210
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.692	6.692	0.000	9.209	9.209
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.678	4.678	0.000	5.210	5.210
10. Final Incentive	0.000	4.678	4.678	0.000	5.210	5.210
11. Current Period Base: (line 6 + line 10)	82.280	227.756	310.036	82.280	312.163	394.443
12. Plus: Property Rate Component			46.638			46.638
13. Plus: ROE/Use Rate			0.826			0.826
14. Total Current Period Base			357.500			441.907
15. Prospective Rate: Line 11 x Inflation (1.03417159)	85.091	235.539	320.630	85.091	322.830	407.921
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.091	235.539	320.630	85.091	322.830	407.921
19. Property Rate Component			46.638			46.638
20. ROE Component + ROE Interim Component			0.826			0.826
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			368.09			455.38
23. Medicaid Days			0		8,726	
24. Resident Days			0		8,726	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			11.04			13.66
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			373.81			458.48



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028046101 - 2012/04
RI:369.60 / NM:456.36

MCP 2nd Street
 11801 NW Second Street
 Miami, Fl. FL 33182

Provider Number: 028046101
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>382.54</u>	<u>369.60</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>471.67</u>	<u>456.36</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP Of Miami

1411 N.W. 14th Avenue
Miami FL 33125

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028046101

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,709	8,709
2. Operating Expenses Component			
A. Administration			386,506
B. Plant Operation			283,511
C. Laundry			31,083
D. Housekeeping			33,440
E. Operating Expense Component & Per Diem	84.3426	84.3426	734,540
3. Resident Care			
A. Dietary			152,288
B. Other			0
C. Nursing			926,513
D. Resident Care & Per Diem	123.8720	123.8720	1,078,801
4. Prop Exp & Per Diem	46.4974	46.4974	404,946
5. ROE/Use Per Diem	0.9073	0.9073	7,902
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,709.00	8,709.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,486,318.00	1,486,318.00
5. Direct Care Expense Per Diem	85.3323	170.6646	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,709	8,709
2. Additional Services	0	95,245	95,245
3. Additional Services Exp & Per Diem	10.9364	10.9364	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	84.3426	84.3426	734,540
2. Resident Care Component	220.1407	305.4730	2,660,364
3. Property Cost Component	46.4974	46.4974	404,946
4. ROE/Use Allow Component	0.9073	0.9073	7,902
5 Total Cost Per Diem	351.8880	437.2203	3,807,752



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028046101 - 2012/04
RI: 369.60
NM: 456.36

MCP 2nd Street

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	80.550	219.462	300.012	80.550	304.631	385.181
2. Inflate Line 1 by Inflation Factor 1.02080480	82.225	224.028	306.253	82.225	310.969	393.194
3. Line 1 x 1.400 x Inflation Factor 1.02912672	82.896	225.854	308.750	82.896	313.504	396.400
4. Current Period Cost	84.343	220.141	304.483	84.343	305.473	389.816
5. Incentive Basis (line 3 - line 4)	0.000	5.714		0.000	8.031	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.896	220.141	303.036	82.896	305.473	388.369
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.857	2.857	0.000	4.015	4.015
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.604	6.604	0.000	9.164	9.164
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.857	2.857	0.000	4.015	4.015
10. Final Incentive	0.000	2.857	2.857	0.000	4.015	4.015
11. Current Period Base: (line 6 + line 10)	82.896	222.997	305.893	82.896	309.488	392.384
12. Plus: Property Rate Component			46.497			46.497
13. Plus: ROE/Use Rate			0.907			0.907
14. Total Current Period Base			353.298			439.789
15. Prospective Rate: Line 11 x Inflation (1.03417159)	85.728	230.618	316.346	85.728	320.064	405.793
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.728	230.618	316.346	85.728	320.064	405.793
19. Property Rate Component			46.497			46.497
20. ROE Component + ROE Interim Component			0.907			0.907
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			363.75			453.20
23. Medicaid Days			0			8,709
24. Resident Days			0			8,709
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			10.91			13.60
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			369.60			456.36



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028048801 - 2012/04
RI:352.37 / NM:437.22

MCP Sunset
 7100 S.W. 122nd. Avenue
 Miami FL 33183

Provider Number: 028048801
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>358.45</u>	<u>352.37</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>447.94</u>	<u>437.22</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP Of Miami

 1411 N.W. 14th Avenue

 Miami FL 33125

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028048801

Provider Name: **MCP Sunset**
 Provider Number: 28048801
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,523	8,523
2. Operating Expenses Component			
A. Administration			389,174
B. Plant Operation			277,257
C. Laundry			30,939
D. Housekeeping			27,090
E. Operating Expense Component & Per Diem	85.0006	85.0006	724,460
3. Resident Care			
A. Dietary			147,543
B. Other			0
C. Nursing			799,828
D. Resident Care & Per Diem	111.1546	111.1546	947,371
4. Prop Exp & Per Diem	49.5083	49.5083	421,959
5. ROE/Use Per Diem	0.8909	0.8909	7,593
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,523.00	8,523.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,380,981.00	1,380,981.00
5. Direct Care Expense Per Diem	81.0150	162.0299	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,523	8,523
2. Additional Services	0	92,096	92,096
3. Additional Services Exp & Per Diem	10.8056	10.8056	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	85.0006	85.0006	724,460
2. Resident Care Component	202.9752	283.9901	2,420,448
3. Property Cost Component	49.5083	49.5083	421,959
4. ROE/Use Allow Component	0.8909	0.8909	7,593
5 Total Cost Per Diem	338.3749	419.3899	3,574,460



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028048801 - 2012/04
RI: 352.37
NM: 437.22

MCP Sunset

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	80.650	197.087	277.737	80.650	282.599	363.249
2. Inflate Line 1 by Inflation Factor 1.02080480	82.328	201.187	283.516	82.328	288.478	370.807
3. Line 1 x 1.400 x Inflation Factor 1.02912672	82.999	202.827	285.827	82.999	290.830	373.830
4. Current Period Cost	85.001	202.975	287.976	85.001	283.990	368.991
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	6.840	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.999	202.827	285.827	82.999	283.990	366.990
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	3.420	3.420
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	8.520	8.520
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	3.420	3.420
10. Final Incentive	0.000	0.000	0.000	0.000	3.420	3.420
11. Current Period Base: (line 6 + line 10)	82.999	202.827	285.827	82.999	287.410	370.410
12. Plus: Property Rate Component			49.508			49.508
13. Plus: ROE/Use Rate			0.891			0.891
14. Total Current Period Base			336.226			420.809
15. Prospective Rate: Line 11 x Inflation (1.03417159)	85.836	209.758	295.594	85.836	297.231	383.067
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.836	209.758	295.594	85.836	297.231	383.067
19. Property Rate Component			49.508			49.508
20. ROE Component + ROE Interim Component			0.891			0.891
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			345.99			433.46
23. Medicaid Days			0			8,523
24. Resident Days			0			8,523
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			10.38			13.00
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			352.37			437.22



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028049601 - 2012/04
RI:302.41 / NM:402.93

DORCHESTER CLUSTER

3201 Ginger Drive
Tallahassee FL 32308

Provider Number: 028049601

Date: 05/02/2012

FYE: 06/30/2011

Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>318.58</u>	<u>302.41</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>423.87</u>	<u>402.93</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (2)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028049601

Provider Name: **DORCHESTER CLUSTER**
 Provider Number: 28049601
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	757	7,751	8,508
2. Operating Expenses Component			
A. Administration			385,162
B. Plant Operation			188,397
C. Laundry			5,305
D. Housekeeping			16,836
E. Operating Expense Component & Per Diem	70.0165	70.0165	595,700
3. Resident Care			
A. Dietary			138,174
B. Other			106,398
C. Nursing			476,410
D. Resident Care & Per Diem	84.7417	84.7417	720,982
4. Prop Exp & Per Diem	16.3762	16.3762	139,329
5. ROE/Use Per Diem	1.4606	1.4606	12,427
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	378.50	7,751.00	8,129.50
3. Staffing Percent	4.6558829	95.3441171	100.00
4. Allocation of Direct Care	73,642.01	1,508,055.99	1,581,698.00
5. Direct Care Expense Per Diem	97.2814	194.5628	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	757	7,751	8,508
2. Additional Services	6,412	65,649	72,061
3. Additional Services Exp & Per Diem	8.4703	8.4697	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.0165	70.0165	595,700
2. Resident Care Component	190.4933	287.7742	2,374,741
3. Property Cost Component	16.3762	16.3762	139,329
4. ROE/Use Allow Component	1.4606	1.4606	12,427
5 Total Cost Per Diem	278.3466	375.6275	3,122,197



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028049601 - 2012/04

RI: 302.41

NM: 402.93

DORCHESTER CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.533	202.822	273.355	70.533	303.438	373.971
2. Inflate Line 1 by Inflation Factor 1.02080480	72.000	207.041	279.042	72.000	309.751	381.751
3. Line 1 x 1.400 x Inflation Factor 1.02912672	72.587	208.729	281.317	72.587	312.276	384.863
4. Current Period Cost	70.016	190.493	260.510	70.016	287.774	357.791
5. Incentive Basis (line 3 - line 4)	2.571	18.236		2.571	24.502	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.016	190.493	260.510	70.016	287.774	357.791
7. Incentive Line 5 x Oper 50% Res 50%	1.285	9.118	10.403	1.285	12.251	13.536
8. Incentive - Line 4 x Oper 10% Res 3%	7.002	5.715	12.716	7.002	8.633	15.635
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.285	5.715	7.000	1.285	8.633	9.919
10. Final Incentive	1.285	5.715	7.000	1.285	8.633	9.919
11. Current Period Base: (line 6 + line 10)	71.302	196.208	267.510	71.302	296.407	367.709
12. Plus: Property Rate Component			16.376			16.376
13. Plus: ROE/Use Rate			1.461			1.461
14. Total Current Period Base			285.347			385.546
15. Prospective Rate: Line 11 x Inflation (1.03417159)	73.738	202.913	276.651	73.738	306.536	380.275
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.738	202.913	276.651	73.738	306.536	380.275
19. Property Rate Component			16.376			16.376
20. ROE Component + ROE Interim Component			1.461			1.461
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			294.48			398.11
23. Medicaid Days			757			7,751
24. Resident Days			757			7,751
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.83			11.94
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			302.41			402.93



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028054200 - 2012/04
RI:324.33 / NM:0.00

SUFFRIDGE DRIVE GROUP HOME
 27566 Suffridge Drive
 Bonita Springs FL 34135

Provider Number: 028054200
 Date: 05/03/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>346.82</u>	<u>324.33</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

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

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (8)
 Home Office:
 Res-Care, Inc.

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028054200

Provider Name: **SUFFRIDGE DRIVE GROUP HOME**
 Provider Number: 28054200
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			136,531
B. Plant Operation			28,090
C. Laundry			542
D. Housekeeping			2,427
E. Operating Expense Component & Per Diem	76.5251	0.0000	167,590
3. Resident Care			
A. Dietary			26,459
B. Other			0
C. Nursing			48,196
D. Resident Care & Per Diem	34.0890	0.0000	74,655
4. Prop Exp & Per Diem	13.2370	0.0000	28,989
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	327,974.00		327,974.00
5. Direct Care Expense Per Diem	149.7598		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	45,464		45,464
3. Additional Services Exp & Per Diem	20.7598		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	76.5251		167,590
2. Resident Care Component	204.6087		448,093
3. Property Cost Component	13.2370		28,989
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	294.3708		644,672



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028054200 - 2012/04

RI: 324.33

NM: 0.00

SUFFRIDGE DRIVE GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	87.066	213.366	300.432			
2. Inflate Line 1 by Inflation Factor 1.02080480	88.877	217.805	306.683			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	89.602	219.581	309.183			
4. Current Period Cost	76.525	204.609	281.134			
5. Incentive Basis (line 3 - line 4)	13.077	14.972		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.525	204.609	281.134			
7. Incentive Line 5 x Oper 50% Res 50%	6.538	7.486	14.025	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.653	6.138	13.791	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.538	6.138	12.677	0.000	0.000	0.000
10. Final Incentive	6.538	6.138	12.677	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	83.063	210.747	293.810	0.000	0.000	0.000
12. Plus: Property Rate Component			13.237			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			307.047			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	85.902	217.948	303.850	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.902	217.948	303.850	0.000	0.000	0.000
19. Property Rate Component			13.237			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			317.08			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			9.51			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			324.33			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028056900 - 2012/04
RI:340.21 / NM:0.00

ROSEWOOD GROUP HOME
 71 Rosewood Avenue
 Ormand Beach FL 32174

Provider Number: 028056900
 Date: 05/03/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>344.00</u>	<u>340.21</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (12)
 Home Office:
 Res-Care

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028056900

Provider Name: **ROSEWOOD GROUP HOME**
 Provider Number: 28056900
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,495	0	1,495
2. Operating Expenses Component			
A. Administration			120,537
B. Plant Operation			26,707
C. Laundry			976
D. Housekeeping			1,703
E. Operating Expense Component & Per Diem	100.2829	0.0000	149,923
3. Resident Care			
A. Dietary			18,268
B. Other			0
C. Nursing			18,144
D. Resident Care & Per Diem	24.3559	0.0000	36,412
4. Prop Exp & Per Diem	20.8261	0.0000	31,135
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,121.25		1,121.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	209,682.00		209,682.00
5. Direct Care Expense Per Diem	140.2555		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,495		1,495
2. Additional Services	98,094		98,094
3. Additional Services Exp & Per Diem	65.6147		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	100.2829		149,923
2. Resident Care Component	230.2261		344,188
3. Property Cost Component	20.8261		31,135
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	351.3351		525,246



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028056900 - 2012/04

RI: 340.21

NM: 0.00

ROSEWOOD GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.099	212.641	293.740			
2. Inflate Line 1 by Inflation Factor 1.02080480	82.786	217.065	299.851			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	83.461	218.835	302.296			
4. Current Period Cost	100.283	230.226	330.509			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	83.461	218.835	302.296			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	83.461	218.835	302.296	0.000	0.000	0.000
12. Plus: Property Rate Component			20.826			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			323.122			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	86.313	226.313	312.625	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.313	226.313	312.625	0.000	0.000	0.000
19. Property Rate Component			20.826			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			333.45			0.00
23. Medicaid Days		1,495			0	
24. Resident Days		1,495			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			10.00			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			340.21			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028057700 - 2012/04
RI:278.87 / NM:0.00

PLAZA OVAL GROUP HOME
 247 Plaza Oval
 Casselberry FL 32707

Provider Number: 028057700
 Date: 05/03/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>289.82</u>	<u>278.87</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028057700

Provider Name: **PLAZA OVAL GROUP HOME**
 Provider Number: 28057700
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,011	0	2,011
2. Operating Expenses Component			
A. Administration			119,724
B. Plant Operation			29,402
C. Laundry			750
D. Housekeeping			2,343
E. Operating Expense Component & Per Diem	75.6932	0.0000	152,219
3. Resident Care			
A. Dietary			20,874
B. Other			0
C. Nursing			36,436
D. Resident Care & Per Diem	28.4983	0.0000	57,310
4. Prop Exp & Per Diem	14.9945	0.0000	30,154
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,508.25		1,508.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	209,188.00		209,188.00
5. Direct Care Expense Per Diem	104.0219		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,011		2,011
2. Additional Services	66,246		66,246
3. Additional Services Exp & Per Diem	32.9418		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	75.6932		152,219
2. Resident Care Component	165.4620		332,744
3. Property Cost Component	14.9945		30,154
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	256.1497		515,117



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028057700 - 2012/04

RI: 278.87

NM: 0.00

PLAZA OVAL GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.065	166.214	245.279			
2. Inflate Line 1 by Inflation Factor 1.02080480	80.710	169.672	250.382			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	81.368	171.056	252.423			
4. Current Period Cost	75.693	165.462	241.155			
5. Incentive Basis (line 3 - line 4)	5.674	5.594		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.693	165.462	241.155			
7. Incentive Line 5 x Oper 50% Res 50%	2.837	2.797	5.634	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.569	4.964	12.533	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.837	2.797	5.634	0.000	0.000	0.000
10. Final Incentive	2.837	2.797	5.634	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	78.530	168.259	246.789	0.000	0.000	0.000
12. Plus: Property Rate Component			14.995			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			261.784			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	81.214	174.008	255.222	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.214	174.008	255.222	0.000	0.000	0.000
19. Property Rate Component			14.995			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			270.22			0.00
23. Medicaid Days		2,011				0
24. Resident Days		2,011				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			8.11			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			278.87			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028059300 - 2012/04
RI:241.17 / NM:0.00

Sunrise 146th Place
 10521 S.W. 146th Place
 Miami FL 33186

Provider Number: 028059300
 Date: 05/03/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	250.70	241.17	04/01/2012
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028059300

Provider Name: **Sunrise 146th Place**
 Provider Number: 28059300
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			66,404
B. Plant Operation			24,969
C. Laundry			913
D. Housekeeping			1,168
E. Operating Expense Component & Per Diem	42.6731	0.0000	93,454
3. Resident Care			
A. Dietary			17,488
B. Other			57,907
C. Nursing			2,395
D. Resident Care & Per Diem	35.5205	0.0000	77,790
4. Prop Exp & Per Diem	15.5589	0.0000	34,074
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	265,927.00		265,927.00
5. Direct Care Expense Per Diem	121.4279		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	7,931		7,931
3. Additional Services Exp & Per Diem	3.6215		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	42.6731		93,454
2. Resident Care Component	160.5699		351,648
3. Property Cost Component	15.5589		34,074
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	218.8018		479,176



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028059300 - 2012/04
RI: 241.17
NM: 0.00

Sunrise 146th Place
 Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	46.578	161.441	208.019			
2. Inflate Line 1 by Inflation Factor 1.02080480	47.547	164.800	212.347			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	47.935	166.143	214.078			
4. Current Period Cost	42.673	160.570	203.243			
5. Incentive Basis (line 3 - line 4)	5.262	5.573		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.673	160.570	203.243			
7. Incentive Line 5 x Oper 50% Res 50%	2.631	2.787	5.417	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.267	4.817	9.084	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.631	2.787	5.417	0.000	0.000	0.000
10. Final Incentive	2.631	2.787	5.417	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	45.304	163.356	208.660	0.000	0.000	0.000
12. Plus: Property Rate Component			15.559			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			224.219			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	46.852	168.939	215.791	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	46.852	168.939	215.791	0.000	0.000	0.000
19. Property Rate Component			15.559			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			231.35			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			6.94			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			241.17			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028060700

Provider Name: **Walnut Street Group Home**
 Provider Number: 28060700
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,013	15	2,028
2. Operating Expenses Component			
A. Administration			124,637
B. Plant Operation			29,119
C. Laundry			1,053
D. Housekeeping			2,337
E. Operating Expense Component & Per Diem	77.4882	77.4882	157,146
3. Resident Care			
A. Dietary			22,668
B. Other			0
C. Nursing			21,283
D. Resident Care & Per Diem	21.6721	21.6721	43,951
4. Prop Exp & Per Diem	19.2998	19.2998	39,140
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,509.75	15.00	1,524.75
3. Staffing Percent	99.0162322	0.9837678	100.00
4. Allocation of Direct Care	210,670.90	2,093.10	212,764.00
5. Direct Care Expense Per Diem	104.6552	139.5403	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,013	15	2,028
2. Additional Services	112,258	837	113,095
3. Additional Services Exp & Per Diem	55.7665	55.8000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	77.4882	77.4882	157,146
2. Resident Care Component	182.0938	217.0123	369,810
3. Property Cost Component	19.2998	19.2998	39,140
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	278.8818	313.8003	566,096



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028060700 - 2012/04
RI: 305.57
NM: 341.64

Walnut Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.443	192.945	276.389	83.443	229.319	312.762
2. Inflate Line 1 by Inflation Factor 1.02080480	85.179	196.960	282.139	85.179	234.090	319.269
3. Line 1 x 1.400 x Inflation Factor 1.02912672	85.874	198.565	284.439	85.874	235.998	321.872
4. Current Period Cost	77.488	182.094	259.582	77.488	217.012	294.501
5. Incentive Basis (line 3 - line 4)	8.386	16.471		8.386	18.986	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.488	182.094	259.582	77.488	217.012	294.501
7. Incentive Line 5 x Oper 50% Res 50%	4.193	8.236	12.428	4.193	9.493	13.686
8. Incentive - Line 4 x Oper 10% Res 3%	7.749	5.463	13.212	7.749	6.510	14.259
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.193	5.463	9.656	4.193	6.510	10.703
10. Final Incentive	4.193	5.463	9.656	4.193	6.510	10.703
11. Current Period Base: (line 6 + line 10)	81.681	187.557	269.238	81.681	223.523	305.204
12. Plus: Property Rate Component			19.300			19.300
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			288.537			324.503
15. Prospective Rate: Line 11 x Inflation (1.03417159)	84.472	193.966	278.438	84.472	231.161	315.633
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.472	193.966	278.438	84.472	231.161	315.633
19. Property Rate Component			19.300			19.300
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			297.74			334.93
23. Medicaid Days		2,013			15	
24. Resident Days		2,013			15	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.93			10.05
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			305.57			341.64



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028061500 - 2012/04
RI:268.04 / NM:301.58

Spring Street Group Home
 930 S. W. Spring Lane
 Lake City FL 32055

Provider Number: 028061500
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>290.51</u>	<u>268.04</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>323.84</u>	<u>301.58</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028061500

Provider Name: **Spring Street Group Home**
 Provider Number: 28061500
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,561	629	2,190
2. Operating Expenses Component			
A. Administration			124,926
B. Plant Operation			21,690
C. Laundry			765
D. Housekeeping			2,339
E. Operating Expense Component & Per Diem	68.3653	68.3653	149,720
3. Resident Care			
A. Dietary			24,126
B. Other			0
C. Nursing			17,403
D. Resident Care & Per Diem	18.9630	18.9630	41,529
4. Prop Exp & Per Diem	20.7689	20.7689	45,484
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,170.75	629.00	1,799.75
3. Staffing Percent	65.0507015	34.9492985	100.00
4. Allocation of Direct Care	151,996.82	81,662.18	233,659.00
5. Direct Care Expense Per Diem	97.3714	129.8286	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,561	629	2,190
2. Additional Services	57,493	23,167	80,660
3. Additional Services Exp & Per Diem	36.8309	36.8315	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	68.3653	68.3653	149,720
2. Resident Care Component	153.1653	185.6231	355,848
3. Property Cost Component	20.7689	20.7689	45,484
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	242.2996	274.7573	551,052



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028061500 - 2012/04
RI: 268.04
NM: 301.58

Spring Street Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.761	167.811	242.572	74.761	199.659	274.420
2. Inflate Line 1 by Inflation Factor 1.02080480	76.316	171.302	247.619	76.316	203.813	280.129
3. Line 1 x 1.400 x Inflation Factor 1.02912672	76.939	172.699	249.637	76.939	205.474	282.413
4. Current Period Cost	68.365	153.165	221.531	68.365	185.623	253.988
5. Incentive Basis (line 3 - line 4)	8.573	19.533	28.106	8.573	19.851	28.424
6. Allowed Current Period Costs (Min of line 3 or 4)	68.365	153.165	221.531	68.365	185.623	253.988
7. Incentive Line 5 x Oper 50% Res 50%	4.287	9.767	14.053	4.287	9.925	14.212
8. Incentive - Line 4 x Oper 10% Res 3%	6.837	4.595	11.431	6.837	5.569	12.405
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.287	4.595	8.882	4.287	5.569	9.855
10. Final Incentive	4.287	4.595	8.882	4.287	5.569	9.855
11. Current Period Base: (line 6 + line 10)	72.652	157.760	230.412	72.652	191.192	263.844
12. Plus: Property Rate Component			20.769			20.769
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			251.181			284.613
15. Prospective Rate: Line 11 x Inflation (1.03417159)	75.135	163.151	238.286	75.135	197.725	272.860
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.135	163.151	238.286	75.135	197.725	272.860
19. Property Rate Component			20.769			20.769
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			259.05			293.63
23. Medicaid Days		1,561			629	
24. Resident Days		1,561			629	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			7.77			8.81
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			268.04			301.58



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028062300 - 2012/04
RI:252.96 / NM:296.53

Sunrise 119th Street Group Home
 13350 S.W. 119th Street
 Miami FL 33186

Provider Number: 028062300
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>259.26</u>	<u>252.96</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>304.39</u>	<u>296.53</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33170

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028062300

Provider Name: **Sunrise 119th Street Group Home**
 Provider Number: 28062300
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,394	730	2,124
2. Operating Expenses Component			
A. Administration			71,253
B. Plant Operation			22,283
C. Laundry			1,224
D. Housekeeping			1,771
E. Operating Expense Component & Per Diem	45.4477	45.4477	96,531
3. Resident Care			
A. Dietary			18,591
B. Other			55,795
C. Nursing			11,178
D. Resident Care & Per Diem	40.2844	40.2844	85,564
4. Prop Exp & Per Diem	17.6403	17.6403	37,468
5. ROE/Use Per Diem	0.0047	0.0047	10
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,045.50	730.00	1,775.50
3. Staffing Percent	58.8848212	41.1151788	100.00
4. Allocation of Direct Care	177,703.79	124,078.21	301,782.00
5. Direct Care Expense Per Diem	127.4776	169.9701	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,394	730	2,124
2. Additional Services	3,432	1,797	5,229
3. Additional Services Exp & Per Diem	2.4620	2.4616	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	45.4477	45.4477	96,531
2. Resident Care Component	170.2240	212.7162	392,575
3. Property Cost Component	17.6403	17.6403	37,468
4. ROE/Use Allow Component	0.0047	0.0047	10
5 Total Cost Per Diem	233.3167	275.8089	526,584



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028062300 - 2012/04

RI: 252.96

NM: 296.53

Sunrise 119th Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	46.067	168.796	214.862	46.067	211.919	257.985
2. Inflate Line 1 by Inflation Factor 1.02080480	47.025	172.307	219.332	47.025	216.328	263.353
3. Line 1 x 1.400 x Inflation Factor 1.02912672	47.408	173.712	221.121	47.408	218.091	265.500
4. Current Period Cost	45.448	170.224	215.672	45.448	212.716	258.164
5. Incentive Basis (line 3 - line 4)	1.961	3.488		1.961	5.375	
6. Allowed Current Period Costs (Min of line 3 or 4)	45.448	170.224	215.672	45.448	212.716	258.164
7. Incentive Line 5 x Oper 50% Res 50%	0.980	1.744	2.724	0.980	2.688	3.668
8. Incentive - Line 4 x Oper 10% Res 3%	4.545	5.107	9.651	4.545	6.381	10.926
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.980	1.744	2.724	0.980	2.688	3.668
10. Final Incentive	0.980	1.744	2.724	0.980	2.688	3.668
11. Current Period Base: (line 6 + line 10)	46.428	171.968	218.396	46.428	215.404	261.832
12. Plus: Property Rate Component			17.640			17.640
13. Plus: ROE/Use Rate			0.005			0.005
14. Total Current Period Base			236.041			279.477
15. Prospective Rate: Line 11 x Inflation (1.03417159)	48.015	177.844	225.859	48.015	222.764	270.779
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.015	177.844	225.859	48.015	222.764	270.779
19. Property Rate Component			17.640			17.640
20. ROE Component + ROE Interim Component			0.005			0.005
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			243.51			288.42
23. Medicaid Days		1,394			730	
24. Resident Days		1,394			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			7.31			8.65
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			252.96			296.53



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028063100 - 2012/04
RI:275.22 / NM:316.39

Bessent Road Group Home
 1329 Bessent Road
 Starke FL 32091

Provider Number: 028063100
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>293.97</u>	<u>275.22</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>364.12</u>	<u>316.39</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028063100

Provider Name: **Bessent Road Group Home**
 Provider Number: 28063100
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,170	15	2,185
2. Operating Expenses Component			
A. Administration			122,226
B. Plant Operation			26,171
C. Laundry			807
D. Housekeeping			3,226
E. Operating Expense Component & Per Diem	69.7620	69.7620	152,430
3. Resident Care			
A. Dietary			21,397
B. Other			0
C. Nursing			21,314
D. Resident Care & Per Diem	19.5474	19.5474	42,711
4. Prop Exp & Per Diem	12.4503	12.4503	27,204
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,627.50	15.00	1,642.50
3. Staffing Percent	99.0867580	0.9132420	100.00
4. Allocation of Direct Care	209,591.28	1,931.72	211,523.00
5. Direct Care Expense Per Diem	96.5858	128.7811	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,170	15	2,185
2. Additional Services	119,741	832	120,573
3. Additional Services Exp & Per Diem	55.1802	55.4667	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	69.7620	69.7620	152,430
2. Resident Care Component	171.3134	203.7952	374,807
3. Property Cost Component	12.4503	12.4503	27,204
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	253.5258	286.0075	554,441



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028063100 - 2012/04

RI: 275.22

NM: 316.39

Bessent Road Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.017	164.091	246.108	82.017	231.120	313.138
2. Inflate Line 1 by Inflation Factor 1.02080480	83.724	167.505	251.228	83.724	235.929	319.652
3. Line 1 x 1.400 x Inflation Factor 1.02912672	84.406	168.870	253.276	84.406	237.852	322.258
4. Current Period Cost	69.762	171.313	241.075	69.762	203.795	273.557
5. Incentive Basis (line 3 - line 4)	14.644	0.000		14.644	34.057	
6. Allowed Current Period Costs (Min of line 3 or 4)	69.762	168.870	238.632	69.762	203.795	273.557
7. Incentive Line 5 x Oper 50% Res 50%	7.322	0.000	7.322	7.322	17.028	24.351
8. Incentive - Line 4 x Oper 10% Res 3%	6.976	0.000	6.976	6.976	6.114	13.090
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.976	0.000	6.976	6.976	6.114	13.090
10. Final Incentive	6.976	0.000	6.976	6.976	6.114	13.090
11. Current Period Base: (line 6 + line 10)	76.738	168.870	245.608	76.738	209.909	286.647
12. Plus: Property Rate Component			12.450			12.450
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			258.059			299.098
15. Prospective Rate: Line 11 x Inflation (1.03417159)	79.360	174.641	254.001	79.360	217.082	296.442
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.360	174.641	254.001	79.360	217.082	296.442
19. Property Rate Component			12.450			12.450
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			266.45			308.90
23. Medicaid Days		2,170			15	
24. Resident Days		2,170			15	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			7.99			9.27
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			275.22			316.39



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028064000 - 2012/04 RI:269.17 / NM:298.17
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19th Street Group Home
 529 N.W. 19th Street
 Gainesville FL 32603

Provider Number: 028064000
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>289.61</u>	<u>269.17</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>320.31</u>	<u>298.17</u>	<u>04/01/2012</u>

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028064000

Provider Name: **19th Street Group Home**
 Provider Number: 28064000
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			124,855
B. Plant Operation			31,226
C. Laundry			613
D. Housekeeping			2,315
E. Operating Expense Component & Per Diem	72.6068	72.6068	159,009
3. Resident Care			
A. Dietary			19,986
B. Other			0
C. Nursing			13,016
D. Resident Care & Per Diem	15.0694	15.0694	33,002
4. Prop Exp & Per Diem	19.0329	19.0329	41,682
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	122,965.80	81,977.20	204,943.00
5. Direct Care Expense Per Diem	84.2232	112.2975	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	77,668	38,828	116,496
3. Additional Services Exp & Per Diem	53.1973	53.1890	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	72.6068	72.6068	159,009
2. Resident Care Component	152.4898	180.5560	354,441
3. Property Cost Component	19.0329	19.0329	41,682
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	244.1295	272.1957	555,132



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028064000 - 2012/04
RI: 269.17
NM: 298.17

19th Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.432	159.354	236.786	77.432	188.691	266.123
2. Inflate Line 1 by Inflation Factor 1.02080480	79.043	162.670	241.712	79.043	192.617	271.660
3. Line 1 x 1.400 x Inflation Factor 1.02912672	79.687	163.996	243.683	79.687	194.187	273.874
4. Current Period Cost	72.607	152.490	225.097	72.607	180.556	253.163
5. Incentive Basis (line 3 - line 4)	7.080	11.506		7.080	13.631	
6. Allowed Current Period Costs (Min of line 3 or 4)	72.607	152.490	225.097	72.607	180.556	253.163
7. Incentive Line 5 x Oper 50% Res 50%	3.540	5.753	9.293	3.540	6.816	10.356
8. Incentive - Line 4 x Oper 10% Res 3%	7.261	4.575	11.835	7.261	5.417	12.677
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.540	4.575	8.115	3.540	5.417	8.957
10. Final Incentive	3.540	4.575	8.115	3.540	5.417	8.957
11. Current Period Base: (line 6 + line 10)	76.147	157.065	233.211	76.147	185.973	262.120
12. Plus: Property Rate Component			19.033			19.033
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			252.244			281.152
15. Prospective Rate: Line 11 x Inflation (1.03417159)	78.749	162.432	241.181	78.749	192.328	271.077
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.749	162.432	241.181	78.749	192.328	271.077
19. Property Rate Component			19.033			19.033
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			260.22			290.11
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			7.81			8.70
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			269.17			298.17



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028065800 - 2012/04
RI:266.34 / NM:0.00

Sunrise 22nd Street Home
444 N.W. 22nd Street
Homestead FL 33030

Provider Number: 028065800
Date: 05/02/2012
FYE: 06/30/2011
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>269.57</u>	<u>266.34</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028065800

Provider Name: **Sunrise 22nd Street Home**
 Provider Number: 28065800
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,099	0	2,099
2. Operating Expenses Component			
A. Administration			73,099
B. Plant Operation			35,780
C. Laundry			2,821
D. Housekeeping			5,414
E. Operating Expense Component & Per Diem	55.7951	0.0000	117,114
3. Resident Care			
A. Dietary			20,173
B. Other			50,620
C. Nursing			704
D. Resident Care & Per Diem	34.0624	0.0000	71,497
4. Prop Exp & Per Diem	17.0057	0.0000	35,695
5. ROE/Use Per Diem	0.0467	0.0000	98
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,574.25		1,574.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	299,610.00		299,610.00
5. Direct Care Expense Per Diem	142.7394		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,099		2,099
2. Additional Services	15,779		15,779
3. Additional Services Exp & Per Diem	7.5174		
D. Medicaid Per Diem Cost			
1. Operating Component	55.7951		117,114
2. Resident Care Component	184.3192		386,886
3. Property Cost Component	17.0057		35,695
4. ROE/Use Allow Component	0.0467		98
5 Total Cost Per Diem	257.1667		539,793



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028065800 - 2012/04
RI: 266.34
NM: 0.00

Sunrise 22nd Street Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	49.171	176.558	225.729			
2. Inflate Line 1 by Inflation Factor 1.02080480	50.194	180.232	230.425			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	50.603	181.701	232.304			
4. Current Period Cost	55.795	184.319	240.114			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	50.603	181.701	232.304			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	50.603	181.701	232.304	0.000	0.000	0.000
12. Plus: Property Rate Component			17.006			0.000
13. Plus: ROE/Use Rate			0.047			0.000
14. Total Current Period Base			249.356			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	52.332	187.910	240.242	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	52.332	187.910	240.242	0.000	0.000	0.000
19. Property Rate Component			17.006			0.000
20. ROE Component + ROE Interim Component			0.047			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			257.30			0.00
23. Medicaid Days		2,099			0	
24. Resident Days		2,099			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			7.72			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			266.34			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028066600 - 2012/04
RI:320.05 / NM:0.00

High Desert Court Group Home
 11818 High Desert Court
 Jacksonville FL 32218

Provider Number: 028066600
 Date: 05/03/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>343.06</u>	<u>320.05</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028066600

Provider Name: **High Desert Court Group Home**
 Provider Number: 28066600
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,952	0	1,952
2. Operating Expenses Component			
A. Administration			125,826
B. Plant Operation			32,304
C. Laundry			1,115
D. Housekeeping			2,004
E. Operating Expense Component & Per Diem	82.6071	0.0000	161,249
3. Resident Care			
A. Dietary			17,480
B. Other			0
C. Nursing			41,188
D. Resident Care & Per Diem	30.0553	0.0000	58,668
4. Prop Exp & Per Diem	17.1055	0.0000	33,390
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,464.00		1,464.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	232,201.00		232,201.00
5. Direct Care Expense Per Diem	118.9554		
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,952		1,952
2. Additional Services	88,026		88,026
3. Additional Services Exp & Per Diem	45.0953		
D. Medicaid Per Diem Cost			
1. Operating Component	82.6071		161,249
2. Resident Care Component	194.1060		378,895
3. Property Cost Component	17.1055		33,390
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	293.8186		573,534



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028066600 - 2012/04
RI: 320.05
NM: 0.00

High Desert Court Group Home
 Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	86.602	205.985	292.586			
2. Inflate Line 1 by Inflation Factor 1.02080480	88.404	210.270	298.674			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	89.124	211.984	301.108			
4. Current Period Cost	82.607	194.106	276.713			
5. Incentive Basis (line 3 - line 4)	6.517	17.878		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.607	194.106	276.713			
7. Incentive Line 5 x Oper 50% Res 50%	3.259	8.939	12.198	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.261	5.823	14.084	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.259	5.823	9.082	0.000	0.000	0.000
10. Final Incentive	3.259	5.823	9.082	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	85.866	199.929	285.795	0.000	0.000	0.000
12. Plus: Property Rate Component			17.106			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			302.900			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	88.800	206.761	295.561	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	88.800	206.761	295.561	0.000	0.000	0.000
19. Property Rate Component			17.106			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			312.67			0.00
23. Medicaid Days		1,952			0	
24. Resident Days		1,952			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			9.38			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			320.05			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028067400 - 2012/04
RI:291.55 / NM:326.52

Frederick Avenue Group Home
 325 N. Frederick Ave.
 Daytona Beach FL 32114

Provider Number: 028067400
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>324.94</u>	<u>291.55</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>361.97</u>	<u>326.52</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (12)
 Home Office:
 Res-Care, Inc.

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028067400

Provider Name: **Frederick Avenue Group Home**
 Provider Number: 28067400
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			127,072
B. Plant Operation			24,309
C. Laundry			751
D. Housekeeping			2,406
E. Operating Expense Component & Per Diem	70.5653	70.5653	154,538
3. Resident Care			
A. Dietary			21,741
B. Other			0
C. Nursing			19,396
D. Resident Care & Per Diem	18.7840	18.7840	41,137
4. Prop Exp & Per Diem	18.4078	18.4078	40,313
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	185,214.47	49,390.53	234,605.00
5. Direct Care Expense Per Diem	101.4874	135.3165	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	96,793	19,364	116,157
3. Additional Services Exp & Per Diem	53.0373	53.0521	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.5653	70.5653	154,538
2. Resident Care Component	173.3087	207.1526	391,899
3. Property Cost Component	18.4078	18.4078	40,313
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	262.2817	296.1256	586,750



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028067400 - 2012/04

RI: 291.55

NM: 326.52

Frederick Avenue Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.639	189.630	272.268	82.639	225.012	307.650
2. Inflate Line 1 by Inflation Factor 1.02080480	84.358	193.575	277.933	84.358	229.693	314.051
3. Line 1 x 1.400 x Inflation Factor 1.02912672	85.046	195.153	280.199	85.046	231.566	316.611
4. Current Period Cost	70.565	173.309	243.874	70.565	207.153	277.718
5. Incentive Basis (line 3 - line 4)	14.480	21.844		14.480	24.413	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.565	173.309	243.874	70.565	207.153	277.718
7. Incentive Line 5 x Oper 50% Res 50%	7.240	10.922	18.162	7.240	12.207	19.447
8. Incentive - Line 4 x Oper 10% Res 3%	7.057	5.199	12.256	7.057	6.215	13.271
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.057	5.199	12.256	7.057	6.215	13.271
10. Final Incentive	7.057	5.199	12.256	7.057	6.215	13.271
11. Current Period Base: (line 6 + line 10)	77.622	178.508	256.130	77.622	213.367	290.989
12. Plus: Property Rate Component			18.408			18.408
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			274.538			309.397
15. Prospective Rate: Line 11 x Inflation (1.03417159)	80.274	184.608	264.882	80.274	220.658	300.933
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.274	184.608	264.882	80.274	220.658	300.933
19. Property Rate Component			18.408			18.408
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			283.29			319.34
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.50			9.58
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			291.55			326.52



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028069100 - 2012/04
RI:325.91 / NM:0.00

Claudia Drive Group Home
 140 Claudia Drive
 Jacksonville FL 32218

Provider Number: 028069100
 Date: 05/03/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	336.87	325.91	04/01/2012
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028069100

Provider Name: **Claudia Drive Group Home**
 Provider Number: 28069100
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			134,450
B. Plant Operation			35,275
C. Laundry			846
D. Housekeeping			2,783
E. Operating Expense Component & Per Diem	79.1571	0.0000	173,354
3. Resident Care			
A. Dietary			24,937
B. Other			0
C. Nursing			41,103
D. Resident Care & Per Diem	30.1553	0.0000	66,040
4. Prop Exp & Per Diem	15.1758	0.0000	33,235
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	252,204.00		252,204.00
5. Direct Care Expense Per Diem	115.1616		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	136,254		136,254
3. Additional Services Exp & Per Diem	62.2164		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	79.1571		173,354
2. Resident Care Component	207.5333		454,498
3. Property Cost Component	15.1758		33,235
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	301.8662		661,087



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028069100 - 2012/04

RI: 325.91

NM: 0.00

Claudia Drive Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.731	209.091	291.822			
2. Inflate Line 1 by Inflation Factor 1.02080480	84.452	213.441	297.893			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	85.141	215.181	300.322			
4. Current Period Cost	79.157	207.533	286.690			
5. Incentive Basis (line 3 - line 4)	5.984	7.648		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.157	207.533	286.690			
7. Incentive Line 5 x Oper 50% Res 50%	2.992	3.824	6.816	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.916	6.226	14.142	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.992	3.824	6.816	0.000	0.000	0.000
10. Final Incentive	2.992	3.824	6.816	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	82.149	211.357	293.506	0.000	0.000	0.000
12. Plus: Property Rate Component			15.176			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			308.682			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	84.956	218.580	303.536	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.956	218.580	303.536	0.000	0.000	0.000
19. Property Rate Component			15.176			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			318.71			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			9.56			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			325.91			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028427100 - 2012/04
RI:237.29 / NM:305.52

Fern Park, LLC/PHP
 230 Fern Park Boulevard
 Fern Park Fl 32730

Provider Number: 028427100
 Date: 05/02/2012
 FYE: 02/28/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>242.37</u>	<u>237.29</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>312.09</u>	<u>305.52</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (7)
 Home Office:
 Progressive Healthcare Providers

 230 Fern Park Boulevard

 Fern Park Fl 32730

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028427100

Provider Name: **Fern Park, LLC/PHP**
 Provider Number: 28427100
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 03/01/2010 - 02/28/2011
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,015	19,068	23,083
2. Operating Expenses Component			
A. Administration			874,376
B. Plant Operation			319,333
C. Laundry			42,871
D. Housekeeping			112,567
E. Operating Expense Component & Per Diem	58.4476	58.4476	1,349,147
3. Resident Care			
A. Dietary			347,842
B. Other			0
C. Nursing			949,101
D. Resident Care & Per Diem	56.1861	56.1861	1,296,943
4. Prop Exp & Per Diem	26.1771	26.1771	604,247
5. ROE/Use Per Diem	0.9095	0.9095	20,995
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,007.50	19,068.00	21,075.50
3. Staffing Percent	9.5252782	90.4747218	100.00
4. Allocation of Direct Care	268,332.32	2,548,722.68	2,817,055.00
5. Direct Care Expense Per Diem	66.8325	133.6649	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,015	19,068	23,083
2. Additional Services	35,799	170,014	205,813
3. Additional Services Exp & Per Diem	8.9163	8.9162	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	58.4476	58.4476	1,349,147
2. Resident Care Component	131.9348	198.7672	4,319,811
3. Property Cost Component	26.1771	26.1771	604,247
4. ROE/Use Allow Component	0.9095	0.9095	20,995
5 Total Cost Per Diem	217.4692	284.3015	6,294,200



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028427100 - 2012/04
RI: 237.29
NM: 305.52

Fern Park, LLC/PHP

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	03/01/2010	02/28/2011	Unaudited [3]	201104
Prior Cost Report	03/01/2009	02/28/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	59.657	129.100	188.757	59.657	195.421	255.077
2. Inflate Line 1 by Inflation Factor 1.01999790	60.850	131.682	192.531	60.850	199.329	260.178
3. Line 1 x 1.400 x Inflation Factor 1.02799706	61.327	132.714	194.041	61.327	200.892	262.219
4. Current Period Cost	58.448	131.935	190.382	58.448	198.767	257.215
5. Incentive Basis (line 3 - line 4)	2.879	0.779		2.879	2.125	
6. Allowed Current Period Costs (Min of line 3 or 4)	58.448	131.935	190.382	58.448	198.767	257.215
7. Incentive Line 5 x Oper 50% Res 50%	1.440	0.390	1.829	1.440	1.062	2.502
8. Incentive - Line 4 x Oper 10% Res 3%	5.845	3.958	9.803	5.845	5.963	11.808
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.440	0.390	1.829	1.440	1.062	2.502
10. Final Incentive	1.440	0.390	1.829	1.440	1.062	2.502
11. Current Period Base: (line 6 + line 10)	59.887	132.325	192.212	59.887	199.829	259.717
12. Plus: Property Rate Component			26.177			26.177
13. Plus: ROE/Use Rate			0.910			0.910
14. Total Current Period Base			219.299			286.803
15. Prospective Rate: Line 11 x Inflation (1.04191114)	62.397	137.870	200.268	62.397	208.205	270.602
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.397	137.870	200.268	62.397	208.205	270.602
19. Property Rate Component			26.177			26.177
20. ROE Component + ROE Interim Component			0.910			0.910
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			227.35			297.69
23. Medicaid Days		4,015			19,068	
24. Resident Days		4,015			19,068	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.82			8.93
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			237.29			305.52



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028500500 - 2012/04
RI:198.42 / NM:0.00

SUNRISE #2 NARANJA
 15190 S.W. 272 Street
 Miami FL 33032

Provider Number: 028500500
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>201.65</u>	<u>198.42</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028500500

Provider Name: **SUNRISE #2 NARANJA**
 Provider Number: 28500500
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,290	0	4,290
2. Operating Expenses Component			
A. Administration			111,456
B. Plant Operation			49,485
C. Laundry			3,785
D. Housekeeping			4,534
E. Operating Expense Component & Per Diem	39.4545	0.0000	169,260
3. Resident Care			
A. Dietary			39,784
B. Other			113,037
C. Nursing			17,447
D. Resident Care & Per Diem	39.6895	0.0000	170,268
4. Prop Exp & Per Diem	10.4597	0.0000	44,872
5. ROE/Use Per Diem	1.0751	0.0000	4,612
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,145.00		2,145.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	447,075.00		447,075.00
5. Direct Care Expense Per Diem	104.2133		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,290		4,290
2. Additional Services	18,011		18,011
3. Additional Services Exp & Per Diem	4.1984		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	39.4545		169,260
2. Resident Care Component	148.1012		635,354
3. Property Cost Component	10.4597		44,872
4. ROE/Use Allow Component	1.0751		4,612
5 Total Cost Per Diem	199.0904		854,098



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028500500 - 2012/04

RI: 198.42

NM: 0.00

SUNRISE #2 NARANJA

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.078	125.423	166.501			
2. Inflate Line 1 by Inflation Factor 1.02080480	41.933	128.032	169.965			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	42.275	129.076	171.351			
4. Current Period Cost	39.455	148.101	187.556			
5. Incentive Basis (line 3 - line 4)	2.820	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.455	129.076	168.531			
7. Incentive Line 5 x Oper 50% Res 50%	1.410	0.000	1.410	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.945	0.000	3.945	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.410	0.000	1.410	0.000	0.000	0.000
10. Final Incentive	1.410	0.000	1.410	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	40.865	129.076	169.941	0.000	0.000	0.000
12. Plus: Property Rate Component			10.460			0.000
13. Plus: ROE/Use Rate			1.075			0.000
14. Total Current Period Base			181.475			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	42.261	133.487	175.748	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.261	133.487	175.748	0.000	0.000	0.000
19. Property Rate Component			10.460			0.000
20. ROE Component + ROE Interim Component			1.075			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			187.28			0.00
23. Medicaid Days		4,290				0
24. Resident Days		4,290				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			5.62			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			198.42			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028501300 - 2012/04
RI:279.65 / NM:351.67

SUNRISE MAIN FACILITY
 22300 SW 162nd Avenue
 Miami FL 33170

Provider Number: 028501300
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	280.25	279.65	04/01/2012
#8 Non-Ambulatory & #9 Medical	353.26	351.67	04/01/2012

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028501300

Provider Name: **SUNRISE MAIN FACILITY**
 Provider Number: 28501300
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	27,230	15,735	42,965
2. Operating Expenses Component			
A. Administration			1,646,411
B. Plant Operation			1,097,680
C. Laundry			26,850
D. Housekeeping			153,883
E. Operating Expense Component & Per Diem	68.0746	68.0746	2,924,824
3. Resident Care			
A. Dietary			1,411,465
B. Other			1,171,350
C. Nursing			1,781,822
D. Resident Care & Per Diem	101.5859	101.5859	4,364,637
4. Prop Exp & Per Diem	12.0407	12.0407	517,329
5. ROE/Use Per Diem	0.8996	0.8996	38,651
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	13,615.00	15,735.00	29,350.00
3. Staffing Percent	46.3884157	53.6115843	100.00
4. Allocation of Direct Care	2,099,522.53	2,426,440.47	4,525,963.00
5. Direct Care Expense Per Diem	77.1033	154.2066	
C. Additional Services Expense			
1. Medicaid Inpatient Days	27,230	15,735	42,965
2. Additional Services	301,502	174,225	475,727
3. Additional Services Exp & Per Diem	11.0724	11.0724	
D. Medicaid Per Diem Cost			
1. Operating Component	68.0746	68.0746	2,924,824
2. Resident Care Component	189.7616	266.8649	9,366,327
3. Property Cost Component	12.0407	12.0407	517,329
4. ROE/Use Allow Component	0.8996	0.8996	38,651
5 Total Cost Per Diem	270.7765	347.8798	12,847,131



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028501300 - 2012/04

RI: 279.65

NM: 351.67

SUNRISE MAIN FACILITY

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	60.408	182.077	242.485	60.408	251.844	312.252
2. Inflate Line 1 by Inflation Factor 1.02080480	61.665	185.865	247.530	61.665	257.084	318.749
3. Line 1 x 1.400 x Inflation Factor 1.02912672	62.168	187.380	249.548	62.168	259.179	321.347
4. Current Period Cost	68.075	189.762	257.836	68.075	266.865	334.939
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	62.168	187.380	249.548	62.168	259.179	321.347
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	62.168	187.380	249.548	62.168	259.179	321.347
12. Plus: Property Rate Component			12.041			12.041
13. Plus: ROE/Use Rate			0.900			0.900
14. Total Current Period Base			262.488			334.287
15. Prospective Rate: Line 11 x Inflation (1.03417159)	64.292	193.784	258.076	64.292	268.036	332.328
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	64.292	193.784	258.076	64.292	268.036	332.328
19. Property Rate Component			12.041			12.041
20. ROE Component + ROE Interim Component			0.900			0.900
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			271.02			345.27
23. Medicaid Days		27,230			15,735	
24. Resident Days		27,230			15,735	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.13			10.36
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			279.65			351.67



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028505600 - 2012/04
RI:275.80 / NM:413.84

PARC COTTAGE
 3101 76th Way North
 St. Petersburg FL 33710

Provider Number: 028505600
 Date: 05/02/2012
 FYE: 09/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	278.21	275.80	04/01/2012
#8 Non-Ambulatory & #9 Medical	418.08	413.84	04/01/2012

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2012 to 04/2012

028505600

Provider Name: **PARC COTTAGE**
Provider Number: 28505600
Audit Status: Unaudited [3]
Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
Rate Semester: April, 2012
Cost Report: 10/01/2010 - 09/30/2011
Days In Reporting Period: 365
Number of Beds: 16

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,332	2,190	5,522
2. Operating Expenses Component			
A. Administration			321,900
B. Plant Operation			48,498
C. Laundry			8,592
D. Housekeeping			8,717
E. Operating Expense Component & Per Diem	70.2113	70.2113	387,707
3. Resident Care			
A. Dietary			65,844
B. Other			0
C. Nursing			95,092
D. Resident Care & Per Diem	29.1445	29.1445	160,936
4. Prop Exp & Per Diem	9.6829	9.6829	53,469
5. ROE/Use Per Diem	1.1137	1.1137	6,150
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,666.00	2,190.00	3,856.00
3. Staffing Percent	43.2053942	56.7946058	100.00
4. Allocation of Direct Care	541,075.84	711,258.16	1,252,334.00
5. Direct Care Expense Per Diem	162.3877	324.7754	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,332	2,190	5,522
2. Additional Services	31,663	20,812	52,475
3. Additional Services Exp & Per Diem	9.5027	9.5032	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.2113	70.2113	387,707
2. Resident Care Component	201.0349	363.4231	1,465,745
3. Property Cost Component	9.6829	9.6829	53,469
4. ROE/Use Allow Component	1.1137	1.1137	6,150
5 Total Cost Per Diem	282.0429	444.4311	1,913,071



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028505600 - 2012/04

RI: 275.80

NM: 413.84

PARC COTTAGE

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2010	09/30/2011	Unaudited [3]	201110
Prior Cost Report	10/01/2009	09/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	63.896	177.923	241.819	63.896	312.214	376.109
2. Inflate Line 1 by Inflation Factor 1.02203841	65.304	181.845	247.148	65.304	319.094	384.398
3. Line 1 x 1.400 x Inflation Factor 1.03085378	65.867	183.413	249.280	65.867	321.847	387.714
4. Current Period Cost	70.211	201.035	271.246	70.211	363.423	433.634
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	65.867	183.413	249.280	65.867	321.847	387.714
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	65.867	183.413	249.280	65.867	321.847	387.714
12. Plus: Property Rate Component			9.683			9.683
13. Plus: ROE/Use Rate			1.114			1.114
14. Total Current Period Base			260.077			398.510
15. Prospective Rate: Line 11 x Inflation (1.02798624)	67.710	188.546	256.257	67.710	330.854	398.564
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	67.710	188.546	256.257	67.710	330.854	398.564
19. Property Rate Component			9.683			9.683
20. ROE Component + ROE Interim Component			1.114			1.114
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			267.05			409.36
23. Medicaid Days		3,332			2,190	
24. Resident Days		3,332			2,190	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.01			12.28
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			275.80			413.84



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028512900 - 2012/04
RI:246.87 / NM:0.00

MACTown, Inc.
 6250 N.E. First Place
 Miami FL 33138

Provider Number: 028512900
 Date: 05/02/2012
 FYE: 09/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>245.93</u>	<u>246.87</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (11)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028512900

Provider Name: **MActown, Inc.**
 Provider Number: 28512900
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 10/01/2010 - 09/30/2011
 Days In Reporting Period: 365
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	20,125	0	20,125
2. Operating Expenses Component			
A. Administration			579,934
B. Plant Operation			88,580
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	33,2181	0.0000	668,514
3. Resident Care			
A. Dietary			0
B. Other			0
C. Nursing			0
D. Resident Care & Per Diem	0.0000	0.0000	
4. Prop Exp & Per Diem	12,6980	0.0000	255,547
5. ROE/Use Per Diem	0.4656	0.0000	9,370
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,062.50		10,062.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,715,619.00		3,715,619.00
5. Direct Care Expense Per Diem	184.6270		
C. Additional Services Expense			
1. Medicaid Inpatient Days	20,125		20,125
2. Additional Services	0		0
3. Additional Services Exp & Per Diem			
D. Medicaid Per Diem Cost			
1. Operating Component	33,2181		668,514
2. Resident Care Component	184,6270		3,715,619
3. Property Cost Component	12,6980		255,547
4. ROE/Use Allow Component	0,4656		9,370
5 Total Cost Per Diem	231.0087		4,649,050



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028512900 - 2012/04

RI: 246.87

NM: 0.00

MACtown, Inc.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2010	09/30/2011	Unaudited [3]	201110
Prior Cost Report	10/01/2009	09/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	32.253	179.303	211.556			
2. Inflate Line 1 by Inflation Factor 1.02203841	32.964	183.255	216.219			
3. Line 1 x 1.400 x Inflation Factor 1.03085378	33.248	184.835	218.084			
4. Current Period Cost	33.218	184.627	217.845			
5. Incentive Basis (line 3 - line 4)	0.030	0.208		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	33.218	184.627	217.845			
7. Incentive Line 5 x Oper 50% Res 50%	0.015	0.104	0.119	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.322	5.539	8.861	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.015	0.104	0.119	0.000	0.000	0.000
10. Final Incentive	0.015	0.104	0.119	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	33.233	184.731	217.964	0.000	0.000	0.000
12. Plus: Property Rate Component			12.698			0.000
13. Plus: ROE/Use Rate			0.466			0.000
14. Total Current Period Base			231.128			0.000
15. Prospective Rate: Line 11 x Inflation (1.02798624)	34.163	189.901	224.064	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	34.163	189.901	224.064	0.000	0.000	0.000
19. Property Rate Component			12.698			0.000
20. ROE Component + ROE Interim Component			0.466			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			237.23			0.00
23. Medicaid Days		20,125				0
24. Resident Days		20,125				0
25. Medicaid Utilization		100.00%				NA
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			7.12			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			246.87			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028513700 - 2012/04
RI:260.25 / NM:308.11

New Horizons of NW Florida, Inc.
 10050 Hillview Road
 Pensacola FL 32514

Provider Number: 028513700
 Date: 05/02/2012
 FYE: 09/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	264.42	260.25	04/01/2012
#8 Non-Ambulatory & #9 Medical	312.91	308.11	04/01/2012

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028513700

Provider Name: **New Horizons of NW Florida, Inc.**
 Provider Number: 28513700
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 10/01/2010 - 09/30/2011
 Days In Reporting Period: 365
 Number of Beds: 30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,947	8,850	10,797
2. Operating Expenses Component			
A. Administration			701,839
B. Plant Operation			177,539
C. Laundry			35,066
D. Housekeeping			63,948
E. Operating Expense Component & Per Diem	90.6170	90.6170	978,392
3. Resident Care			
A. Dietary			298,050
B. Other			62,753
C. Nursing			478,300
D. Resident Care & Per Diem	77.7163	77.7163	839,103
4. Prop Exp & Per Diem	3.9961	3.9961	43,146
5. ROE/Use Per Diem	1.6899	1.6899	18,246
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	973.50	8,850.00	9,823.50
3. Staffing Percent	9.9099099	90.0900901	100.00
4. Allocation of Direct Care	112,783.20	1,025,301.80	1,138,085.00
5. Direct Care Expense Per Diem	57.9267	115.8533	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,947	8,850	10,797
2. Additional Services	62,217	181,493	243,710
3. Additional Services Exp & Per Diem	31.9553	20.5077	
D. Medicaid Per Diem Cost			
1. Operating Component	90.6170	90.6170	978,392
2. Resident Care Component	167.5983	214.0773	2,220,898
3. Property Cost Component	3.9961	3.9961	43,146
4. ROE/Use Allow Component	1.6899	1.6899	18,246
5 Total Cost Per Diem	263.9013	310.3804	3,260,682



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028513700 - 2012/04

RI: 260.25

NM: 308.11

New Horizons of NW Florida, Inc.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2010	09/30/2011	Unaudited [3]	201110
Prior Cost Report	10/01/2009	09/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.440	157.072	231.512	74.440	203.637	278.077
2. Inflate Line 1 by Inflation Factor 1.02203841	76.081	160.534	236.614	76.081	208.125	284.205
3. Line 1 x 1.400 x Inflation Factor 1.03085378	76.737	161.918	238.655	76.737	209.920	286.657
4. Current Period Cost	90.617	167.598	258.215	90.617	214.077	304.694
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.737	161.918	238.655	76.737	209.920	286.657
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	76.737	161.918	238.655	76.737	209.920	286.657
12. Plus: Property Rate Component			3.996			3.996
13. Plus: ROE/Use Rate			1.690			1.690
14. Total Current Period Base			244.341			292.343
15. Prospective Rate: Line 11 x Inflation (1.02798624)	78.884	166.450	245.334	78.884	215.795	294.679
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.884	166.450	245.334	78.884	215.795	294.679
19. Property Rate Component			3.996			3.996
20. ROE Component + ROE Interim Component			1.690			1.690
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			251.02			300.36
23. Medicaid Days		1,947			8,850	
24. Resident Days		1,947			8,850	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			7.53			9.01
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			260.25			308.11



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028519600 - 2012/04
RI:312.74 / NM:0.00

BARC Housing, Inc.
 2750 SW 75th Avenue
 Davie FL 33314

Provider Number: 028519600
 Date: 05/02/2012
 FYE: 09/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>319.59</u>	<u>312.74</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2012 to 04/2012

028519600

Provider Name: **BARC Housing, Inc.**
Provider Number: 28519600
Audit Status: Unaudited [3]
Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
Rate Semester: April, 2012
Cost Report: 10/01/2010 - 09/30/2011
Days In Reporting Period: 365
Number of Beds: 36

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	12,899	0	12,899
2. Operating Expenses Component			
A. Administration			895,355
B. Plant Operation			187,759
C. Laundry			4,204
D. Housekeeping			61,238
E. Operating Expense Component & Per Diem	89.0423	0.0000	1,148,556
3. Resident Care			
A. Dietary			279,279
B. Other			466,657
C. Nursing			222,023
D. Resident Care & Per Diem	75.0414	0.0000	967,959
4. Prop Exp & Per Diem	17.1189	0.0000	220,817
5. ROE/Use Per Diem	0.4550	0.0000	5,869
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,449.50		6,449.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	1,350,176.00		1,350,176.00
5. Direct Care Expense Per Diem	104.6729		
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,899		12,899
2. Additional Services	110,882		110,882
3. Additional Services Exp & Per Diem	8.5962		
D. Medicaid Per Diem Cost			
1. Operating Component	89.0423		1,148,556
2. Resident Care Component	188.3105		2,429,017
3. Property Cost Component	17.1189		220,817
4. ROE/Use Allow Component	0.4550		5,869
5 Total Cost Per Diem	294.9267		3,804,259



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028519600 - 2012/04

RI: 312.74

NM: 0.00

BARC Housing, Inc.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2010	09/30/2011	Unaudited [3]	201110
Prior Cost Report	10/01/2009	09/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	87.065	186.609	273.674			
2. Inflate Line 1 by Inflation Factor 1.02203841	88.984	190.722	279.706			
3. Line 1 x 1.400 x Inflation Factor 1.03085378	89.751	192.367	282.118			
4. Current Period Cost	89.042	188.310	277.353			
5. Incentive Basis (line 3 - line 4)	0.709	4.057		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	89.042	188.310	277.353			
7. Incentive Line 5 x Oper 50% Res 50%	0.354	2.028	2.383	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.904	5.649	14.554	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.354	2.028	2.383	0.000	0.000	0.000
10. Final Incentive	0.354	2.028	2.383	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	89.397	190.339	279.735	0.000	0.000	0.000
12. Plus: Property Rate Component			17.119			0.000
13. Plus: ROE/Use Rate			0.455			0.000
14. Total Current Period Base			297.309			0.000
15. Prospective Rate: Line 11 x Inflation (1.02798624)	91.899	195.666	287.564	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	91.899	195.666	287.564	0.000	0.000	0.000
19. Property Rate Component			17.119			0.000
20. ROE Component + ROE Interim Component			0.455			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			305.13			0.00
23. Medicaid Days		12,899			0	
24. Resident Days		12,899			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			9.15			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			312.74			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028520000 - 2012/04
RI:219.26 / NM:294.27

PENSACOLA DEV CTR
 One Villa Drive
 Pensacola FL 32506

Provider Number: 028520000
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>223.93</u>	<u>219.26</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>300.58</u>	<u>294.27</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
 Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028520000

Provider Name: **PENSACOLA DEV CTR**
 Provider Number: 28520000
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 63

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028520000 - 2012/04

RI: 219.26

NM: 294.27

PENSACOLA DEV CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	47.835	123.387	171.222	47.835	196.254	244.089
2. Inflate Line 1 by Inflation Factor 1.02050996	48.816	125.917	174.733	48.816	200.279	249.096
3. Line 1 x 1.400 x Inflation Factor 1.02871395	49.209	126.930	176.138	49.209	201.889	251.098
4. Current Period Cost	51.783	127.022	178.806	51.783	201.233	253.016
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.656	
6. Allowed Current Period Costs (Min of line 3 or 4)	49.209	126.930	176.138	49.209	201.233	250.442
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.328	0.328
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	6.037	6.037
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.328	0.328
10. Final Incentive	0.000	0.000	0.000	0.000	0.328	0.328
11. Current Period Base: (line 6 + line 10)	49.209	126.930	176.138	49.209	201.561	250.770
12. Plus: Property Rate Component			24.374			24.374
13. Plus: ROE/Use Rate			1.875			1.875
14. Total Current Period Base			202.387			277.019
15. Prospective Rate: Line 11 x Inflation (1.03617075)	50.989	131.521	182.509	50.989	208.852	259.840
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	50.989	131.521	182.509	50.989	208.852	259.840
19. Property Rate Component			24.374			24.374
20. ROE Component + ROE Interim Component			1.875			1.875
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			208.76			286.09
23. Medicaid Days		9,771			12,950	
24. Resident Days		9,771			12,950	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.26			8.58
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			219.26			294.27



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028521800 - 2012/04
RI:295.54 / NM:370.34

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

Provider Number: 028521800
 Date: 05/02/2012
 FYE: 09/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>318.39</u>	<u>295.54</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>402.44</u>	<u>370.34</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028521800

Provider Name: **ANN STORCK CENTER**
 Provider Number: 28521800
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 10/01/2010 - 09/30/2011
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	17,103	17,468
2. Operating Expenses Component			
A. Administration			518,598
B. Plant Operation			513,604
C. Laundry			55,381
D. Housekeeping			126,667
E. Operating Expense Component & Per Diem	69.5128	69.5128	1,214,250
3. Resident Care			
A. Dietary			362,758
B. Other			0
C. Nursing			960,671
D. Resident Care & Per Diem	75.7631	75.7631	1,323,429
4. Prop Exp & Per Diem	13.6695	13.6695	238,779
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	17,103.00	17,285.50
3. Staffing Percent	1.0557982	98.9442018	100.00
4. Allocation of Direct Care	26,578.22	2,490,779.78	2,517,358.00
5. Direct Care Expense Per Diem	72.8170	145.6341	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	17,103	17,468
2. Additional Services	14,482	678,707	693,189
3. Additional Services Exp & Per Diem	39.6767	39.6835	
D. Medicaid Per Diem Cost			
1. Operating Component	69.5128	69.5128	1,214,250
2. Resident Care Component	188.2568	261.0806	4,533,976
3. Property Cost Component	13.6695	13.6695	238,779
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	271.4391	344.2630	5,987,005



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028521800 - 2012/04

RI: 295.54

NM: 370.34

ANN STORCK CENTER

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2010	09/30/2011	Unaudited [3]	201110
Prior Cost Report	10/01/2009	09/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.992	202.207	275.200	72.992	282.906	355.898
2. Inflate Line 1 by Inflation Factor 1.02203841	74.601	206.663	281.265	74.601	289.141	363.742
3. Line 1 x 1.400 x Inflation Factor 1.03085378	75.245	208.446	283.691	75.245	291.635	366.879
4. Current Period Cost	69.513	188.257	257.770	69.513	261.081	330.593
5. Incentive Basis (line 3 - line 4)	5.732	20.189		5.732	30.554	
6. Allowed Current Period Costs (Min of line 3 or 4)	69.513	188.257	257.770	69.513	261.081	330.593
7. Incentive Line 5 x Oper 50% Res 50%	2.866	10.095	12.960	2.866	15.277	18.143
8. Incentive - Line 4 x Oper 10% Res 3%	6.951	5.648	12.599	6.951	7.832	14.784
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.866	5.648	8.514	2.866	7.832	10.698
10. Final Incentive	2.866	5.648	8.514	2.866	7.832	10.698
11. Current Period Base: (line 6 + line 10)	72.379	193.905	266.283	72.379	268.913	341.292
12. Plus: Property Rate Component			13.670			13.670
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			279.953			354.961
15. Prospective Rate: Line 11 x Inflation (1.02798624)	74.404	199.331	273.735	74.404	276.439	350.843
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.404	199.331	273.735	74.404	276.439	350.843
19. Property Rate Component			13.670			13.670
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			287.40			364.52
23. Medicaid Days		365			17,103	
24. Resident Days		365			17,103	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.62			10.94
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			295.54			370.34



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028522600 - 2012/04
RI:233.05 / NM:305.41

Tallahassee Developmental
 455 Appleyard Drive
 Tallahassee FL 32304

Provider Number: 028522600
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>238.04</u>	<u>233.05</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>311.98</u>	<u>305.41</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028522600

Provider Name: **Tallahassee Developmental**
 Provider Number: 28522600
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 63

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028522600 - 2012/04

RI: 233.05

NM: 305.41

Tallahassee Developmental

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	51.425	132.458	183.884	51.425	202.441	253.866
2. Inflate Line 1 by Inflation Factor 1.02050996	52.480	135.175	187.655	52.480	206.593	259.073
3. Line 1 x 1.400 x Inflation Factor 1.02871395	52.902	136.262	189.164	52.902	208.254	261.155
4. Current Period Cost	51.597	138.459	190.056	51.597	212.238	263.834
5. Incentive Basis (line 3 - line 4)	1.305	0.000		1.305	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	51.597	136.262	187.858	51.597	208.254	259.850
7. Incentive Line 5 x Oper 50% Res 50%	0.653	0.000	0.653	0.653	0.000	0.653
8. Incentive - Line 4 x Oper 10% Res 3%	5.160	0.000	5.160	5.160	0.000	5.160
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.653	0.000	0.653	0.653	0.000	0.653
10. Final Incentive	0.653	0.000	0.653	0.653	0.000	0.653
11. Current Period Base: (line 6 + line 10)	52.249	136.262	188.511	52.249	208.254	260.503
12. Plus: Property Rate Component			25.549			25.549
13. Plus: ROE/Use Rate			2.101			2.101
14. Total Current Period Base			216.161			288.153
15. Prospective Rate: Line 11 x Inflation (1.03617075)	54.139	141.191	195.330	54.139	215.786	269.925
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	54.139	141.191	195.330	54.139	215.786	269.925
19. Property Rate Component			25.549			25.549
20. ROE Component + ROE Interim Component			2.101			2.101
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			222.98			297.58
23. Medicaid Days		2,450			19,485	
24. Resident Days		2,450			19,485	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.69			8.93
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			233.05			305.41



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028524200 - 2012/04
RI:227.66 / NM:315.19

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

Provider Number: 028524200
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	232.51	227.66	04/01/2012
#8 Non-Ambulatory & #9 Medical	321.96	315.19	04/01/2012

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
 Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028524200

Provider Name: **FT WALTON BCH DEVELOP CTR**
 Provider Number: 28524200
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 63

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028524200 - 2012/04

RI: 227.66

NM: 315.19

FT WALTON BCH DEVELOP CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	48.544	132.465	181.010	48.544	216.061	264.605
2. Inflate Line 1 by Inflation Factor 1.02050996	49.540	135.182	184.722	49.540	220.492	270.032
3. Line 1 x 1.400 x Inflation Factor 1.02871395	49.938	136.269	186.207	49.938	222.264	272.203
4. Current Period Cost	51.092	134.079	185.171	51.092	222.378	273.470
5. Incentive Basis (line 3 - line 4)	0.000	2.190		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	49.938	134.079	184.017	49.938	222.264	272.203
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.095	1.095	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.022	4.022	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.095	1.095	0.000	0.000	0.000
10. Final Incentive	0.000	1.095	1.095	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	49.938	135.174	185.112	49.938	222.264	272.203
12. Plus: Property Rate Component			23.659			23.659
13. Plus: ROE/Use Rate			1.953			1.953
14. Total Current Period Base			210.724			297.815
15. Prospective Rate: Line 11 x Inflation (1.03617075)	51.745	140.063	191.808	51.745	230.304	282.049
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	51.745	140.063	191.808	51.745	230.304	282.049
19. Property Rate Component			23.659			23.659
20. ROE Component + ROE Interim Component			1.953			1.953
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			217.42			307.66
23. Medicaid Days		14,848			7,904	
24. Resident Days		14,848			7,904	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.52			9.23
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			227.66			315.19



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028526900 - 2012/04
RI:220.76 / NM:288.30

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

Provider Number: 028526900
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>225.71</u>	<u>220.76</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>295.31</u>	<u>288.30</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
Collierville TN 38017

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028526900

Provider Name: **PANAMA CITY DEV CTR**
 Provider Number: 28526900
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	21,717	21,717
2. Operating Expenses Component			
A. Administration			588,348
B. Plant Operation			328,825
C. Laundry			3,720
D. Housekeeping			191,505
E. Operating Expense Component & Per Diem	51.2225	51.2225	1,112,398
3. Resident Care			
A. Dietary			397,757
B. Other			0
C. Nursing			671,564
D. Resident Care & Per Diem	49.2389	49.2389	1,069,321
4. Prop Exp & Per Diem	27.1151	27.1151	588,858
5. ROE/Use Per Diem	2.0089	2.0089	43,627
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	21,717.00	21,717.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	2,869,761.00	2,869,761.00
5. Direct Care Expense Per Diem	66.0718	132.1435	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	21,717	21,717
2. Additional Services	0	150,767	150,767
3. Additional Services Exp & Per Diem	6.9423	6.9423	
D. Medicaid Per Diem Cost			
1. Operating Component	51.2225	51.2225	1,112,398
2. Resident Care Component	122.2530	188.3248	4,089,849
3. Property Cost Component	27.1151	27.1151	588,858
4. ROE/Use Allow Component	2.0089	2.0089	43,627
5 Total Cost Per Diem	202.5994	268.6712	5,834,732



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028526900 - 2012/04

RI: 220.76

NM: 288.30

PANAMA CITY DEV CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	51.368	119.965	171.333	51.368	186.369	237.736
2. Inflate Line 1 by Inflation Factor 1.02050996	52.421	122.426	174.847	52.421	190.191	242.612
3. Line 1 x 1.400 x Inflation Factor 1.02871395	52.843	123.410	176.253	52.843	191.720	244.563
4. Current Period Cost	51.222	122.253	173.475	51.222	188.325	239.547
5. Incentive Basis (line 3 - line 4)	1.620	1.157		1.620	3.395	
6. Allowed Current Period Costs (Min of line 3 or 4)	51.222	122.253	173.475	51.222	188.325	239.547
7. Incentive Line 5 x Oper 50% Res 50%	0.810	0.578	1.389	0.810	1.698	2.508
8. Incentive - Line 4 x Oper 10% Res 3%	5.122	3.668	8.790	5.122	5.650	10.772
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.810	0.578	1.389	0.810	1.698	2.508
10. Final Incentive	0.810	0.578	1.389	0.810	1.698	2.508
11. Current Period Base: (line 6 + line 10)	52.033	122.831	174.864	52.033	190.022	242.055
12. Plus: Property Rate Component			27.115			27.115
13. Plus: ROE/Use Rate			2.009			2.009
14. Total Current Period Base			203.988			271.179
15. Prospective Rate: Line 11 x Inflation (1.03617075)	53.915	127.274	181.189	53.915	196.896	250.810
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	53.915	127.274	181.189	53.915	196.896	250.810
19. Property Rate Component			27.115			27.115
20. ROE Component + ROE Interim Component			2.009			2.009
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			210.31			279.94
23. Medicaid Days			0			21,717
24. Resident Days			0			21,717
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.31			8.40
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			220.76			288.30



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028530700 - 2012/04
RI:212.74 / NM:276.54

HILLSBOROUGH DEVELOPMENT
 14219 Bruce B Downs Boulevard
 Tampa FL 33613

Provider Number: 028530700
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>219.33</u>	<u>212.74</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>286.88</u>	<u>276.54</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028530700

Provider Name: **HILLSBOROUGH DEVELOPMENT**
 Provider Number: 28530700
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,170	17,818	22,988
2. Operating Expenses Component			
A. Administration			589,126
B. Plant Operation			413,991
C. Laundry			11,174
D. Housekeeping			113,517
E. Operating Expense Component & Per Diem	49.0607	49.0607	1,127,808
3. Resident Care			
A. Dietary			350,548
B. Other			0
C. Nursing			703,627
D. Resident Care & Per Diem	45.8576	45.8576	1,054,175
4. Prop Exp & Per Diem	27.6153	27.6153	634,821
5. ROE/Use Per Diem	1.8688	1.8688	42,959
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,585.00	17,818.00	20,403.00
3. Staffing Percent	12.6697054	87.3302946	100.00
4. Allocation of Direct Care	317,760.90	2,190,276.10	2,508,037.00
5. Direct Care Expense Per Diem	61.4625	122.9249	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,170	17,818	22,988
2. Additional Services	42,766	147,390	190,156
3. Additional Services Exp & Per Diem	8.2720	8.2720	
D. Medicaid Per Diem Cost			
1. Operating Component	49.0607	49.0607	1,127,808
2. Resident Care Component	115.5920	177.0545	3,752,368
3. Property Cost Component	27.6153	27.6153	634,821
4. ROE/Use Allow Component	1.8688	1.8688	42,959
5 Total Cost Per Diem	194.1368	255.5993	5,557,956



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028530700 - 2012/04

RI: 212.74

NM: 276.54

HILLSBOROUGH DEVELOPMENT

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	46.315	118.772	165.087	46.315	183.211	229.525
2. Inflate Line 1 by Inflation Factor 1.02050996	47.265	121.208	168.473	47.265	186.968	234.233
3. Line 1 x 1.400 x Inflation Factor 1.02871395	47.645	122.183	169.827	47.645	188.471	236.116
4. Current Period Cost	49.061	115.592	164.653	49.061	177.055	226.115
5. Incentive Basis (line 3 - line 4)	0.000	6.590		0.000	11.417	
6. Allowed Current Period Costs (Min of line 3 or 4)	47.645	115.592	163.237	47.645	177.055	224.699
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.295	3.295	0.000	5.708	5.708
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.468	3.468	0.000	5.312	5.312
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.295	3.295	0.000	5.312	5.312
10. Final Incentive	0.000	3.295	3.295	0.000	5.312	5.312
11. Current Period Base: (line 6 + line 10)	47.645	118.887	166.532	47.645	182.366	230.011
12. Plus: Property Rate Component			27.615			27.615
13. Plus: ROE/Use Rate			1.869			1.869
14. Total Current Period Base			196.016			259.495
15. Prospective Rate: Line 11 x Inflation (1.03617075)	49.368	123.188	172.555	49.368	188.962	238.330
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	49.368	123.188	172.555	49.368	188.962	238.330
19. Property Rate Component			27.615			27.615
20. ROE Component + ROE Interim Component			1.869			1.869
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			202.04			267.81
23. Medicaid Days		5,170			17,818	
24. Resident Days		5,170			17,818	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.06			8.03
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			212.74			276.54



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028531500 - 2012/04
RI:324.15 / NM:401.21

Woodhouse, Inc
 1001 N.E. 3rd Avenue
 Pompano Beach FL 33060

Provider Number: 028531500
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>333.63</u>	<u>324.15</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>410.55</u>	<u>401.21</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (10)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028531500

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,282	6,338	8,620
2. Operating Expenses Component			
A. Administration			666,795
B. Plant Operation			217,015
C. Laundry			1,673
D. Housekeeping			97,781
E. Operating Expense Component & Per Diem	114.0677	114.0677	983,264
3. Resident Care			
A. Dietary			160,721
B. Other			0
C. Nursing			406,836
D. Resident Care & Per Diem	65.8419	65.8419	567,557
4. Prop Exp & Per Diem	19.7776	19.7776	170,483
5. ROE/Use Per Diem	1.7615	1.7615	15,184
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,141.00	6,338.00	7,479.00
3. Staffing Percent	15.2560503	84.7439497	100.00
4. Allocation of Direct Care	177,970.98	988,589.02	1,166,560.00
5. Direct Care Expense Per Diem	77.9890	155.9781	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,282	6,338	8,620
2. Additional Services	103,277	286,838	390,115
3. Additional Services Exp & Per Diem	45.2572	45.2569	
D. Medicaid Per Diem Cost			
1. Operating Component	114.0677	114.0677	983,264
2. Resident Care Component	189.0881	267.0768	2,124,232
3. Property Cost Component	19.7776	19.7776	170,483
4. ROE/Use Allow Component	1.7615	1.7615	15,184
5 Total Cost Per Diem	324.6950	402.6837	3,293,163



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028531500 - 2012/04

RI: 324.15

NM: 401.21

Woodhouse, Inc

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	92.198	186.894	279.093	92.198	260.402	352.601
2. Inflate Line 1 by Inflation Factor 1.02080480	94.117	190.783	284.899	94.117	265.820	359.937
3. Line 1 x 1.400 x Inflation Factor 1.02912672	94.884	192.338	287.222	94.884	267.987	362.871
4. Current Period Cost	114.068	189.088	303.156	114.068	267.077	381.145
5. Incentive Basis (line 3 - line 4)	0.000	3.250		0.000	0.910	
6. Allowed Current Period Costs (Min of line 3 or 4)	94.884	189.088	283.972	94.884	267.077	361.961
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.625	1.625	0.000	0.455	0.455
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.673	5.673	0.000	8.012	8.012
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.625	1.625	0.000	0.455	0.455
10. Final Incentive	0.000	1.625	1.625	0.000	0.455	0.455
11. Current Period Base: (line 6 + line 10)	94.884	190.713	285.597	94.884	267.532	362.416
12. Plus: Property Rate Component			19.778			19.778
13. Plus: ROE/Use Rate			1.761			1.761
14. Total Current Period Base			307.136			383.955
15. Prospective Rate: Line 11 x Inflation (1.03417159)	98.126	197.230	295.356	98.126	276.674	374.800
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	98.126	197.230	295.356	98.126	276.674	374.800
19. Property Rate Component			19.778			19.778
20. ROE Component + ROE Interim Component			1.761			1.761
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			316.90			396.34
23. Medicaid Days		2,282			6,338	
24. Resident Days		2,282			6,338	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			9.51			11.89
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			324.15			401.21



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028533100 - 2012/04
RI:295.63 / NM:384.10

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

Provider Number: 028533100
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>306.26</u>	<u>295.63</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>396.12</u>	<u>384.10</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2012 to 04/2012

028533100

Provider Name: **SUNRISE CAPE CORAL CLUS**
 Provider Number: 28533100
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,503	8,503
2. Operating Expenses Component			
A. Administration			382,622
B. Plant Operation			161,008
C. Laundry			4,328
D. Housekeeping			87,523
E. Operating Expense Component & Per Diem	74.7361	74.7361	635,481
3. Resident Care			
A. Dietary			107,056
B. Other			160,978
C. Nursing			369,086
D. Resident Care & Per Diem	74.9288	74.9288	637,120
4. Prop Exp & Per Diem	21.4696	21.4696	182,556
5. ROE/Use Per Diem	4.5450	4.5450	38,646
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,503.00	8,503.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,496,836.00	1,496,836.00
5. Direct Care Expense Per Diem	88.0181	176.0362	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,503	8,503
2. Additional Services	0	83,790	83,790
3. Additional Services Exp & Per Diem	9.8542	9.8542	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	74.7361	74.7361	635,481
2. Resident Care Component	172.8011	260.8192	2,217,746
3. Property Cost Component	21.4696	21.4696	182,556
4. ROE/Use Allow Component	4.5450	4.5450	38,646
5 Total Cost Per Diem	273.5518	361.5699	3,074,429



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028533100 - 2012/04

RI: 295.63

NM: 384.10

SUNRISE CAPE CORAL CLUS

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.815	174.016	250.831	76.815	259.893	336.708
2. Inflate Line 1 by Inflation Factor 1.02080480	78.413	177.637	256.050	78.413	265.300	343.713
3. Line 1 x 1.400 x Inflation Factor 1.02912672	79.052	179.085	258.137	79.052	267.463	346.515
4. Current Period Cost	74.736	172.801	247.537	74.736	260.819	335.555
5. Incentive Basis (line 3 - line 4)	4.316	6.284		4.316	6.644	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.736	172.801	247.537	74.736	260.819	335.555
7. Incentive Line 5 x Oper 50% Res 50%	2.158	3.142	5.300	2.158	3.322	5.480
8. Incentive - Line 4 x Oper 10% Res 3%	7.474	5.184	12.658	7.474	7.825	15.298
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.158	3.142	5.300	2.158	3.322	5.480
10. Final Incentive	2.158	3.142	5.300	2.158	3.322	5.480
11. Current Period Base: (line 6 + line 10)	76.894	175.943	252.837	76.894	264.141	341.035
12. Plus: Property Rate Component			21.470			21.470
13. Plus: ROE/Use Rate			4.545			4.545
14. Total Current Period Base			278.852			367.050
15. Prospective Rate: Line 11 x Inflation (1.03417159)	79.522	181.955	261.477	79.522	273.167	352.689
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.522	181.955	261.477	79.522	273.167	352.689
19. Property Rate Component			21.470			21.470
20. ROE Component + ROE Interim Component			4.545			4.545
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			287.49			378.70
23. Medicaid Days			0			8,503
24. Resident Days			0			8,503
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.62			11.36
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			295.63			384.10



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028535800 - 2012/04
RI:224.44 / NM:248.31

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

Provider Number: 028535800
 Date: 05/02/2012
 FYE: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>229.47</u>	<u>224.44</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>253.86</u>	<u>248.31</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)

Home Office:

Residential CRF Inc.

1117 Central Ave

Connersville IN 47331

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028535800

Provider Name: **Bayview - Lynn Haven**
 Provider Number: 28535800
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 01/01/2010 - 12/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,491	334	1,825
2. Operating Expenses Component			
A. Administration			83,868
B. Plant Operation			17,330
C. Laundry			0
D. Housekeeping			3,159
E. Operating Expense Component & Per Diem	57.1819	57.1819	104,357
3. Resident Care			
A. Dietary			10,708
B. Other			0
C. Nursing			16,810
D. Resident Care & Per Diem	15.0784	15.0784	27,518
4. Prop Exp & Per Diem	22.6170	22.6170	41,276
5. ROE/Use Per Diem	1.1468	1.1468	2,093
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,118.25	334.00	1,452.25
3. Staffing Percent	77.0012050	22.9987950	100.00
4. Allocation of Direct Care	105,263.73	31,440.27	136,704.00
5. Direct Care Expense Per Diem	70.5994	94.1326	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,126	334	1,460
2. Additional Services	41,905	12,430	54,335
3. Additional Services Exp & Per Diem	37.2158	37.2156	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	57.1819	57.1819	104,357
2. Resident Care Component	122.8936	146.4265	218,557
3. Property Cost Component	22.6170	22.6170	41,276
4. ROE/Use Allow Component	1.1468	1.1468	2,093
5 Total Cost Per Diem	203.8393	227.3722	366,283



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028535800 - 2012/04

RI: 224.44

NM: 248.31

Bayview - Lynn Haven

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 08/23/2011 - 09/13/2011 Days Eligible: 162 of 183

Eligibility factor :88.52%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	60.007	119.576	179.584	60.007	142.476	202.483
2. Inflate Line 1 by Inflation Factor 1.01978293	61.194	121.942	183.136	61.194	145.295	206.489
3. Line 1 x 1.400 x Inflation Factor 1.02769611	61.669	122.888	184.557	61.669	146.422	208.091
4. Current Period Cost	57.182	122.894	180.075	57.182	146.426	203.608
5. Incentive Basis (line 3 - line 4)	4.487	0.000		4.487	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.182	122.888	180.070	57.182	146.422	203.604
7. Incentive Line 5 x Oper 50% Res 50%	2.244	0.000	2.244	2.244	0.000	2.244
8. Incentive - Line 4 x Oper 10% Res 3%	5.718	0.000	5.718	5.718	0.000	5.718
9. Incentive - Min of Line 7,8 x Eligibility factor 88.52%	1.986	0.000	1.986	1.986	0.000	1.986
10. Final Incentive	1.986	0.000	1.986	1.986	0.000	1.986
11. Current Period Base: (line 6 + line 10)	59.168	122.888	182.056	59.168	146.422	205.590
12. Plus: Property Rate Component			22.617			22.617
13. Plus: ROE/Use Rate			1.147			1.147
14. Total Current Period Base			205.820			229.354
15. Prospective Rate: Line 11 x Inflation (1.04551140)	61.861	128.481	190.342	61.861	153.086	214.947
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	61.861	128.481	190.342	61.861	153.086	214.947
19. Property Rate Component			22.617			22.617
20. ROE Component + ROE Interim Component			1.147			1.147
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			214.10			238.71
23. Medicaid Days		1,126			334	
24. Resident Days		1,491			334	
25. Medicaid Utilization		75.52%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.42			7.16
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			224.44			248.31



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028536600 - 2012/04
RI:243.86 / NM:274.56

Squire Court Community Home
 95 Squire Court
 Dunedin FL 34698

Provider Number: 028536600
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>256.35</u>	<u>243.86</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>286.36</u>	<u>274.56</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 10140 Linn Station Road

 Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028536600

Provider Name: **Squire Court Community Home**
 Provider Number: 28536600
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			81,181
B. Plant Operation			19,746
C. Laundry			728
D. Housekeeping			2,976
E. Operating Expense Component & Per Diem	47.7767	47.7767	104,631
3. Resident Care			
A. Dietary			21,840
B. Other			0
C. Nursing			20,575
D. Resident Care & Per Diem	19.3676	19.3676	42,415
4. Prop Exp & Per Diem	15.4041	15.4041	33,735
5. ROE/Use Per Diem	8.5991	8.5991	18,832
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	132,712.80	88,475.20	221,188.00
5. Direct Care Expense Per Diem	90.8992	121.1989	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	72,243	36,117	108,360
3. Additional Services Exp & Per Diem	49.4815	49.4753	
D. Medicaid Per Diem Cost			
1. Operating Component	47.7767	47.7767	104,631
2. Resident Care Component	159.7483	190.0418	371,963
3. Property Cost Component	15.4041	15.4041	33,735
4. ROE/Use Allow Component	8.5991	8.5991	18,832
5 Total Cost Per Diem	231.5282	261.8217	529,161



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028536600 - 2012/04

RI: 243.86

NM: 274.56

Squire Court Community Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	37.545	165.888	203.432	37.545	194.570	232.115
2. Inflate Line 1 by Inflation Factor 1.02080480	38.326	169.339	207.665	38.326	198.618	236.944
3. Line 1 x 1.400 x Inflation Factor 1.02912672	38.638	170.720	209.358	38.638	200.238	238.876
4. Current Period Cost	47.777	159.748	207.525	47.777	190.042	237.819
5. Incentive Basis (line 3 - line 4)	0.000	10.971		0.000	10.196	
6. Allowed Current Period Costs (Min of line 3 or 4)	38.638	159.748	198.386	38.638	190.042	228.680
7. Incentive Line 5 x Oper 50% Res 50%	0.000	5.486	5.486	0.000	5.098	5.098
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.792	4.792	0.000	5.701	5.701
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.792	4.792	0.000	5.098	5.098
10. Final Incentive	0.000	4.792	4.792	0.000	5.098	5.098
11. Current Period Base: (line 6 + line 10)	38.638	164.541	203.179	38.638	195.140	233.778
12. Plus: Property Rate Component			15.404			15.404
13. Plus: ROE/Use Rate			8.599			8.599
14. Total Current Period Base			227.182			257.781
15. Prospective Rate: Line 11 x Inflation (1.03417159)	39.959	170.163	210.122	39.959	201.808	241.767
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	39.959	170.163	210.122	39.959	201.808	241.767
19. Property Rate Component			15.404			15.404
20. ROE Component + ROE Interim Component			8.599			8.599
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			234.12			265.77
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			7.02			7.97
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			243.86			274.56



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028537400 - 2012/04
RI:260.46 / NM:0.00

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

Provider Number: 028537400
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>271.17</u>	<u>260.46</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

<input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited Costs <input type="checkbox"/> Field Audited Costs <input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/> Desk Audited Costs <input type="checkbox"/> Desk Audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective Portion
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 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 10140 Linn Station Road

 Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028537400

Provider Name: **BAYVIEW - SAFETY HARBOR**
 Provider Number: 28537400
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			82,906
B. Plant Operation			23,617
C. Laundry			403
D. Housekeeping			3,194
E. Operating Expense Component & Per Diem	50.2831	0.0000	110,120
3. Resident Care			
A. Dietary			18,223
B. Other			0
C. Nursing			17,098
D. Resident Care & Per Diem	16.1283	0.0000	35,321
4. Prop Exp & Per Diem	15.4626	0.0000	33,863
5. ROE/Use Per Diem	8.5443	0.0000	18,712
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	240,143.00		240,143.00
5. Direct Care Expense Per Diem	109.6543		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	101,199		101,199
3. Additional Services Exp & Per Diem	46.2096		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	50.2831		110,120
2. Resident Care Component	171.9922		376,663
3. Property Cost Component	15.4626		33,863
4. ROE/Use Allow Component	8.5443		18,712
5 Total Cost Per Diem	246.2822		539,358



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028537400 - 2012/04

RI: 260.46

NM: 0.00

BAYVIEW - SAFETY HARBOR

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.365	180.655	222.020			
2. Inflate Line 1 by Inflation Factor 1.02080480	42.226	184.413	226.639			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	42.570	185.917	228.487			
4. Current Period Cost	50.283	171.992	222.275			
5. Incentive Basis (line 3 - line 4)	0.000	13.925		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.570	171.992	214.562			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.962	6.962	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.160	5.160	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.160	5.160	0.000	0.000	0.000
10. Final Incentive	0.000	5.160	5.160	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.570	177.152	219.722	0.000	0.000	0.000
12. Plus: Property Rate Component			15.463			0.000
13. Plus: ROE/Use Rate			8.544			0.000
14. Total Current Period Base			243.729			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	44.025	183.206	227.230	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.025	183.206	227.230	0.000	0.000	0.000
19. Property Rate Component			15.463			0.000
20. ROE Component + ROE Interim Component			8.544			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			251.24			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			7.54			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			260.46			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028539100 - 2012/04
RI:391.72 / NM:477.42

Hendricks
 95154 Hendricks Road
 Fernandina Beach FL 32034

Provider Number: 028539100
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>400.59</u>	<u>391.72</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>488.16</u>	<u>477.42</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 95146 Hendricks Road

 Fernandina Beach FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028539100

Provider Name: **Amelia Island Properties, Inc.**
 Provider Number: 28539100
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028539100 - 2012/04

RI: 391.72

NM: 477.42

Hendricks

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
1. Prior Period Base:	*	101.716	118.788	220.504	101.716	185.750	287.466
2. Inflate Line 1 by Inflation Factor 1.02050996	*	120.599	179.903	300.502	120.599	264.613	385.212
3. Line 1 x 1.400 x Inflation Factor 1.02871395	*	121.434	180.878	302.311	121.434	266.137	387.570
4. Current Period Cost		132.776	200.207	332.983	132.776	283.639	416.415
5. Incentive Basis (line 3 - line 4)		0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)		121.434	180.878	302.311	121.434	266.137	387.570
7. Incentive Line 5 x Oper 50% Res 50%		0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%		0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%		0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive		0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)		121.434	180.878	302.311	121.434	266.137	387.570
12. Plus: Property Rate Component			69.380				69.380
13. Plus: ROE/Use Rate			3.933				3.933
14. Total Current Period Base			375.625				460.884
15. Prospective Rate: Line 11 x Inflation (1.03617075)		125.826	187.420	313.246	125.826	275.763	401.589
16. Interim Rate Component:		0.000	0.000	0.000	0.000	0.000	0.000
17. NA		0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate		125.826	187.420	313.246	125.826	275.763	401.589
19. Property Rate Component			69.380				69.380
20. ROE Component + ROE Interim Component			3.933				3.933
21. Plus :Property Interim Rate Component			0.000				0.000
22. Final Per Diem			386.56				474.91
23. Medicaid Days			1,460			6,321	
24. Resident Days			1,460			6,321	
25. Medicaid Utilization			100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			11.60			14.25	
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76	
28. N/A			0.00			0.00	
29. Final Per Diem After Adjustments			391.72			477.42	

* See Attachment

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 4/1/2012 Rate Semester				
Hendricks/Provider #0285391-00 Adjustment to Prior Period Cost (L1, L2, L3) Vacancy IRR #213 - Effective 6/1/2009 Status: COST SETTLEMENT				
B @ 4/1/2012 Residential Institutional	1 (L1) Prior Period Allow Base Plus Incentives Excl IRR	2 IRR 4/1/2012	3 (L2) Inflate Col 8 By Factor 1.02050996 IRR @ 4/1/2012 (Col. 9)	4 (L3) Factor in Col 10 X 1.400 X Col 8 1.02871395 IRR @ 4/1/2012 (Col. 9)
Operating	101.7160	16.797	120.599	121.434
Resident Care	118.7880	58.679	179.903	180.878
Total	220.504	75.476	300.503	302.312
N-A/Medical				
Operating	101.7160	16.797	120.599	121.434
Resident Care	185.7500	75.053	264.613	266.137
Total	287.466	91.850	385.212	387.570

updated 04/19/2012



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028540400 - 2012/04
RI:220.01 / NM:243.06

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

Provider Number: 028540400
 Date: 05/02/2012
 FYE: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>224.66</u>	<u>220.01</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>248.20</u>	<u>243.06</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)

Home Office:

Residential CRF, Inc.

1117 Central Avenue

Connersville IN 47331

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028540400

Provider Name: **Seaview CRF, Inc.**
 Provider Number: 28540400
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 01/01/2010 - 12/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028540400 - 2012/04

RI: 220.01

NM: 243.06

Seaview CRF, Inc.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.424	111.137	177.560	66.424	135.199	201.622
2. Inflate Line 1 by Inflation Factor 1.01978293	67.738	113.335	181.073	67.738	137.873	205.611
3. Line 1 x 1.400 x Inflation Factor 1.02769611	68.263	114.215	182.478	68.263	138.943	207.206
4. Current Period Cost	68.056	109.039	177.095	68.056	130.433	198.490
5. Incentive Basis (line 3 - line 4)	0.207	5.176		0.207	8.510	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.056	109.039	177.095	68.056	130.433	198.490
7. Incentive Line 5 x Oper 50% Res 50%	0.104	2.588	2.692	0.104	4.255	4.358
8. Incentive - Line 4 x Oper 10% Res 3%	6.806	3.271	10.077	6.806	3.913	10.719
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.104	2.588	2.692	0.104	3.913	4.017
10. Final Incentive	0.104	2.588	2.692	0.104	3.913	4.017
11. Current Period Base: (line 6 + line 10)	68.160	111.627	179.786	68.160	134.346	202.506
12. Plus: Property Rate Component			20.549			20.549
13. Plus: ROE/Use Rate			1.023			1.023
14. Total Current Period Base			201.358			224.078
15. Prospective Rate: Line 11 x Inflation (1.04551140)	71.262	116.707	187.969	71.262	140.461	211.722
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	71.262	116.707	187.969	71.262	140.461	211.722
19. Property Rate Component			20.549			20.549
20. ROE Component + ROE Interim Component			1.023			1.023
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			209.54			233.30
23. Medicaid Days		1,177			730	
24. Resident Days		1,177			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.29			7.00
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			220.01			243.06



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028541200 - 2012/04
RI:261.64 / NM:298.30

Twin Lane Community Home
 2281 Twin Lane Drive
 Dundedun FL 34698

Provider Number: 028541200
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>281.52</u>	<u>261.64</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>318.36</u>	<u>298.30</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 10140 Linn Station Road

 Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028541200

Provider Name: **Twin Lane Community Home**
 Provider Number: 28541200
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			85,542
B. Plant Operation			18,420
C. Laundry			514
D. Housekeeping			2,141
E. Operating Expense Component & Per Diem	48.6836	48.6836	106,617
3. Resident Care			
A. Dietary			21,548
B. Other			0
C. Nursing			22,137
D. Resident Care & Per Diem	19.9475	19.9475	43,685
4. Prop Exp & Per Diem	15.7991	15.7991	34,600
5. ROE/Use Per Diem	8.8521	8.8521	19,386
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	194,205.79	51,788.21	245,994.00
5. Direct Care Expense Per Diem	106.4141	141.8855	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	88,415	17,688	106,103
3. Additional Services Exp & Per Diem	48.4466	48.4603	
D. Medicaid Per Diem Cost			
1. Operating Component	48.6836	48.6836	106,617
2. Resident Care Component	174.8082	210.2933	395,782
3. Property Cost Component	15.7991	15.7991	34,600
4. ROE/Use Allow Component	8.8521	8.8521	19,386
5 Total Cost Per Diem	248.1429	283.6280	556,385



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028541200 - 2012/04

RI: 261.64

NM: 298.30

Twin Lane Community Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.082	186.788	225.870	39.082	221.995	261.077
2. Inflate Line 1 by Inflation Factor 1.02080480	39.895	190.675	230.570	39.895	226.614	266.509
3. Line 1 x 1.400 x Inflation Factor 1.02912672	40.220	192.229	232.449	40.220	228.461	268.682
4. Current Period Cost	48.684	174.808	223.492	48.684	210.293	258.977
5. Incentive Basis (line 3 - line 4)	0.000	17.421		0.000	18.168	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.220	174.808	215.028	40.220	210.293	250.514
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.710	8.710	0.000	9.084	9.084
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.244	5.244	0.000	6.309	6.309
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.244	5.244	0.000	6.309	6.309
10. Final Incentive	0.000	5.244	5.244	0.000	6.309	6.309
11. Current Period Base: (line 6 + line 10)	40.220	180.052	220.273	40.220	216.602	256.822
12. Plus: Property Rate Component			15.799			15.799
13. Plus: ROE/Use Rate			8.852			8.852
14. Total Current Period Base			244.924			281.473
15. Prospective Rate: Line 11 x Inflation (1.03417159)	41.595	186.205	227.800	41.595	224.004	265.598
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	41.595	186.205	227.800	41.595	224.004	265.598
19. Property Rate Component			15.799			15.799
20. ROE Component + ROE Interim Component			8.852			8.852
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			252.45			290.25
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			7.57			8.71
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			261.64			298.30



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028545500 - 2012/04
RI:276.29 / NM:0.00

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

Provider Number: 028545500
 Date: 05/03/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	283.40	276.29	04/01/2012
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028545500

Provider Name: **Second Street Group Home**
 Provider Number: 28545500
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			133,823
B. Plant Operation			30,976
C. Laundry			465
D. Housekeeping			2,009
E. Operating Expense Component & Per Diem	76.3804	0.0000	167,273
3. Resident Care			
A. Dietary			22,628
B. Other			0
C. Nursing			15,821
D. Resident Care & Per Diem	17.5566	0.0000	38,449
4. Prop Exp & Per Diem	16.4123	0.0000	35,943
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	235,308.00		235,308.00
5. Direct Care Expense Per Diem	107.4466		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	97,685		97,685
3. Additional Services Exp & Per Diem	44.6050		
D. Medicaid Per Diem Cost			
1. Operating Component	76.3804		167,273
2. Resident Care Component	169.6082		371,442
3. Property Cost Component	16.4123		35,943
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	262.4009		574,658



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028545500 - 2012/04

RI: 276.29

NM: 0.00

Second Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.525	160.602	237.127			
2. Inflate Line 1 by Inflation Factor 1.02080480	78.117	163.944	242.061			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	78.754	165.280	244.034			
4. Current Period Cost	76.380	169.608	245.989			
5. Incentive Basis (line 3 - line 4)	2.373	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.380	165.280	241.661			
7. Incentive Line 5 x Oper 50% Res 50%	1.187	0.000	1.187	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.638	0.000	7.638	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.187	0.000	1.187	0.000	0.000	0.000
10. Final Incentive	1.187	0.000	1.187	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	77.567	165.280	242.847	0.000	0.000	0.000
12. Plus: Property Rate Component			16.412			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			259.260			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	80.218	170.928	251.146	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.218	170.928	251.146	0.000	0.000	0.000
19. Property Rate Component			16.412			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			267.56			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			8.03			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			276.29			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028546300 - 2012/04
RI:276.68 / NM:311.26

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

Provider Number: 028546300
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	283.17	276.68	04/01/2012
#8 Non-Ambulatory & #9 Medical	318.22	311.26	04/01/2012

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028546300

Provider Name: **107th Place Home**
 Provider Number: 28546300
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	163	1,988
2. Operating Expenses Component			
A. Administration			121,004
B. Plant Operation			27,559
C. Laundry			570
D. Housekeeping			2,605
E. Operating Expense Component & Per Diem	76.3270	76.3270	151,738
3. Resident Care			
A. Dietary			21,666
B. Other			0
C. Nursing			12,240
D. Resident Care & Per Diem	17.0553	17.0553	33,906
4. Prop Exp & Per Diem	22.0050	22.0050	43,746
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	163.00	1,531.75
3. Staffing Percent	89.3585768	10.6414232	100.00
4. Allocation of Direct Care	196,303.82	23,377.18	219,681.00
5. Direct Care Expense Per Diem	107.5637	143.4183	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	163	1,988
2. Additional Services	71,524	6,388	77,912
3. Additional Services Exp & Per Diem	39.1912	39.1902	
D. Medicaid Per Diem Cost			
1. Operating Component	76.3270	76.3270	151,738
2. Resident Care Component	163.8103	199.6638	331,499
3. Property Cost Component	22.0050	22.0050	43,746
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	262.1423	297.9958	526,983



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028546300 - 2012/04

RI: 276.68

NM: 311.26

107th Place Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.145	154.440	233.585	79.145	187.936	267.081
2. Inflate Line 1 by Inflation Factor 1.02080480	80.791	157.653	238.445	80.791	191.846	272.637
3. Line 1 x 1.400 x Inflation Factor 1.02912672	81.450	158.939	240.388	81.450	193.410	274.860
4. Current Period Cost	76.327	163.810	240.137	76.327	199.664	275.991
5. Incentive Basis (line 3 - line 4)	5.123	0.000		5.123	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.327	158.939	235.266	76.327	193.410	269.737
7. Incentive Line 5 x Oper 50% Res 50%	2.561	0.000	2.561	2.561	0.000	2.561
8. Incentive - Line 4 x Oper 10% Res 3%	7.633	0.000	7.633	7.633	0.000	7.633
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.561	0.000	2.561	2.561	0.000	2.561
10. Final Incentive	2.561	0.000	2.561	2.561	0.000	2.561
11. Current Period Base: (line 6 + line 10)	78.888	158.939	237.827	78.888	193.410	272.298
12. Plus: Property Rate Component			22.005			22.005
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			259.832			294.303
15. Prospective Rate: Line 11 x Inflation (1.03417159)	81.584	164.370	245.954	81.584	200.019	281.603
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.584	164.370	245.954	81.584	200.019	281.603
19. Property Rate Component			22.005			22.005
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			267.96			303.61
23. Medicaid Days		1,825			163	
24. Resident Days		1,825			163	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.04			9.11
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			276.68			311.26



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028547100 - 2012/04
RI:225.97 / NM:0.00

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

Provider Number: 028547100
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>229.96</u>	<u>225.97</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028547100

Provider Name: **Sunrise Group Home #17**
 Provider Number: 28547100
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			68,748
B. Plant Operation			25,544
C. Laundry			1,107
D. Housekeeping			1,932
E. Operating Expense Component & Per Diem	44.4434	0.0000	97,331
3. Resident Care			
A. Dietary			22,210
B. Other			49,533
C. Nursing			-483
D. Resident Care & Per Diem	32.5388	0.0000	71,260
4. Prop Exp & Per Diem	19.0046	0.0000	41,620
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	249,168.00		249,168.00
5. Direct Care Expense Per Diem	113.7753		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	241		241
3. Additional Services Exp & Per Diem	0.1100		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	44.4434		97,331
2. Resident Care Component	146.4242		320,669
3. Property Cost Component	19.0046		41,620
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	209.8721		459,620



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028547100 - 2012/04

RI: 225.97

NM: 0.00

Sunrise Group Home #17

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.063	145.191	186.254			
2. Inflate Line 1 by Inflation Factor 1.02080480	41.917	148.212	190.129			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	42.259	149.420	191.679			
4. Current Period Cost	44.443	146.424	190.868			
5. Incentive Basis (line 3 - line 4)	0.000	2.996		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.259	146.424	188.683			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.498	1.498	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.393	4.393	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.498	1.498	0.000	0.000	0.000
10. Final Incentive	0.000	1.498	1.498	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.259	147.922	190.181	0.000	0.000	0.000
12. Plus: Property Rate Component			19.005			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			209.186			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	43.703	152.977	196.680	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.703	152.977	196.680	0.000	0.000	0.000
19. Property Rate Component			19.005			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			215.68			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			6.47			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			225.97			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028548000 - 2012/04 RI:214.94 / NM:250.39
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Sunrise Group Home #16
 3210 S.W. 138th Court
 Miami FL 33175

Provider Number: 028548000
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.44</u>	<u>214.94</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>281.19</u>	<u>250.39</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028548000

Provider Name: **Sunrise Group Home #16**
 Provider Number: 28548000
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,669	513	2,182
2. Operating Expenses Component			
A. Administration			62,915
B. Plant Operation			22,295
C. Laundry			728
D. Housekeeping			2,517
E. Operating Expense Component & Per Diem	40.5385	40.5385	88,455
3. Resident Care			
A. Dietary			17,277
B. Other			38,816
C. Nursing			1,872
D. Resident Care & Per Diem	26.5651	26.5651	57,965
4. Prop Exp & Per Diem	21.3744	21.3744	46,639
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,251.75	513.00	1,764.75
3. Staffing Percent	70.9307267	29.0692733	100.00
4. Allocation of Direct Care	172,055.25	70,512.75	242,568.00
5. Direct Care Expense Per Diem	103.0888	137.4518	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,669	513	2,182
2. Additional Services	3,745	1,152	4,897
3. Additional Services Exp & Per Diem	2.2439	2.2456	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	40.5385	40.5385	88,455
2. Resident Care Component	131.8978	166.2625	305,430
3. Property Cost Component	21.3744	21.3744	46,639
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	193.8107	228.1754	440,524



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028548000 - 2012/04

RI: 214.94

NM: 250.39

Sunrise Group Home #16

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 04/01/2011 - 04/12/2011 Days Eligible: 172 of 183

Eligibility factor :93.99%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.914	151.472	192.386	40.914	193.286	234.201
2. Inflate Line 1 by Inflation Factor 1.02080480	41.766	154.623	196.389	41.766	197.308	239.073
3. Line 1 x 1.400 x Inflation Factor 1.02912672	42.106	155.884	197.990	42.106	198.916	241.022
4. Current Period Cost	40.538	131.898	172.436	40.538	166.262	206.801
5. Incentive Basis (line 3 - line 4)	1.568	23.986		1.568	32.654	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.538	131.898	172.436	40.538	166.262	206.801
7. Incentive Line 5 x Oper 50% Res 50%	0.784	11.993	12.777	0.784	16.327	17.111
8. Incentive - Line 4 x Oper 10% Res 3%	4.054	3.957	8.011	4.054	4.988	9.042
9. Incentive - Min of Line 7,8 x Eligibility factor 93.99%	0.737	3.719	4.456	0.737	4.688	5.425
10. Final Incentive	0.737	3.719	4.456	0.737	4.688	5.425
11. Current Period Base: (line 6 + line 10)	41.275	135.617	176.892	41.275	170.951	212.226
12. Plus: Property Rate Component			21.374			21.374
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			198.266			233.600
15. Prospective Rate: Line 11 x Inflation (1.03417159)	42.686	140.251	182.937	42.686	176.792	219.478
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.686	140.251	182.937	42.686	176.792	219.478
19. Property Rate Component			21.374			21.374
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			204.31			240.86
23. Medicaid Days		1,669			513	
24. Resident Days		1,669			513	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.13			7.23
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			214.94			250.39



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028552800 - 2012/04
RI:190.98 / NM:222.93

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

Provider Number: 028552800
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>223.44</u>	<u>190.98</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>264.51</u>	<u>222.93</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028552800

Provider Name: **Sunrise Group Home #12**
 Provider Number: 28552800
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			85,957
B. Plant Operation			22,558
C. Laundry			238
D. Housekeeping			1,697
E. Operating Expense Component & Per Diem	50.4338	50.4338	110,450
3. Resident Care			
A. Dietary			12,537
B. Other			32,106
C. Nursing			0
D. Resident Care & Per Diem	20.3849	20.3849	44,643
4. Prop Exp & Per Diem	12.1507	12.1507	26,610
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	135,464.40	90,309.60	225,774.00
5. Direct Care Expense Per Diem	92.7838	123.7118	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	5,830	2,915	8,745
3. Additional Services Exp & Per Diem	3.9932	3.9932	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	50.4338	50.4338	110,450
2. Resident Care Component	117.1619	148.0899	279,162
3. Property Cost Component	12.1507	12.1507	26,610
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	179.7464	210.6743	416,222



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028552800 - 2012/04

RI: 190.98

NM: 222.93

Sunrise Group Home #12

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.078	144.634	184.712	40.078	183.883	223.961
2. Inflate Line 1 by Inflation Factor 1.02080480	40.912	147.643	188.555	40.912	187.709	228.621
3. Line 1 x 1.400 x Inflation Factor 1.02912672	41.245	148.847	190.092	41.245	189.239	230.485
4. Current Period Cost	50.434	117.162	167.596	50.434	148.090	198.524
5. Incentive Basis (line 3 - line 4)	0.000	31.685		0.000	41.149	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.245	117.162	158.407	41.245	148.090	189.335
7. Incentive Line 5 x Oper 50% Res 50%	0.000	15.842	15.842	0.000	20.575	20.575
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.515	3.515	0.000	4.443	4.443
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.515	3.515	0.000	4.443	4.443
10. Final Incentive	0.000	3.515	3.515	0.000	4.443	4.443
11. Current Period Base: (line 6 + line 10)	41.245	120.677	161.922	41.245	152.533	193.778
12. Plus: Property Rate Component			12.151			12.151
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			174.073			205.929
15. Prospective Rate: Line 11 x Inflation (1.03417159)	42.655	124.800	167.455	42.655	157.745	200.400
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.655	124.800	167.455	42.655	157.745	200.400
19. Property Rate Component			12.151			12.151
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			179.61			212.55
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			5.39			6.38
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			190.98			222.93



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028553600 - 2012/04
RI:290.86 / NM:334.97

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

Provider Number: 028553600
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>299.74</u>	<u>290.86</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>345.73</u>	<u>334.97</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028553600

Provider Name: **Sunrise Group Home #13**
 Provider Number: 28553600
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,814	365	2,179
2. Operating Expenses Component			
A. Administration			136,949
B. Plant Operation			16,386
C. Laundry			757
D. Housekeeping			1,767
E. Operating Expense Component & Per Diem	71.5278	71.5278	155,859
3. Resident Care			
A. Dietary			14,223
B. Other			49,901
C. Nursing			0
D. Resident Care & Per Diem	29.4282	29.4282	64,124
4. Prop Exp & Per Diem	21.1202	21.1202	46,021
5. ROE/Use Per Diem	0.7664	0.7664	1,670
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,360.50	365.00	1,725.50
3. Staffing Percent	78.8467111	21.1532889	100.00
4. Allocation of Direct Care	232,477.95	62,370.05	294,848.00
5. Direct Care Expense Per Diem	128.1576	170.8768	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,814	365	2,179
2. Additional Services	37,583	7,563	45,146
3. Additional Services Exp & Per Diem	20.7183	20.7205	
D. Medicaid Per Diem Cost			
1. Operating Component	71.5278	71.5278	155,859
2. Resident Care Component	178.3041	221.0256	404,118
3. Property Cost Component	21.1202	21.1202	46,021
4. ROE/Use Allow Component	0.7664	0.7664	1,670
5 Total Cost Per Diem	271.7185	314.4400	607,668



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028553600 - 2012/04

RI: 290.86

NM: 334.97

Sunrise Group Home #13

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.019	180.580	248.599	68.019	224.533	292.552
2. Inflate Line 1 by Inflation Factor 1.02080480	69.435	184.337	253.771	69.435	229.204	298.639
3. Line 1 x 1.400 x Inflation Factor 1.02912672	70.001	185.839	255.840	70.001	231.073	301.073
4. Current Period Cost	71.528	178.304	249.832	71.528	221.026	292.553
5. Incentive Basis (line 3 - line 4)	0.000	7.535		0.000	10.047	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.001	178.304	248.305	70.001	221.026	291.026
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.768	3.768	0.000	5.023	5.023
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.349	5.349	0.000	6.631	6.631
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.768	3.768	0.000	5.023	5.023
10. Final Incentive	0.000	3.768	3.768	0.000	5.023	5.023
11. Current Period Base: (line 6 + line 10)	70.001	182.072	252.072	70.001	226.049	296.050
12. Plus: Property Rate Component			21.120			21.120
13. Plus: ROE/Use Rate			0.766			0.766
14. Total Current Period Base			273.959			317.936
15. Prospective Rate: Line 11 x Inflation (1.03417159)	72.393	188.293	260.686	72.393	233.773	306.166
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	72.393	188.293	260.686	72.393	233.773	306.166
19. Property Rate Component			21.120			21.120
20. ROE Component + ROE Interim Component			0.766			0.766
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			282.58			328.05
23. Medicaid Days		1,814			365	
24. Resident Days		1,814			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.48			9.84
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			290.86			334.97



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028554400 - 2012/04
RI:285.53 / NM:0.00

Coletta Drive Group Home
 1604 Coletta Drive
 Orlando FL 32807


Provider Number: 028554400
 Date: 05/03/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>297.40</u>	<u>285.53</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

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

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028554400

Provider Name: **Coletta Drive Group Home**
 Provider Number: 28554400
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			128,479
B. Plant Operation			29,242
C. Laundry			429
D. Housekeeping			3,545
E. Operating Expense Component & Per Diem	73.8333	0.0000	161,695
3. Resident Care			
A. Dietary			21,278
B. Other			0
C. Nursing			43,097
D. Resident Care & Per Diem	29.3950	0.0000	64,375
4. Prop Exp & Per Diem	13.5753	0.0000	29,730
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	237,531.00		237,531.00
5. Direct Care Expense Per Diem	108.4616		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	103,945		103,945
3. Additional Services Exp & Per Diem	47.4635		
D. Medicaid Per Diem Cost			
1. Operating Component	73.8333		161,695
2. Resident Care Component	185.3201		405,851
3. Property Cost Component	13.5753		29,730
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	272.7288		597,276



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028554400 - 2012/04

RI: 285.53

NM: 0.00

Coletta Drive Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.249	172.597	250.846			
2. Inflate Line 1 by Inflation Factor 1.02080480	79.877	176.188	256.064			
3. Line 1 x 1,400 x Inflation Factor 1.02912672	80.528	177.624	258.152			
4. Current Period Cost	73.833	185.320	259.153			
5. Incentive Basis (line 3 - line 4)	6.695	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.833	177.624	251.457			
7. Incentive Line 5 x Oper 50% Res 50%	3.347	0.000	3.347	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.383	0.000	7.383	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.347	0.000	3.347	0.000	0.000	0.000
10. Final Incentive	3.347	0.000	3.347	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	77.181	177.624	254.805	0.000	0.000	0.000
12. Plus: Property Rate Component			13.575			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			268.380			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	79.818	183.694	263.512	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.818	183.694	263.512	0.000	0.000	0.000
19. Property Rate Component			13.575			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			277.08			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%				NA
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			8.31			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			285.53			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028555200 - 2012/04
RI:218.76 / NM:244.98

Gulfview
 2603 State Avenue
 Panama City FL 32405

Provider Number: 028555200
 Date: 05/02/2012
 FYE: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>223.39</u>	<u>218.76</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>250.18</u>	<u>244.98</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)

Home Office:

Residential CRF, Inc.

1117 Central Avenue
Connersville IN 47331

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028555200

Provider Name: **Gulfview**
 Provider Number: 28555200
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 01/01/2010 - 12/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028555200 - 2012/04

RI: 218.76

NM: 244.98

Gulfview

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	63.028	110.547	173.575	63.028	137.635	200.663
2. Inflate Line 1 by Inflation Factor 1.01978293	64.275	112.734	177.009	64.275	140.358	204.633
3. Line 1 x 1.400 x Inflation Factor 1.02769611	64.773	113.609	178.383	64.773	141.447	206.221
4. Current Period Cost	63.752	113.949	177.701	63.752	137.484	201.236
5. Incentive Basis (line 3 - line 4)	1.022	0.000		1.022	3.963	
6. Allowed Current Period Costs (Min of line 3 or 4)	63.752	113.609	177.361	63.752	137.484	201.236
7. Incentive Line 5 x Oper 50% Res 50%	0.511	0.000	0.511	0.511	1.982	2.492
8. Incentive - Line 4 x Oper 10% Res 3%	6.375	0.000	6.375	6.375	4.125	10.500
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.511	0.000	0.511	0.511	1.982	2.492
10. Final Incentive	0.511	0.000	0.511	0.511	1.982	2.492
11. Current Period Base: (line 6 + line 10)	64.263	113.609	177.872	64.263	139.466	203.728
12. Plus: Property Rate Component			21.045			21.045
13. Plus: ROE/Use Rate			1.237			1.237
14. Total Current Period Base			200.153			226.010
15. Prospective Rate: Line 11 x Inflation (1.04551140)	67.187	118.780	185.967	67.187	145.813	213.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	67.187	118.780	185.967	67.187	145.813	213.000
19. Property Rate Component			21.045			21.045
20. ROE Component + ROE Interim Component			1.237			1.237
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			208.25			235.28
23. Medicaid Days		1,126			730	
24. Resident Days		1,126			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			6.25			7.06
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			218.76			244.98



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028557900 - 2012/04
RI:232.61 / NM:0.00

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


Provider Number: 028557900
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.60</u>	<u>232.61</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

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

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028557900

Provider Name: **Sunrise 148th Court**
 Provider Number: 28557900
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			64,472
B. Plant Operation			22,588
C. Laundry			973
D. Housekeeping			2,141
E. Operating Expense Component & Per Diem	41.1753	0.0000	90,174
3. Resident Care			
A. Dietary			18,988
B. Other			60,096
C. Nursing			1,374
D. Resident Care & Per Diem	36.7388	0.0000	80,458
4. Prop Exp & Per Diem	17.6868	0.0000	38,734
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	269,788.00		269,788.00
5. Direct Care Expense Per Diem	123.1909		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	8,905		8,905
3. Additional Services Exp & Per Diem	4.0662		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	41.1753		90,174
2. Resident Care Component	163.9959		359,151
3. Property Cost Component	17.6868		38,734
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	222.8580		488,059



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028557900 - 2012/04
RI: 232.61
NM: 0.00

Sunrise 148th Court
 Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	43.459	150.730	194.189			
2. Inflate Line 1 by Inflation Factor 1.02080480	44.364	153.866	198.229			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	44.725	155.120	199.845			
4. Current Period Cost	41.175	163.996	205.171			
5. Incentive Basis (line 3 - line 4)	3.550	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.175	155.120	196.296			
7. Incentive Line 5 x Oper 50% Res 50%	1.775	0.000	1.775	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.118	0.000	4.118	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.775	0.000	1.775	0.000	0.000	0.000
10. Final Incentive	1.775	0.000	1.775	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.950	155.120	198.070	0.000	0.000	0.000
12. Plus: Property Rate Component			17.687			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			215.757			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	44.418	160.421	204.839	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.418	160.421	204.839	0.000	0.000	0.000
19. Property Rate Component			17.687			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			222.53			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			6.68			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			232.61			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028558700 - 2012/04
RI:218.00 / NM:0.00

Sunrise Oakmont
 19420 W. Oakmont Drive
 Miami Lakes FL 33015

Provider Number: 028558700
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>220.48</u>	<u>218.00</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:

Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028558700

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			70,110
B. Plant Operation			23,821
C. Laundry			1,769
D. Housekeeping			4,115
E. Operating Expense Component & Per Diem	45.5776	0.0000	99,815
3. Resident Care			
A. Dietary			23,359
B. Other			50,471
C. Nursing			321
D. Resident Care & Per Diem	33.8589	0.0000	74,151
4. Prop Exp & Per Diem	21.2009	0.0000	46,430
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	276,957.00		276,957.00
5. Direct Care Expense Per Diem	126.4644		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	1,942		1,942
3. Additional Services Exp & Per Diem	0.8868		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	45.5776		99,815
2. Resident Care Component	161.2100		353,050
3. Property Cost Component	21.2009		46,430
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	227.9886		499,295



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028558700 - 2012/04

RI: 218.00

NM: 0.00

Sunrise Oakmont

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.710	132.300	175.010			
2. Inflate Line 1 by Inflation Factor 1.02080480	43.598	135.053	178.651			
3. Line 1 x 1,400 x Inflation Factor 1.02912672	43.954	136.154	180.108			
4. Current Period Cost	45.578	161.210	206.788			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.954	136.154	180.108			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.954	136.154	180.108	0.000	0.000	0.000
12. Plus: Property Rate Component			21.201			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			201.309			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	45.456	140.807	186.262	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	45.456	140.807	186.262	0.000	0.000	0.000
19. Property Rate Component			21.201			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			207.46			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			6.22			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			218.00			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028559500 - 2012/04
RI:235.22 / NM:0.00

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

Provider Number: 028559500
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>245.88</u>	<u>235.22</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028559500

Provider Name: **Sunrise 53rd Ct.**
 Provider Number: 28559500
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,122	0	2,122
2. Operating Expenses Component			
A. Administration			67,732
B. Plant Operation			21,359
C. Laundry			2,293
D. Housekeeping			1,937
E. Operating Expense Component & Per Diem	43.9779	0.0000	93,321
3. Resident Care			
A. Dietary			21,024
B. Other			47,486
C. Nursing			8,393
D. Resident Care & Per Diem	36.2408	0.0000	76,903
4. Prop Exp & Per Diem	19.7074	0.0000	41,819
5. ROE/Use Per Diem	0.0462	0.0000	98
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,591.50		1,591.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	234,313.00		234,313.00
5. Direct Care Expense Per Diem	110.4208		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,122		2,122
2. Additional Services	5,857		5,857
3. Additional Services Exp & Per Diem	2.7601		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	43.9779		93,321
2. Resident Care Component	149.4218		317,073
3. Property Cost Component	19.7074		41,819
4. ROE/Use Allow Component	0.0462		98
5 Total Cost Per Diem	213.1532		452,311



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028559500 - 2012/04
RI: 235.22
NM: 0.00

Sunrise 53rd Ct.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.279	155.946	200.225			
2. Inflate Line 1 by Inflation Factor 1.02080480	45.200	159.190	204.390			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	45.569	160.488	206.057			
4. Current Period Cost	43.978	149.422	193.400			
5. Incentive Basis (line 3 - line 4)	1.591	11.066		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.978	149.422	193.400			
7. Incentive Line 5 x Oper 50% Res 50%	0.795	5.533	6.328	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.398	4.483	8.880	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.795	4.483	5.278	0.000	0.000	0.000
10. Final Incentive	0.795	4.483	5.278	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	44.773	153.904	198.678	0.000	0.000	0.000
12. Plus: Property Rate Component			19.707			0.000
13. Plus: ROE/Use Rate			0.046			0.000
14. Total Current Period Base			218.431			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	46.303	159.164	205.467	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	46.303	159.164	205.467	0.000	0.000	0.000
19. Property Rate Component			19.707			0.000
20. ROE Component + ROE Interim Component			0.046			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			225.22			0.00
23. Medicaid Days		2,122			0	
24. Resident Days		2,122			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			6.76			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			235.22			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028560900 - 2012/04
RI:244.69 / NM:285.06

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

Provider Number: 028560900
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>244.31</u>	<u>244.69</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>285.23</u>	<u>285.06</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028560900

Provider Name: **Sunrise 55th Court**
 Provider Number: 28560900
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,785	138	1,923
2. Operating Expenses Component			
A. Administration			78,139
B. Plant Operation			26,728
C. Laundry			1,315
D. Housekeeping			1,743
E. Operating Expense Component & Per Diem	56.1232	56.1232	107,925
3. Resident Care			
A. Dietary			21,627
B. Other			43,009
C. Nursing			-8,361
D. Resident Care & Per Diem	29.2642	29.2642	56,275
4. Prop Exp & Per Diem	17.0671	17.0671	32,820
5. ROE/Use Per Diem	0.0224	0.0224	43
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,338.75	138.00	1,476.75
3. Staffing Percent	90.6551549	9.3448451	100.00
4. Allocation of Direct Care	243,898.63	25,141.37	269,040.00
5. Direct Care Expense Per Diem	136.6379	182.1838	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,785	138	1,923
2. Additional Services	7,146	553	7,699
3. Additional Services Exp & Per Diem	4.0034	4.0072	
D. Medicaid Per Diem Cost			
1. Operating Component	56.1232	56.1232	107,925
2. Resident Care Component	169.9054	215.4553	333,014
3. Property Cost Component	17.0671	17.0671	32,820
4. ROE/Use Allow Component	0.0224	0.0224	43
5 Total Cost Per Diem	243.1181	288.6680	473,802



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028560900 - 2012/04
RI: 244.69
NM: 285.06

Sunrise 55th Court

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.887	158.838	204.725	45.887	197.941	243.828
2. Inflate Line 1 by Inflation Factor 1.02080480	46.841	162.143	208.984	46.841	202.059	248.901
3. Line 1 x 1.400 x Inflation Factor 1.02912672	47.223	163.465	210.688	47.223	203.707	250.930
4. Current Period Cost	56.123	169.905	226.029	56.123	215.455	271.579
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	47.223	163.465	210.688	47.223	203.707	250.930
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	47.223	163.465	210.688	47.223	203.707	250.930
12. Plus: Property Rate Component			17.067			17.067
13. Plus: ROE/Use Rate			0.022			0.022
14. Total Current Period Base			227.778			268.019
15. Prospective Rate: Line 11 x Inflation (1.03417159)	48.837	169.051	217.888	48.837	210.668	259.505
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.837	169.051	217.888	48.837	210.668	259.505
19. Property Rate Component			17.067			17.067
20. ROE Component + ROE Interim Component			0.022			0.022
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			234.98			276.60
23. Medicaid Days		1,785			138	
24. Resident Days		1,785			138	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			7.05			8.30
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			244.69			285.06



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028561700 - 2012/04
RI:232.95 / NM:0.00

Sunrise Wentworth
 18711 Wentworth Drive
 Miami Lakes FL 33015

Provider Number: 028561700
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>236.80</u>	<u>232.95</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028561700

Provider Name: **Sunrise Wentworth**
 Provider Number: 28561700
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			72,591
B. Plant Operation			21,974
C. Laundry			1,153
D. Housekeeping			2,590
E. Operating Expense Component & Per Diem	44.8895	0.0000	98,308
3. Resident Care			
A. Dietary			22,006
B. Other			50,878
C. Nursing			168
D. Resident Care & Per Diem	33.3571	0.0000	73,052
4. Prop Exp & Per Diem	19.0658	0.0000	41,754
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	277,034.00		277,034.00
5. Direct Care Expense Per Diem	126.4995		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	3,930		3,930
3. Additional Services Exp & Per Diem	1.7945		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	44.8895		98,308
2. Resident Care Component	161.6511		354,016
3. Property Cost Component	19.0658		41,754
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	225.6064		494,078



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028561700 - 2012/04

RI: 232.95

NM: 0.00

Sunrise Wentworth

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.166	151.329	191.495			
2. Inflate Line 1 by Inflation Factor 1.02080480	41.002	154.477	195.479			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	41.336	155.737	197.073			
4. Current Period Cost	44.889	161.651	206.541			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.336	155.737	197.073			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.336	155.737	197.073	0.000	0.000	0.000
12. Plus: Property Rate Component			19.066			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			216.139			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	42.749	161.058	203.807	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.749	161.058	203.807	0.000	0.000	0.000
19. Property Rate Component			19.066			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			222.88			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%				NA
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			6.69			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			232.95			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028563300 - 2012/04
RI:326.25 / NM:0.00

TUNIS STREET GROUP HOME
 4748 Tunis Street
 Jacksonville FL 32210

Provider Number: 028563300
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>337.93</u>	<u>326.25</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 10140 Linn Station Road

 Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028563300

Provider Name: **TUNIS STREET GROUP HOME**
 Provider Number: 28563300
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,982	0	1,982
2. Operating Expenses Component			
A. Administration			128,853
B. Plant Operation			31,032
C. Laundry			790
D. Housekeeping			1,958
E. Operating Expense Component & Per Diem	82.0550	0.0000	162,633
3. Resident Care			
A. Dietary			21,939
B. Other			0
C. Nursing			44,405
D. Resident Care & Per Diem	33.4733	0.0000	66,344
4. Prop Exp & Per Diem	17.1266	0.0000	33,945
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,486.50		1,486.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	231,454.00		231,454.00
5. Direct Care Expense Per Diem	116.7780		
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,982		1,982
2. Additional Services	107,062		107,062
3. Additional Services Exp & Per Diem	54.0172		
D. Medicaid Per Diem Cost			
1. Operating Component	82.0550		162,633
2. Resident Care Component	204.2684		404,860
3. Property Cost Component	17.1266		33,945
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	303.4501		601,438



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028563300 - 2012/04

RI: 326.25

NM: 0.00

TUNIS STREET GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.416	204.749	289.166			
2. Inflate Line 1 by Inflation Factor 1.02080480	86.172	209.009	295.182			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	86.875	210.713	297.588			
4. Current Period Cost	82.055	204.268	286.323			
5. Incentive Basis (line 3 - line 4)	4.820	6.445		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.055	204.268	286.323			
7. Incentive Line 5 x Oper 50% Res 50%	2.410	3.222	5.632	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.205	6.128	14.334	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.410	3.222	5.632	0.000	0.000	0.000
10. Final Incentive	2.410	3.222	5.632	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	84.465	207.491	291.956	0.000	0.000	0.000
12. Plus: Property Rate Component			17.127			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			309.082			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	87.351	214.581	301.932	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	87.351	214.581	301.932	0.000	0.000	0.000
19. Property Rate Component			17.127			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			319.06			0.00
23. Medicaid Days		1,982				0
24. Resident Days		1,982				0
25. Medicaid Utilization		100.00%				NA
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			9.57			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			326.25			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028565000 - 2012/04
RI:297.14 / NM:362.17

LAKEVIEW COURT
 920 W. Kennedy Blvd
 Orlando FL 32810

Provider Number: 028565000
 Date: 05/02/2012
 FYE: 11/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>303.54</u>	<u>297.14</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>369.99</u>	<u>362.17</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 P.O. BOX 2064

 WINTER PARK FL 32790

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028565000

Provider Name: **LAKEVIEW COURT**
 Provider Number: 28565000
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 12/01/2009 - 11/30/2010
 Days In Reporting Period: 365
 Number of Beds: 64

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028565000 - 2012/04

RI: 297.14

NM: 362.17

LAKEVIEW COURT

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.956	175.012	245.968	70.956	238.643	309.599
2. Inflate Line 1 by Inflation Factor 1.01970235	72.354	178.460	250.815	72.354	243.345	315.699
3. Line 1 x 1.400 x Inflation Factor 1.02758329	72.913	179.840	252.753	72.913	245.226	318.139
4. Current Period Cost	72.478	173.699	246.177	72.478	236.337	308.815
5. Incentive Basis (line 3 - line 4)	0.436	6.141		0.436	8.889	
6. Allowed Current Period Costs (Min of line 3 or 4)	72.478	173.699	246.177	72.478	236.337	308.815
7. Incentive Line 5 x Oper 50% Res 50%	0.218	3.070	3.288	0.218	4.444	4.662
8. Incentive - Line 4 x Oper 10% Res 3%	7.248	5.211	12.459	7.248	7.090	14.338
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.218	3.070	3.288	0.218	4.444	4.662
10. Final Incentive	0.218	3.070	3.288	0.218	4.444	4.662
11. Current Period Base: (line 6 + line 10)	72.696	176.769	249.465	72.696	240.781	313.477
12. Plus: Property Rate Component			27.810			27.810
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			277.274			341.287
15. Prospective Rate: Line 11 x Inflation (1.04722039)	76.128	185.116	261.245	76.128	252.151	328.279
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.128	185.116	261.245	76.128	252.151	328.279
19. Property Rate Component			27.810			27.810
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			289.05			356.09
23. Medicaid Days		12,993			10,012	
24. Resident Days		12,993			10,012	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.67			10.68
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			297.14			362.17



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028566800 - 2012/04
RI:302.93 / NM:359.05

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

Provider Number: 028566800
 Date: 05/02/2012
 FYE: 11/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>309.46</u>	<u>302.93</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>366.81</u>	<u>359.05</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

P.O. BOX 2064
WINTER PARK FL 32790

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028566800

Provider Name: **WASHINGTON SQUARE**
 Provider Number: 28566800
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 12/01/2009 - 11/30/2010
 Days In Reporting Period: 365
 Number of Beds: 64

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028566800 - 2012/04

RI: 302.93

NM: 359.05

WASHINGTON SQUARE

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	73.332	178.139	251.471	73.332	233.622	306.954
2. Inflate Line 1 by Inflation Factor 1.01970235	74.777	181.648	256.425	74.777	238.225	313.002
3. Line 1 x 1.400 x Inflation Factor 1.02758329	75.355	183.052	258.407	75.355	240.066	315.421
4. Current Period Cost	73.821	175.967	249.788	73.821	229.460	303.281
5. Incentive Basis (line 3 - line 4)	1.534	7.085		1.534	10.606	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.821	175.967	249.788	73.821	229.460	303.281
7. Incentive Line 5 x Oper 50% Res 50%	0.767	3.542	4.310	0.767	5.303	6.070
8. Incentive - Line 4 x Oper 10% Res 3%	7.382	5.279	12.661	7.382	6.884	14.266
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.767	3.542	4.310	0.767	5.303	6.070
10. Final Incentive	0.767	3.542	4.310	0.767	5.303	6.070
11. Current Period Base: (line 6 + line 10)	74.588	179.510	254.098	74.588	234.763	309.351
12. Plus: Property Rate Component			28.921			28.921
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			283.019			338.272
15. Prospective Rate: Line 11 x Inflation (1.04722039)	78.110	187.986	266.096	78.110	245.849	323.959
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.110	187.986	266.096	78.110	245.849	323.959
19. Property Rate Component			28.921			28.921
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			295.02			352.88
23. Medicaid Days		4,224			18,923	
24. Resident Days		4,224			18,923	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.85			10.59
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			302.93			359.05



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028567600 - 2012/04
RI:286.02 / NM:337.54

HOWELL BRANCH COURT
 3664 Howell Branch Road
 Winter Park FL 32792

Provider Number: 028567600
 Date: 05/02/2012
 FYE: 11/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>292.17</u>	<u>286.02</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>344.82</u>	<u>337.54</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 P.O. BOX 2064

 WINTER PARK FL 32790

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 04/2012

028567600

Provider Name: **HOWELL BRANCH COURT**
 Provider Number: 28567600
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2012
 Cost Report: 12/01/2009 - 11/30/2010
 Days In Reporting Period: 365
 Number of Beds: 64

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028567600 - 2012/04

RI: 286.02

NM: 337.54

HOWELL BRANCH COURT

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.231	165.243	233.474	68.231	215.576	283.807
2. Inflate Line 1 by Inflation Factor 1.01970235	69.575	168.499	238.074	69.575	219.824	289.398
3. Line 1 x 1.400 x Inflation Factor 1.02758329	70.113	169.801	239.914	70.113	221.523	291.635
4. Current Period Cost	70.334	166.603	236.938	70.334	216.311	286.646
5. Incentive Basis (line 3 - line 4)	0.000	3.198		0.000	5.211	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.113	166.603	236.716	70.113	216.311	286.424
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.599	1.599	0.000	2.606	2.606
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.998	4.998	0.000	6.489	6.489
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.599	1.599	0.000	2.606	2.606
10. Final Incentive	0.000	1.599	1.599	0.000	2.606	2.606
11. Current Period Base: (line 6 + line 10)	70.113	168.202	238.315	70.113	218.917	289.030
12. Plus: Property Rate Component			28.019			28.019
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			266.334			317.049
15. Prospective Rate: Line 11 x Inflation (1.04722039)	73.423	176.145	249.568	73.423	229.254	302.678
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.423	176.145	249.568	73.423	229.254	302.678
19. Property Rate Component			28.019			28.019
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			277.59			330.70
23. Medicaid Days		2,414			20,458	
24. Resident Days		2,414			20,458	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.33			9.92
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			286.02			337.54



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028568400 - 2012/04
RI:246.46 / NM:0.00

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

Provider Number: 028568400
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>253.00</u>	<u>246.46</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami Fl 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028568400

Provider Name: **Sunrise 157th Terrace**
 Provider Number: 28568400
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			66,719
B. Plant Operation			22,390
C. Laundry			1,159
D. Housekeeping			1,464
E. Operating Expense Component & Per Diem	41.8868	0.0000	91,732
3. Resident Care			
A. Dietary			18,409
B. Other			58,941
C. Nursing			2,981
D. Resident Care & Per Diem	36.6808	0.0000	80,331
4. Prop Exp & Per Diem	11.6406	0.0000	25,493
5. ROE/Use Per Diem	1.5192	0.0000	3,327
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	286,565.00		286,565.00
5. Direct Care Expense Per Diem	130.8516		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	9,795		9,795
3. Additional Services Exp & Per Diem	4.4726		
D. Medicaid Per Diem Cost			
1. Operating Component	41.8868		91,732
2. Resident Care Component	172.0050		376,691
3. Property Cost Component	11.6406		25,493
4. ROE/Use Allow Component	1.5192		3,327
5 Total Cost Per Diem	227.0516		497,243



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028568400 - 2012/04

RI: 246.46

NM: 0.00

Sunrise 157th Terrace

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.243	168.188	212.431			
2. Inflate Line 1 by Inflation Factor 1.02080480	45.164	171.687	216.851			
3. Line 1 x 1.400 x Inflation Factor 1.02912672	45.532	173.087	218.619			
4. Current Period Cost	41.887	172.005	213.892			
5. Incentive Basis (line 3 - line 4)	3.645	1.082		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.887	172.005	213.892			
7. Incentive Line 5 x Oper 50% Res 50%	1.823	0.541	2.363	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.189	5.160	9.349	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.823	0.541	2.363	0.000	0.000	0.000
10. Final Incentive	1.823	0.541	2.363	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.709	172.546	216.255	0.000	0.000	0.000
12. Plus: Property Rate Component			11.641			0.000
13. Plus: ROE/Use Rate			1.519			0.000
14. Total Current Period Base			229.415			0.000
15. Prospective Rate: Line 11 x Inflation (1.03417159)	45.203	178.442	223.645	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	45.203	178.442	223.645	0.000	0.000	0.000
19. Property Rate Component			11.641			0.000
20. ROE Component + ROE Interim Component			1.519			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			236.80			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			7.10			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			246.46			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028569200 - 2012/04
RI:286.77 / NM:331.08

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

Provider Number: 028569200
 Date: 05/02/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>290.37</u>	<u>286.77</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>335.28</u>	<u>331.08</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 9040 Sunset Drive Suite 70-A

 Miami Fl 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

028569200

Provider Name: **Sunrise 145th St. Group Home**
 Provider Number: 28569200
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	365	1,825	2,190
2. Operating Expenses Component			
A. Administration			90,487
B. Plant Operation			35,954
C. Laundry			990
D. Housekeeping			1,472
E. Operating Expense Component & Per Diem	58.8598	58.8598	128,903
3. Resident Care			
A. Dietary			20,822
B. Other			47,846
C. Nursing			15,166
D. Resident Care & Per Diem	38.2804	38.2804	83,834
4. Prop Exp & Per Diem	28.4785	28.4785	62,368
5. ROE/Use Per Diem	2.3863	2.3863	5,226
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,825.00	2,098.75
3. Staffing Percent	13.0434783	86.9565217	100.00
4. Allocation of Direct Care	47,972.61	319,817.39	367,790.00
5. Direct Care Expense Per Diem	131.4318	175.2424	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	5,390	26,947	32,337
3. Additional Services Exp & Per Diem	14.7671	14.7655	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	58.8598	58.8598	128,903
2. Resident Care Component	184.4793	228.2883	483,961
3. Property Cost Component	28.4785	28.4785	62,368
4. ROE/Use Allow Component	2.3863	2.3863	5,226
5 Total Cost Per Diem	274.2040	318.0129	680,458



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

028569200 - 2012/04

RI: 286.77

NM: 331.08

Sunrise 145th St. Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	Unaudited [3]	201110
Prior Cost Report	07/01/2009	06/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	58.135	174.883	233.019	58.135	217.797	275.932
2. Inflate Line 1 by Inflation Factor 1.02080480	59.345	178.522	237.866	59.345	222.328	281.673
3. Line 1 x 1.400 x Inflation Factor 1.02912672	59.829	179.977	239.806	59.829	224.141	283.969
4. Current Period Cost	58.860	184.479	243.339	58.860	228.288	287.148
5. Incentive Basis (line 3 - line 4)	0.969	0.000		0.969	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	58.860	179.977	238.837	58.860	224.141	283.000
7. Incentive Line 5 x Oper 50% Res 50%	0.484	0.000	0.484	0.484	0.000	0.484
8. Incentive - Line 4 x Oper 10% Res 3%	5.886	0.000	5.886	5.886	0.000	5.886
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.484	0.000	0.484	0.484	0.000	0.484
10. Final Incentive	0.484	0.000	0.484	0.484	0.000	0.484
11. Current Period Base: (line 6 + line 10)	59.344	179.977	239.321	59.344	224.141	283.485
12. Plus: Property Rate Component			28.479			28.479
13. Plus: ROE/Use Rate			2.386			2.386
14. Total Current Period Base			270.186			314.350
15. Prospective Rate: Line 11 x Inflation (1.03417159)	61.372	186.127	247.499	61.372	231.800	293.172
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	61.372	186.127	247.499	61.372	231.800	293.172
19. Property Rate Component			28.479			28.479
20. ROE Component + ROE Interim Component			2.386			2.386
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			278.36			324.04
23. Medicaid Days			365			1,825
24. Resident Days			365			1,825
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.35			9.72
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			286.77			331.08



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031256800 - 2012/04
RI:339.34 / NM:413.44

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

Provider Number: 031256800
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>377.37</u>	<u>339.34</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>466.44</u>	<u>413.44</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (14)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031256800

Provider Name: **Mentor Avon Park Cluster**
 Provider Number: 31256800
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,390	8,390
2. Operating Expenses Component			
A. Administration			500,676
B. Plant Operation			202,875
C. Laundry			0
D. Housekeeping			64,707
E. Operating Expense Component & Per Diem	91.5683	91.5683	768,258
3. Resident Care			
A. Dietary			200,379
B. Other			0
C. Nursing			797,874
D. Resident Care & Per Diem	118.9813	118.9813	998,253
4. Prop Exp & Per Diem	6.6008	6.6008	55,381
5. ROE/Use Per Diem	0.2687	0.2687	2,254
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,390.00	8,390.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,201,098.00	1,201,098.00
5. Direct Care Expense Per Diem	71.5791	143.1583	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,390	8,390
2. Additional Services	0	141,033	141,033
3. Additional Services Exp & Per Diem	16.8097	16.8097	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	91.5683	91.5683	768,258
2. Resident Care Component	207.3701	278.9492	2,340,384
3. Property Cost Component	6.6008	6.6008	55,381
4. ROE/Use Allow Component	0.2687	0.2687	2,254
5 Total Cost Per Diem	305.8079	377.3870	3,166,277



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031256800 - 2012/04

RI: 339.34

NM: 413.44

Mentor Avon Park Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	114.023	217.905	331.928	114.023	302.875	416.897
2. Inflate Line 1 by Inflation Factor 1.02050996	116.361	222.374	338.736	116.361	309.087	425.448
3. Line 1 x 1.400 x Inflation Factor 1.02871395	117.297	224.162	341.459	117.297	311.571	428.868
4. Current Period Cost	91.568	207.370	298.938	91.568	278.949	370.518
5. Incentive Basis (line 3 - line 4)	25.728	16.792		25.728	32.622	
6. Allowed Current Period Costs (Min of line 3 or 4)	91.568	207.370	298.938	91.568	278.949	370.518
7. Incentive Line 5 x Oper 50% Res 50%	12.864	8.396	21.260	12.864	16.311	29.175
8. Incentive - Line 4 x Oper 10% Res 3%	9.157	6.221	15.378	9.157	8.368	17.525
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.157	6.221	15.378	9.157	8.368	17.525
10. Final Incentive	9.157	6.221	15.378	9.157	8.368	17.525
11. Current Period Base: (line 6 + line 10)	100.725	213.591	314.316	100.725	287.318	388.043
12. Plus: Property Rate Component			6.601			6.601
13. Plus: ROE/Use Rate			0.269			0.269
14. Total Current Period Base			321.186			394.912
15. Prospective Rate: Line 11 x Inflation (1.03617075)	104.368	221.317	325.685	104.368	297.710	402.079
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	104.368	221.317	325.685	104.368	297.710	402.079
19. Property Rate Component			6.601			6.601
20. ROE Component + ROE Interim Component			0.269			0.269
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			332.56			408.95
23. Medicaid Days			0			8,390
24. Resident Days			0			8,390
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			9.98			12.27
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			339.34			413.44



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031257600 - 2012/04
RI:365.41 / NM:459.74

Mentor Eagle Watch Cluster
 1725 Fifth Street
 Daytona Beach FL 32117

Provider Number: 031257600
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>397.65</u>	<u>365.41</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>493.86</u>	<u>459.74</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031257600

Provider Name: **Mentor Eagle Watch Cluster**
 Provider Number: 31257600
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,187	7,193	8,380
2. Operating Expenses Component			
A. Administration			509,534
B. Plant Operation			213,202
C. Laundry			0
D. Housekeeping			72,312
E. Operating Expense Component & Per Diem	94.8745	94.8745	795,048
3. Resident Care			
A. Dietary			146,171
B. Other			0
C. Nursing			752,184
D. Resident Care & Per Diem	107.2023	107.2023	898,355
4. Prop Exp & Per Diem	7.7971	7.7971	65,340
5. ROE/Use Per Diem	1.1438	1.1438	9,585
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	593.50	7,193.00	7,786.50
3. Staffing Percent	7.6221666	92.3778334	100.00
4. Allocation of Direct Care	108,623.27	1,316,473.73	1,425,097.00
5. Direct Care Expense Per Diem	91.5108	183.0215	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,187	7,193	8,380
2. Additional Services	38,438	232,924	271,362
3. Additional Services Exp & Per Diem	32.3825	32.3820	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	94.8745	94.8745	795,048
2. Resident Care Component	231.0955	322.6058	2,594,814
3. Property Cost Component	7.7971	7.7971	65,340
4. ROE/Use Allow Component	1.1438	1.1438	9,585
5 Total Cost Per Diem	334.9109	426.4212	3,464,787



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031257600 - 2012/04

RI: 365.41

NM: 459.74

Mentor Eagle Watch Cluster

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 08/25/2011 - 09/21/2011 Days Eligible: 156 of 183

Eligibility factor :85.25%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	106.770	236.722	343.492	106.770	328.514	435.283
2. Inflate Line 1 by Inflation Factor 1.02050996 *	108.959	252.557	361.517	108.959	346.232	455.191
3. Line 1 x 1.400 x Inflation Factor 1.02871395 *	109.835	254.499	364.335	109.835	348.927	458.762
4. Current Period Cost	94.874	231.096	325.970	94.874	322.606	417.480
5. Incentive Basis (line 3 - line 4)	14.961	23.404		14.961	26.321	
6. Allowed Current Period Costs (Min of line 3 or 4)	94.874	231.096	325.970	94.874	322.606	417.480
7. Incentive Line 5 x Oper 50% Res 50%	7.480	11.702	19.182	7.480	13.160	20.641
8. Incentive - Line 4 x Oper 10% Res 3%	9.487	6.933	16.420	9.487	9.678	19.166
9. Incentive - Min of Line 7,8 x Eligibility factor 85.25%	6.377	5.910	12.287	6.377	8.250	14.627
10. Final Incentive	6.377	5.910	12.287	6.377	8.250	14.627
11. Current Period Base: (line 6 + line 10)	101.251	237.005	338.257	101.251	330.856	432.107
12. Plus: Property Rate Component			7.797			7.797
13. Plus: ROE/Use Rate			1.144			1.144
14. Total Current Period Base			347.198			441.048
15. Prospective Rate: Line 11 x Inflation (1.03617075)	104.914	245.578	350.492	104.914	342.823	447.737
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	104.914	245.578	350.492	104.914	342.823	447.737
19. Property Rate Component			7.797			7.797
20. ROE Component + ROE Interim Component			1.144			1.144
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			359.43			456.68
23. Medicaid Days		1,187			7,193	
24. Resident Days		1,187			7,193	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			10.78			13.70
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			365.41			459.74

* See Attachment

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 4/1/2012 Rate Semester				
Mentor Eagle Watch Cluster/Provider #0312576-00 Adjustment to Prior Period Cost (L1, L2, L3) Vacancy IRR #228 - Effective 9/1/2010 Status: COST SETTLEMENT				
B @ 4/1/2012 Residential Institutional	1 (L1) Prior Period Allow Base Plus Incentives Excl IRR	2 IRR 4/1/2012	3 (L2) Inflate Col 8 By Factor 1.02050996 IRR @ 4/1/2012 (Col. 9)	4 (L3) Factor in Col 10 X 1.400 X Col 8 1.02871395 IRR @ 4/1/2012 (Col. 9)
Operating	106.7700	0.000	108.960	109.836
Resident Care	236.7220	10.980	252.557	254.499
Total	343.492	10.980	361.517	364.335
N-A/Medical				
Operating	106.7700	0.000	108.960	109.836
Resident Care	328.5140	10.980	346.232	348.927
Total	435.284	10.980	455.192	458.763

updated 04/19/2012



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031258400 - 2012/04
RI:381.23 / NM:476.91

Mentor Point West Cluster
 4550 Ricker Road
 Jacksonville FL 32231

Provider Number: 031258400
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>399.42</u>	<u>381.23</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>498.07</u>	<u>476.91</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031258400

Provider Name: **Mentor Point West Cluster**
 Provider Number: 31258400
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	881	7,644	8,525
2. Operating Expenses Component			
A. Administration			561,747
B. Plant Operation			260,268
C. Laundry			0
D. Housekeeping			64,781
E. Operating Expense Component & Per Diem	104.0230	104.0230	886,796
3. Resident Care			
A. Dietary			144,112
B. Other			0
C. Nursing			814,633
D. Resident Care & Per Diem	112.4628	112.4628	958,745
4. Prop Exp & Per Diem	13.8236	13.8236	117,846
5. ROE/Use Per Diem	1.7187	1.7187	14,652
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	440.50	7,644.00	8,084.50
3. Staffing Percent	5.4486981	94.5513019	100.00
4. Allocation of Direct Care	82,445.67	1,430,680.33	1,513,126.00
5. Direct Care Expense Per Diem	93.5819	187.1638	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	881	7,644	8,525
2. Additional Services	22,446	194,753	217,199
3. Additional Services Exp & Per Diem	25.4779	25.4779	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	104.0230	104.0230	886,796
2. Resident Care Component	231.5225	325.1045	2,689,070
3. Property Cost Component	13.8236	13.8236	117,846
4. ROE/Use Allow Component	1.7187	1.7187	14,652
5 Total Cost Per Diem	351.0878	444.6698	3,708,364



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031258400 - 2012/04
RI: 381.23
NM: 476.91

Mentor Point West Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	120.690	228.969	349.659	120.690	323.083	443.773
2. Inflate Line 1 by Inflation Factor 1.02050996	123.165	233.665	356.831	123.165	329.710	452.875
3. Line 1 x 1.400 x Inflation Factor 1.02871395	124.155	235.544	359.699	124.155	332.360	456.516
4. Current Period Cost	104.023	231.523	335.546	104.023	325.104	429.127
5. Incentive Basis (line 3 - line 4)	20.132	4.021		20.132	7.256	
6. Allowed Current Period Costs (Min of line 3 or 4)	104.023	231.523	335.546	104.023	325.104	429.127
7. Incentive Line 5 x Oper 50% Res 50%	10.066	2.011	12.077	10.066	3.628	13.694
8. Incentive - Line 4 x Oper 10% Res 3%	10.402	6.946	17.348	10.402	9.753	20.155
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.066	2.011	12.077	10.066	3.628	13.694
10. Final Incentive	10.066	2.011	12.077	10.066	3.628	13.694
11. Current Period Base: (line 6 + line 10)	114.089	233.533	347.622	114.089	328.732	442.822
12. Plus: Property Rate Component			13.824			13.824
13. Plus: ROE/Use Rate			1.719			1.719
14. Total Current Period Base			363.165			458.364
15. Prospective Rate: Line 11 x Inflation (1.03617075)	118.216	241.980	360.196	118.216	340.623	458.839
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	118.216	241.980	360.196	118.216	340.623	458.839
19. Property Rate Component			13.824			13.824
20. ROE Component + ROE Interim Component			1.719			1.719
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			375.74			474.38
23. Medicaid Days		881			7,644	
24. Resident Days		881			7,644	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			11.27			14.23
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			381.23			476.91



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031259200 - 2012/04
RI:345.78 / NM:428.15

Mentor Hodges Cluster
 3615 Hodges Boulevard
 Jacksonville FL 32224

Provider Number: 031259200
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>364.39</u>	<u>345.78</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>451.27</u>	<u>428.15</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031259200

Provider Name: **Mentor Hodges Cluster**
 Provider Number: 31259200
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,584	8,584
2. Operating Expenses Component			
A. Administration			502,594
B. Plant Operation			270,197
C. Laundry			0
D. Housekeeping			70,689
E. Operating Expense Component & Per Diem	98.2619	98.2619	843,480
3. Resident Care			
A. Dietary			114,896
B. Other			0
C. Nursing			918,699
D. Resident Care & Per Diem	120.4095	120.4095	1,033,595
4. Prop Exp & Per Diem	10.6044	10.6044	91,028
5. ROE/Use Per Diem	1.0588	1.0588	9,089
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,584.00	8,584.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,364,120.00	1,364,120.00
5. Direct Care Expense Per Diem	79.4571	158.9143	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,584	8,584
2. Additional Services	0	75,327	75,327
3. Additional Services Exp & Per Diem	8.7753	8.7753	
D. Medicaid Per Diem Cost			
1. Operating Component	98.2619	98.2619	843,480
2. Resident Care Component	208.6419	288.0990	2,473,042
3. Property Cost Component	10.6044	10.6044	91,028
4. ROE/Use Allow Component	1.0588	1.0588	9,089
5 Total Cost Per Diem	318.5670	398.0241	3,416,639



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031259200 - 2012/04

RI: 345.78

NM: 428.15

Mentor Hodges Cluster

Ownership:State Cluster[2]

Incentive Rating: Ineligible[1] from 04/01/2011 - 04/27/2011 Days Eligible: 157 of 183

Eligibility factor :85.79%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	111.687	207.497	319.184	111.687	290.376	402.063
2. Inflate Line 1 by Inflation Factor 1.02050996	113.977	211.753	325.730	113.977	296.331	410.309
3. Line 1 x 1.400 x Inflation Factor 1.02871395	114.894	213.455	328.349	114.894	298.714	413.607
4. Current Period Cost	98.262	208.642	306.904	98.262	288.099	386.361
5. Incentive Basis (line 3 - line 4)	16.632	4.813		16.632	10.615	
6. Allowed Current Period Costs (Min of line 3 or 4)	98.262	208.642	306.904	98.262	288.099	386.361
7. Incentive Line 5 x Oper 50% Res 50%	8.316	2.407	10.722	8.316	5.307	13.623
8. Incentive - Line 4 x Oper 10% Res 3%	9.826	6.259	16.085	9.826	8.643	18.469
9. Incentive - Min of Line 7,8 x Eligibility factor 85.79%	7.134	2.065	9.199	7.134	4.553	11.688
10. Final Incentive	7.134	2.065	9.199	7.134	4.553	11.688
11. Current Period Base: (line 6 + line 10)	105.396	210.707	316.103	105.396	292.652	398.049
12. Plus: Property Rate Component			10.604			10.604
13. Plus: ROE/Use Rate			1.059			1.059
14. Total Current Period Base			327.766			409.712
15. Prospective Rate: Line 11 x Inflation (1.03617075)	109.209	218.328	327.537	109.209	303.238	412.446
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	109.209	218.328	327.537	109.209	303.238	412.446
19. Property Rate Component			10.604			10.604
20. ROE Component + ROE Interim Component			1.059			1.059
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			339.20			424.11
23. Medicaid Days			0			8,584
24. Resident Days			0			8,584
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			10.18			12.72
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			345.78			428.15



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031260600 - 2012/04
RI:403.21 / NM:532.76

Mentor Kinkaid Cluster
 5808 Kinkaid Road
 Jacksonville FL 32244

Provider Number: 031260600
 Date: 05/03/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>412.93</u>	<u>403.21</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>543.16</u>	<u>532.76</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031260600

Provider Name: **Mentor Kinkaid Cluster**
 Provider Number: 31260600
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	29	7,467	7,496
2. Operating Expenses Component			
A. Administration			548,878
B. Plant Operation			263,843
C. Laundry			0
D. Housekeeping			64,139
E. Operating Expense Component & Per Diem	116.9771	116.9771	876,860
3. Resident Care			
A. Dietary			223,747
B. Other			0
C. Nursing			814,275
D. Resident Care & Per Diem	138.4768	138.4768	1,038,022
4. Prop Exp & Per Diem	8.9593	8.9593	67,159
5. ROE/Use Per Diem	2.0660	2.0660	15,487
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	14.50	7,467.00	7,481.50
3. Staffing Percent	0.1938114	99.8061886	100.00
4. Allocation of Direct Care	3,011.61	1,550,876.39	1,553,888.00
5. Direct Care Expense Per Diem	103.8487	207.6974	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	29	7,467	7,496
2. Additional Services	821	211,127	211,948
3. Additional Services Exp & Per Diem	28.3103	28.2747	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	116.9771	116.9771	876,860
2. Resident Care Component	270.6358	374.4488	2,803,858
3. Property Cost Component	8.9593	8.9593	67,159
4. ROE/Use Allow Component	2.0660	2.0660	15,487
5 Total Cost Per Diem	398.6382	502.4513	3,763,364



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031260600 - 2012/04
RI: 403.21
NM: 532.76

Mentor Kinkaid Cluster

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	124.963	241.096	366.060	124.963	363.791	488.755
2. Inflate Line 1 by Inflation Factor 1.02050996 *	127.526	249.116	376.643	127.526	377.403	504.929
3. Line 1 x 1.400 x Inflation Factor 1.02871395 *	128.551	251.094	379.646	128.551	380.387	508.939
4. Current Period Cost	116.977	273.198	390.175	116.977	379.574	496.551
5. Incentive Basis (line 3 - line 4)	11.575	0.000		11.575	0.813	
6. Allowed Current Period Costs (Min of line 3 or 4)	116.977	251.094	368.071	116.977	379.574	496.551
7. Incentive Line 5 x Oper 50% Res 50%	5.787	0.000	5.787	5.787	0.407	6.194
8. Incentive - Line 4 x Oper 10% Res 3%	11.698	0.000	11.698	11.698	11.387	23.085
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.787	0.000	5.787	5.787	0.407	6.194
10. Final Incentive	5.787	0.000	5.787	5.787	0.407	6.194
11. Current Period Base: (line 6 + line 10)	122.764	251.094	373.858	122.764	379.981	502.745
12. Plus: Property Rate Component			8.959			8.959
13. Plus: ROE/Use Rate			2.066			2.066
14. Total Current Period Base			384.884			513.770
15. Prospective Rate: Line 11 x Inflation (1.03617075)	127.205	260.176	387.381	127.205	393.725	520.929
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	127.205	260.176	387.381	127.205	393.725	520.929
19. Property Rate Component			8.959			8.959
20. ROE Component + ROE Interim Component			2.066			2.066
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			398.40			531.96
23. Medicaid Days			29			7,467
24. Resident Days			29			7,467
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			11.95			15.96
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			403.21			532.76

* See Attachment

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 4/1/2012 Rate Semester				
Mentor Kinkaid Cluster/Provider #0312606-00 Adjustment to Prior Period Cost (L1, L2, L3) Vacancy IRR #232 - Effective 4/1/2011 Status: COST SETTLEMENT				
	1	2	3	4
B	(L1)		(L2)	(L3)
@ 4/1/2012	Prior Period		Inflate Col 8	Factor in
Residential	Allow Base		By Factor	Col 10 X 1.400
Institutional	Plus Incentives	IRR	1.02050996	X Col 8
	Excl IRR	4/1/2012	IRR	1.02871395
			@ 4/1/2012 (Col. 9)	IRR
				@ 4/1/2012 (Col. 9)
Operating	124.9630	0.000	127.526	128.551
Resident Care	241.0960	3.075	249.116	251.094
Total	366.059	3.075	376.642	379.645
N-A/Medical				
Operating	124.9630	0.000	127.526	128.551
Resident Care	363.7910	6.150	377.402	380.387
Total	488.754	6.150	504.928	508.938

updated 04/19/2012

Mentor Kinkaid Cluster Provider #0312606-00 Cost Settlement - IRR #232 Effective - 4/1/2011	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 4/1/2012 RS					
	Residential/Institutional			Non-Ambulatory Medical		
Calculation of L4	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	116.977	270.636	387.613	116.977	374.449	491.426
B. Cost Settlement for IRR Effective 4/1/2011	0.000	3.075	3.075	0.000	6.150	6.150
C. Prorated CS IRR eff 4/1/2011 - 10/12 of IRR comp.	0.000	2.563	2.563	0.000	5.125	5.125
D. Grossed Up Current Period (Line A plus Line C)	116.977	273.198	390.175	116.977	379.574	496.551

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031261400 - 2012/04
RI:371.86 / NM:456.83

Mentor Flamingo Cluster
 1285 Flamingo Drive
 Lantana FL 33462

Provider Number: 031261400
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>412.44</u>	<u>371.86</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>507.52</u>	<u>456.83</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031261400

Provider Name: **Mentor Flamingo Cluster**
 Provider Number: 31261400
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,449	8,449
2. Operating Expenses Component			
A. Administration			526,048
B. Plant Operation			266,707
C. Laundry			0
D. Housekeeping			81,210
E. Operating Expense Component & Per Diem	103.4401	103.4401	873,965
3. Resident Care			
A. Dietary			129,481
B. Other			0
C. Nursing			907,616
D. Resident Care & Per Diem	122.7479	122.7479	1,037,097
4. Prop Exp & Per Diem	8.4008	8.4008	70,978
5. ROE/Use Per Diem	2.3058	2.3058	19,482
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,449.00	8,449.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,348,737.00	1,348,737.00
5. Direct Care Expense Per Diem	79.8164	159.6327	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,449	8,449
2. Additional Services	0	187,655	187,655
3. Additional Services Exp & Per Diem	22.2103	22.2103	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	103.4401	103.4401	873,965
2. Resident Care Component	224.7746	304.5910	2,573,489
3. Property Cost Component	8.4008	8.4008	70,978
4. ROE/Use Allow Component	2.3058	2.3058	19,482
5 Total Cost Per Diem	338.9212	418.7376	3,537,914



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 04/01/2012 through 09/30/2012

031261400 - 2012/04
RI: 371.86
NM: 456.83

Mentor Flamingo Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	136.951	227.079	364.031	136.951	317.791	454.742
2. Inflate Line 1 by Inflation Factor 1.02050996	139.760	231.737	371.497	139.760	324.309	464.069
3. Line 1 x 1.400 x Inflation Factor 1.02871395	140.884	233.600	374.483	140.884	326.916	467.800
4. Current Period Cost	103.440	224.775	328.215	103.440	304.591	408.031
5. Incentive Basis (line 3 - line 4)	37.444	8.825		37.444	22.325	
6. Allowed Current Period Costs (Min of line 3 or 4)	103.440	224.775	328.215	103.440	304.591	408.031
7. Incentive Line 5 x Oper 50% Res 50%	18.722	4.413	23.134	18.722	11.162	29.884
8. Incentive - Line 4 x Oper 10% Res 3%	10.344	6.743	17.087	10.344	9.138	19.482
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.344	4.413	14.757	10.344	9.138	19.482
10. Final Incentive	10.344	4.413	14.757	10.344	9.138	19.482
11. Current Period Base: (line 6 + line 10)	113.784	229.187	342.971	113.784	313.729	427.513
12. Plus: Property Rate Component			8.401			8.401
13. Plus: ROE/Use Rate			2.306			2.306
14. Total Current Period Base			353.678			438.219
15. Prospective Rate: Line 11 x Inflation (1.03617075)	117.900	237.477	355.377	117.900	325.076	442.976
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	117.900	237.477	355.377	117.900	325.076	442.976
19. Property Rate Component			8.401			8.401
20. ROE Component + ROE Interim Component			2.306			2.306
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			366.08			453.68
23. Medicaid Days			0			8,449
24. Resident Days			0			8,449
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			10.98			13.61
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			371.86			456.83



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031262200 - 2012/04
RI:334.59 / NM:391.81

Mentor Barranger Group
 9513 Barranger Drive
 Pensacola FL 32514

Provider Number: 031262200
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>351.83</u>	<u>334.59</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>410.82</u>	<u>391.81</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031262200

Provider Name: **Mentor Barranger Group**
 Provider Number: 31262200
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,970	146	2,116
2. Operating Expenses Component			
A. Administration			100,720
B. Plant Operation			64,529
C. Laundry			0
D. Housekeeping			5,303
E. Operating Expense Component & Per Diem	80.6011	80.6011	170,552
3. Resident Care			
A. Dietary			19,858
B. Other			0
C. Nursing			41,254
D. Resident Care & Per Diem	28.8809	28.8809	61,112
4. Prop Exp & Per Diem	21.1092	21.1092	44,667
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,477.50	146.00	1,623.50
3. Staffing Percent	91.0070835	8.9929165	100.00
4. Allocation of Direct Care	326,598.94	32,273.06	358,872.00
5. Direct Care Expense Per Diem	165.7863	221.0484	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,970	146	2,116
2. Additional Services	21,950	1,627	23,577
3. Additional Services Exp & Per Diem	11.1421	11.1438	
D. Medicaid Per Diem Cost			
1. Operating Component	80.6011	80.6011	170,552
2. Resident Care Component	205.8093	261.0731	443,561
3. Property Cost Component	21.1092	21.1092	44,667
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	307.5196	362.7834	658,780



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031262200 - 2012/04

RI: 334.59

NM: 391.81

Mentor Barranger Group

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.708	214.837	299.545	84.708	271.115	355.823
2. Inflate Line 1 by Inflation Factor 1.02050996	86.445	219.243	305.688	86.445	276.676	363.121
3. Line 1 x 1.400 x Inflation Factor 1.02871395	87.140	221.005	308.146	87.140	278.900	366.040
4. Current Period Cost	80.601	205.809	286.410	80.601	261.073	341.674
5. Incentive Basis (line 3 - line 4)	6.539	15.196		6.539	17.827	
6. Allowed Current Period Costs (Min of line 3 or 4)	80.601	205.809	286.410	80.601	261.073	341.674
7. Incentive Line 5 x Oper 50% Res 50%	3.270	7.598	10.868	3.270	8.913	12.183
8. Incentive - Line 4 x Oper 10% Res 3%	8.060	6.174	14.234	8.060	7.832	15.892
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.270	6.174	9.444	3.270	7.832	11.102
10. Final Incentive	3.270	6.174	9.444	3.270	7.832	11.102
11. Current Period Base: (line 6 + line 10)	83.871	211.984	295.854	83.871	268.905	352.776
12. Plus: Property Rate Component			21.109			21.109
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			316.964			373.885
15. Prospective Rate: Line 11 x Inflation (1.03617075)	86.904	219.651	306.556	86.904	278.632	365.536
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.904	219.651	306.556	86.904	278.632	365.536
19. Property Rate Component			21.109			21.109
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			327.66			386.65
23. Medicaid Days		1,970			146	
24. Resident Days		1,970			146	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			9.83			11.60
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			334.59			391.81



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031263100 - 2012/04
RI:288.67 / NM:0.00

Mentor Greenridge Group Home
 222 Greenridge Road
 Pensacola FL 32514


Provider Number: 031263100
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>309.34</u>	<u>288.67</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

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

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031263100

Provider Name: **Mentor Greenridge Group Home**
 Provider Number: 31263100
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			91,481
B. Plant Operation			48,334
C. Laundry			0
D. Housekeeping			4,251
E. Operating Expense Component & Per Diem	65.7836	0.0000	144,066
3. Resident Care			
A. Dietary			18,704
B. Other			0
C. Nursing			33,754
D. Resident Care & Per Diem	23.9534	0.0000	52,458
4. Prop Exp & Per Diem	16.5059	0.0000	36,148
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	314,520.00		314,520.00
5. Direct Care Expense Per Diem	143.6164		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	24,205		24,205
3. Additional Services Exp & Per Diem	11.0525		
D. Medicaid Per Diem Cost			
1. Operating Component	65.7836		144,066
2. Resident Care Component	178.6224		391,183
3. Property Cost Component	16.5059		36,148
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	260.9119		571,397



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031263100 - 2012/04
RI: 288.67
NM: 0.00

Mentor Greenridge Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.494	180.678	262.172			
2. Inflate Line 1 by Inflation Factor 1.02050996	83.166	184.384	267.550			
3. Line 1 x 1.400 x Inflation Factor 1.02871395	83.834	185.866	269.700			
4. Current Period Cost	65.784	178.622	244.406			
5. Incentive Basis (line 3 - line 4)	18.051	7.244		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	65.784	178.622	244.406			
7. Incentive Line 5 x Oper 50% Res 50%	9.025	3.622	12.647	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.578	5.359	11.937	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.578	3.622	10.200	0.000	0.000	0.000
10. Final Incentive	6.578	3.622	10.200	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	72.362	182.244	254.606	0.000	0.000	0.000
12. Plus: Property Rate Component			16.506			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			271.112			0.000
15. Prospective Rate: Line 11 x Inflation (1.03617075)	74.979	188.836	263.815	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.979	188.836	263.815	0.000	0.000	0.000
19. Property Rate Component			16.506			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			280.32			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%				NA
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			8.41			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			288.67			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031264900 - 2012/04
RI:341.95 / NM:417.19

Mentor Pensacola Cluster
 9460 S. University Parkway
 Pensacola FL 32514

Provider Number: 031264900
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>369.75</u>	<u>341.95</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>454.19</u>	<u>417.19</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031264900

Provider Name: **Mentor Pensacola Cluster**
 Provider Number: 31264900
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,669	8,669
2. Operating Expenses Component			
A. Administration			479,808
B. Plant Operation			277,067
C. Laundry			0
D. Housekeeping			78,578
E. Operating Expense Component & Per Diem	96.3725	96.3725	835,453
3. Resident Care			
A. Dietary			124,007
B. Other			0
C. Nursing			897,953
D. Resident Care & Per Diem	117.8867	117.8867	1,021,960
4. Prop Exp & Per Diem	5.6726	5.6726	49,176
5. ROE/Use Per Diem	1.3221	1.3221	11,461
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,669.00	8,669.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,233,780.00	1,233,780.00
5. Direct Care Expense Per Diem	71.1605	142.3209	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,669	8,669
2. Additional Services	0	161,598	161,598
3. Additional Services Exp & Per Diem	18.6409	18.6409	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	96.3725	96.3725	835,453
2. Resident Care Component	207.6881	278.8485	2,417,338
3. Property Cost Component	5.6726	5.6726	49,176
4. ROE/Use Allow Component	1.3221	1.3221	11,461
5 Total Cost Per Diem	311.0553	382.2157	3,313,428



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031264900 - 2012/04
RI: 341.95
NM: 417.19

Mentor Pensacola Cluster

Ownership:State Cluster[2]

Incentive Rating: Ineligible[1] from 09/14/2011 - 09/30/2011 Days Eligible: 167 of 183

Eligibility factor :91.26%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	117.854	210.291	328.145	117.854	290.846	408.700
2. Inflate Line 1 by Inflation Factor 1.02050996	120.271	214.604	334.875	120.271	296.811	417.083
3. Line 1 x 1.400 x Inflation Factor 1.02871395	121.238	216.329	337.567	121.238	299.198	420.436
4. Current Period Cost	96.372	207.688	304.061	96.372	278.849	375.221
5. Incentive Basis (line 3 - line 4)	24.866	8.641		24.866	20.349	
6. Allowed Current Period Costs (Min of line 3 or 4)	96.372	207.688	304.061	96.372	278.849	375.221
7. Incentive Line 5 x Oper 50% Res 50%	12.433	4.321	16.753	12.433	10.175	22.607
8. Incentive - Line 4 x Oper 10% Res 3%	9.637	6.231	15.868	9.637	8.365	18.003
9. Incentive - Min of Line 7,8 x Eligibility factor 91.26%	8.795	3.943	12.737	8.795	7.634	16.429
10. Final Incentive	8.795	3.943	12.737	8.795	7.634	16.429
11. Current Period Base: (line 6 + line 10)	105.167	211.631	316.798	105.167	286.483	391.650
12. Plus: Property Rate Component			5.673			5.673
13. Plus: ROE/Use Rate			1.322			1.322
14. Total Current Period Base			323.793			398.644
15. Prospective Rate: Line 11 x Inflation (1.03617075)	108.971	219.286	328.257	108.971	296.845	405.816
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	108.971	219.286	328.257	108.971	296.845	405.816
19. Property Rate Component			5.673			5.673
20. ROE Component + ROE Interim Component			1.322			1.322
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			335.25			412.81
23. Medicaid Days			0			8,669
24. Resident Days			0			8,669
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			10.06			12.38
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			341.95			417.19



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031265700 - 2012/04
RI:365.79 / NM:0.00

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

Provider Number: 031265700
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>406.82</u>	<u>365.79</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>402.88</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (15)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031265700

Provider Name: **Mentor Caprona Group Home**
 Provider Number: 31265700
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,935	0	1,935
2. Operating Expenses Component			
A. Administration			89,868
B. Plant Operation			57,257
C. Laundry			0
D. Housekeeping			3,531
E. Operating Expense Component & Per Diem	77.8584	0.0000	150,656
3. Resident Care			
A. Dietary			23,369
B. Other			0
C. Nursing			68,146
D. Resident Care & Per Diem	47.2946	0.0000	91,515
4. Prop Exp & Per Diem	26.7359	0.0000	51,734
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,451.25		1,451.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	323,407.00		323,407.00
5. Direct Care Expense Per Diem	167.1354		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,935		1,935
2. Additional Services	28,094		28,094
3. Additional Services Exp & Per Diem	14.5189		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	77.8584		150,656
2. Resident Care Component	228.9488		443,016
3. Property Cost Component	26.7359		51,734
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	333.5432		645,406



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031265700 - 2012/04
RI: 365.79
NM: 0.00

Mentor Caprona Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	81.847	211.105	292.952			
2. Inflate Line 1 by Inflation Factor 1.02050996 *	97.740	256.510	354.249			
3. Line 1 x 1.400 x Inflation Factor 1.02871395 *	98.411	258.241	356.653			
4. Current Period Cost	77.858	228.949	306.807			
5. Incentive Basis (line 3 - line 4)	20.553	29.293		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.858	228.949	306.807			
7. Incentive Line 5 x Oper 50% Res 50%	10.276	14.646	24.923	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.786	6.868	14.654	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.786	6.868	14.654	0.000	0.000	0.000
10. Final Incentive	7.786	6.868	14.654	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	85.644	235.817	321.462	0.000	0.000	0.000
12. Plus: Property Rate Component			26.736			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			348.197			0.000
15. Prospective Rate: Line 11 x Inflation (1.03617075)	88.742	244.347	333.089	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	88.742	244.347	333.089	0.000	0.000	0.000
19. Property Rate Component			26.736			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			359.82			0.00
23. Medicaid Days		1,935				0
24. Resident Days		1,935				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj R1% 3.000 NM% 0.000			10.79			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			365.79			0.00

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2012 Rate Semester

Mentor Caprona Group Home/Provider #0312657-00

Adjustment to Prior Period Cost (L1, L2, L3)

Vacancy IRR #227 - Effective 9/1/2010

Status: COST SETTLEMENT

	1	2	3	4
B @ 4/1/2012 Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2012	(L2) Inflate Col 8 By Factor 1.02050996 IRR @ 4/1/2012 (Col. 9)	(L3) Factor in Col 10 X 1.400 X Col 8 1.02871395 IRR @ 4/1/2012 (Col. 9)
Operating Resident Care	81.8470	14.214	97.740	98.411
	211.1050	41.075	256.510	258.242
Total	292.952	55.289	354.249	356.653
N-A/Medical				
Operating Resident Care	0.0000	0.000	0.000	0.000
	0.0000	0.000	0.000	0.000
Total	0.000	0.000	0.000	0.000

updated 04/19/2012



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031266500 - 2012/04
RI:282.40 / NM:328.09

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

Provider Number: 031266500
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>316.44</u>	<u>282.40</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>367.77</u>	<u>328.09</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (15)
 Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031266500

Provider Name: **Mentor Rich Street Group**
 Provider Number: 31266500
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			86,749
B. Plant Operation			40,136
C. Laundry			0
D. Housekeeping			4,245
E. Operating Expense Component & Per Diem	59.8767	59.8767	131,130
3. Resident Care			
A. Dietary			20,476
B. Other			0
C. Nursing			33,043
D. Resident Care & Per Diem	24.4379	24.4379	53,519
4. Prop Exp & Per Diem	20.5584	20.5584	45,023
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	193,289.40	128,859.60	322,149.00
5. Direct Care Expense Per Diem	132.3900	176.5200	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	24,178	12,090	36,268
3. Additional Services Exp & Per Diem	16.5603	16.5616	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	59.8767	59.8767	131,130
2. Resident Care Component	173.3882	217.5195	411,936
3. Property Cost Component	20.5584	20.5584	45,023
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	253.8233	297.9547	588,089



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031266500 - 2012/04

RI: 282.40

NM: 328.09

Mentor Rich Street Group

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.777	184.431	263.207	78.777	233.404	312.181
2. Inflate Line 1 by Inflation Factor 1.02050996	80.392	188.213	268.606	80.392	238.191	318.584
3. Line 1 x 1.400 x Inflation Factor 1.02871395	81.039	189.727	270.765	81.039	240.106	321.145
4. Current Period Cost	59.877	173.388	233.265	59.877	217.520	277.396
5. Incentive Basis (line 3 - line 4)	21.162	16.338		21.162	22.587	
6. Allowed Current Period Costs (Min of line 3 or 4)	59.877	173.388	233.265	59.877	217.520	277.396
7. Incentive Line 5 x Oper 50% Res 50%	10.581	8.169	18.750	10.581	11.293	21.874
8. Incentive - Line 4 x Oper 10% Res 3%	5.988	5.202	11.189	5.988	6.526	12.513
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.988	5.202	11.189	5.988	6.526	12.513
10. Final Incentive	5.988	5.202	11.189	5.988	6.526	12.513
11. Current Period Base: (line 6 + line 10)	65.864	178.590	244.454	65.864	224.045	289.910
12. Plus: Property Rate Component			20.558			20.558
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			265.013			310.468
15. Prospective Rate: Line 11 x Inflation (1.03617075)	68.247	185.050	253.296	68.247	232.149	300.396
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	68.247	185.050	253.296	68.247	232.149	300.396
19. Property Rate Component			20.558			20.558
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			273.86			320.96
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 3.000 NM% 3.000			8.22			9.63
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			282.40			328.09



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031267300 - 2012/04
RI:344.34 / NM:421.77

Mentor Sandpiper Cluster
 1000 East 14th Street
 Stuart FL 34996

Provider Number: 031267300
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>363.61</u>	<u>344.34</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>443.47</u>	<u>421.77</u>	<u>04/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031267300

Provider Name: **Mentor Sandpiper Cluster**
 Provider Number: 31267300
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,460	7,173	8,633
2. Operating Expenses Component			
A. Administration			526,999
B. Plant Operation			211,305
C. Laundry			0
D. Housekeeping			72,280
E. Operating Expense Component & Per Diem	93.8937	93.8937	810,584
3. Resident Care			
A. Dietary			171,782
B. Other			0
C. Nursing			845,886
D. Resident Care & Per Diem	117.8812	117.8812	1,017,668
4. Prop Exp & Per Diem	8.1600	8.1600	70,445
5. ROE/Use Per Diem	1.8944	1.8944	16,354
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	730.00	7,173.00	7,903.00
3. Staffing Percent	9.2369986	90.7630014	100.00
4. Allocation of Direct Care	110,519.40	1,085,966.60	1,196,486.00
5. Direct Care Expense Per Diem	75.6982	151.3964	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	7,173	8,633
2. Additional Services	28,730	141,144	169,874
3. Additional Services Exp & Per Diem	19.6781	19.6771	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	93.8937	93.8937	810,584
2. Resident Care Component	213.2575	288.9547	2,384,028
3. Property Cost Component	8.1600	8.1600	70,445
4. ROE/Use Allow Component	1.8944	1.8944	16,354
5 Total Cost Per Diem	317.2054	392.9027	3,281,411



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031267300 - 2012/04
RI: 344.34
NM: 421.77

Mentor Sandpiper Cluster

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	101.401	214.810	316.211	101.401	290.994	392.395
2. Inflate Line 1 by Inflation Factor 1.02050996	103.481	219.216	322.697	103.481	296.962	400.443
3. Line 1 x 1.400 x Inflation Factor 1.02871395	104.313	220.978	325.291	104.313	299.349	403.662
4. Current Period Cost	93.894	213.257	307.151	93.894	288.955	382.848
5. Incentive Basis (line 3 - line 4)	10.419	7.720		10.419	10.395	
6. Allowed Current Period Costs (Min of line 3 or 4)	93.894	213.257	307.151	93.894	288.955	382.848
7. Incentive Line 5 x Oper 50% Res 50%	5.210	3.860	9.070	5.210	5.197	10.407
8. Incentive - Line 4 x Oper 10% Res 3%	9.389	6.398	15.787	9.389	8.669	18.058
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.210	3.860	9.070	5.210	5.197	10.407
10. Final Incentive	5.210	3.860	9.070	5.210	5.197	10.407
11. Current Period Base: (line 6 + line 10)	99.103	217.118	316.221	99.103	294.152	393.255
12. Plus: Property Rate Component			8.160			8.160
13. Plus: ROE/Use Rate			1.894			1.894
14. Total Current Period Base			326.275			403.310
15. Prospective Rate: Line 11 x Inflation (1.03617075)	102.688	224.971	327.659	102.688	304.792	407.480
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	102.688	224.971	327.659	102.688	304.792	407.480
19. Property Rate Component			8.160			8.160
20. ROE Component + ROE Interim Component			1.894			1.894
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			337.71			417.54
23. Medicaid Days		1,460			7,173	
24. Resident Days		1,460			7,173	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 3.000 NM% 3.000			10.13			12.53
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			344.34			421.77



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031345900 - 2012/04
RI:365.85 / NM:0.00

New Horizons Village
 1275 N. Rainbow Loop
 Lecanto FL 32661

Provider Number: 031345900
 Date: 05/02/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>373.10</u>	<u>365.85</u>	<u>04/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (13)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2012 to 04/2012

031345900

Provider Name: **New Horizons Village**
 Provider Number: 31345900
 Audit Status: Unaudited [3]
 Date: 5/2/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2012
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	16,751	0	16,751
2. Operating Expenses Component			
A. Administration			1,002,242
B. Plant Operation			303,891
C. Laundry			43,219
D. Housekeeping			279,746
E. Operating Expense Component & Per Diem	97.2538	0.0000	1,629,098
3. Resident Care			
A. Dietary			411,670
B. Other			0
C. Nursing			510,871
D. Resident Care & Per Diem	55.0738	0.0000	922,541
4. Prop Exp & Per Diem	32.9614	0.0000	552,136
5. ROE/Use Per Diem	1.1101	0.0000	18,596
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	8,375.50		8,375.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,243,968.00		2,243,968.00
5. Direct Care Expense Per Diem	133.9602		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	16,751		16,751
2. Additional Services	423,781		423,781
3. Additional Services Exp & Per Diem	25.2988		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	97.2538		1,629,098
2. Resident Care Component	214.3329		3,590,290
3. Property Cost Component	32.9614		552,136
4. ROE/Use Allow Component	1.1101		18,596
5 Total Cost Per Diem	345.6582		5,790,120



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2012 through 09/30/2012

031345900 - 2012/04

RI: 365.85

NM: 0.00

New Horizons Village

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2011 - 09/30/2011 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	96.744	211.704	308.449			
2. Inflate Line 1 by Inflation Factor 1.02050996	98.729	216.046	314.775			
3. Line 1 x 1.400 x Inflation Factor 1.02871395	99.522	217.783	317.305			
4. Current Period Cost	97.254	214.333	311.587			
5. Incentive Basis (line 3 - line 4)	2.269	3.450		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	97.254	214.333	311.587			
7. Incentive Line 5 x Oper 50% Res 50%	1.134	1.725	2.859	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	9.725	6.430	16.155	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.134	1.725	2.859	0.000	0.000	0.000
10. Final Incentive	1.134	1.725	2.859	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	98.388	216.058	314.446	0.000	0.000	0.000
12. Plus: Property Rate Component			32.961			0.000
13. Plus: ROE/Use Rate			1.110			0.000
14. Total Current Period Base			348.518			0.000
15. Prospective Rate: Line 11 x Inflation (1.03617075)	101.947	223.873	325.820	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	101.947	223.873	325.820	0.000	0.000	0.000
19. Property Rate Component			32.961			0.000
20. ROE Component + ROE Interim Component			1.110			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			359.89			0.00
23. Medicaid Days		16,751				0
24. Resident Days		16,751				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 3.000 NM% 0.000			10.80			
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			365.85			0.00