



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

000169300 - 2013/04
RI:246.45 / NM:0.00

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

Provider Number: 000169300
 Date: 03/14/2013
 FYE: 11/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	243.46	246.45	04/01/2013
#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 type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:

_____ 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 04/2013

000169300

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2013
 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
A. Allocation of Expenses (excluding B & C)			
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
B. Direct Care Expense			
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		
C. Additional Services Expense			
1. Medicaid Inpatient Days	21,806		21,806
2. Additional Services	346,072		346,072
3. Additional Services Exp & Per Diem	15.8705		
D. Medicaid Per Diem Cost			
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 04/01/2013 through 09/30/2013

000169300 - 2013/04
RI: 246.45
NM: 0.00

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

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 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 1.02509546	45.788	150.314	196.102			
3. Line 1 x 1.400 x Inflation Factor 1.03513365	46.237	151.786	198.023			
4. Current Period Cost	45.176	148.662	193.838			
5. Incentive Basis (line 3 - line 4)	1.061	3.124		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%	0.530	1.562	2.093	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 100.00%	0.530	1.562	2.093	0.530	0.000	0.530
10. Final Incentive	0.530	1.562	2.093	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	45.706	150.224	195.930	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			221.191			0.000
15. Prospective Rate: Line 11 x Inflation (1.04722466)	47.865	157.318	205.183	0.000	0.000	0.000
16. Interim Rate Component: *	2.590	0.000	2.590	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	50.455	157.318	207.773	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			233.03			0.00
23. Medicaid Days		21,806				0
24. Resident Days		21,806				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.98			
28. Less Rate Freeze Amount (0.012163%)			3.03			0.00
29. Final Per Diem After Adjustments			246.45			0.00

* See Attachment

IRR #242 - St. Augustine Ctr for Living - Provider #0016930-00
Worker's Compensation Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 7/1/2012 - Rate Semester 4/1/2013

Residential/Institutional (Level of Care 7)							
Residential/Institutional IRR Effective 7/1/2012	\$	2.59	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description							
Prospective Rate (Line 15)			47.865	157.318	24.818	0.442	230.44
Allocation %			100.000%	0.000%	0.000%	0.000%	100%
Allocation of IRR			2.590	0.000	0.000	0.000	2.59
Final Per Diem (Line 22)			50.455	157.318	24.818	0.442	233.03
L22. Final Per Diem Rate - LOC 7			233.03				
L26. Plus: Quality Assessment - Medicaid Share (L2 + 19.43)			19.43				
L27. Less Rate Cut (1.10%)			2.98				
L28. Less Rate Freeze (0.012163%)			3.03				
L29. Final Per Diem After Adjustments			246.45				
Non - Ambulatory/Medical (Level of Care 8, 9)							
Non-Ambulatory/Medical IRR Effective 7/1/2012	\$	-	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description							
Prospective Rate (Line 15)			0.000	0.000	0.000	0.000	0.00
Allocation %			0.000%	0.000%	0.000%	0.000%	0%
Allocation of IRR			0.000	0.000	0.000	0.000	0.000
Final Per Diem (Line 22)			0.000	0.000	0.000	0.000	0.00
L22. Final Per Diem Rate - LOC 8, 9			0.00				
L26. Plus: Quality Assessment - Medicaid Share (L2 + 19.43)			0.00				
L27. Less Rate Cut (1.10%)			0.00				
L28. Less Rate Freeze (0.012163%)			0.00				
L29. Final Per Diem After Adjustments			0.00				



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 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001069500 - 2013/04
RI:360.77 / NM:422.73

Minor North
 85609 Miner Road
 Yulee FL 32097

Provider Number: 001069500
 Date: 03/14/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>356.21</u>	<u>360.77</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>415.52</u>	<u>422.73</u>	<u>04/01/2013</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) 04/2013 to 04/2013

001069500

Provider Name: **Minor North**
 Provider Number: 01069500
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	8,647	8,647
2. Operating Expenses Component			
A. Administration			504,522
B. Plant Operation			347,423
C. Laundry			46,825
D. Housekeeping			116,539
E. Operating Expense Component & Per Diem	117.4175	117.4175	1,015,309
3. Resident Care			
A. Dietary			232,342
B. Other			0
C. Nursing			285,510
D. Resident Care & Per Diem	59.8881	59.8881	517,852
4. Prop Exp & Per Diem	57.7146	57.7146	499,058
5. ROE/Use Per Diem	2.1995	2.1995	19,019
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,647.00	8,647.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,486,625.00	1,486,625.00
5. Direct Care Expense Per Diem	85.9619	171.9238	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,647	8,647
2. Additional Services	0	179,400	179,400
3. Additional Services Exp & Per Diem	20.7471	20.7471	
D. Medicaid Per Diem Cost			
1. Operating Component	117.4175	117.4175	1,015,309
2. Resident Care Component	166.5970	252.5589	2,183,877
3. Property Cost Component	57.7146	57.7146	499,058
4. ROE/Use Allow Component	2.1995	2.1995	19,019
5 Total Cost Per Diem	343.9286	429.8905	3,717,263



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

001069500 - 2013/04
RI: 360.77
NM: 422.73

Minor North

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	112.150	151.105	263.255	112.150	218.712	330.862
2. Inflate Line 1 by Inflation Factor 1.02310226	114.741	154.596	269.337	114.741	223.765	338.505
3. Line 1 x 1.400 x Inflation Factor 1.03234316	115.777	155.993	271.770	115.777	225.786	341.563
4. Current Period Cost	117.417	166.597	284.015	117.417	252.559	369.976
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)	115.777	155.993	271.770	115.777	225.786	341.563
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	115.777	155.993	271.770	115.777	225.786	341.563
12. Plus: Property Rate Component			57.715			57.715
13. Plus: ROE/Use Rate			2.199			2.199
14. Total Current Period Base			331.684			401.477
15. Prospective Rate: Line 11 x Inflation (1.03551779)	119.889	161.533	281.422	119.889	233.805	353.694
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	119.889	161.533	281.422	119.889	233.805	353.694
19. Property Rate Component			57.715			57.715
20. ROE Component + ROE Interim Component			2.199			2.199
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			341.34			413.61
23. Medicaid Days			0		8,647	
24. Resident Days			0		8,647	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			5.10
28. Less Rate Freeze Amount (0.012163%)			0.00			5.20
29. Final Per Diem After Adjustments			360.77			422.73



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

001071000 - 2013/04
RI:346.53 / NM:434.64

Minor South
 85474 Miner Road
 Yulee FL 32097

Provider Number: 001071000
 Date: 03/14/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>363.10</u>	<u>346.53</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>440.71</u>	<u>434.64</u>	<u>04/01/2013</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) 04/2013 to 04/2013

001071000

Provider Name: **Minor South**
 Provider Number: 01071000
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	852	7,823	8,675
2. Operating Expenses Component			
A. Administration			480,696
B. Plant Operation			364,979
C. Laundry			31,201
D. Housekeeping			105,302
E. Operating Expense Component & Per Diem	113.2194	113.2194	982,178
3. Resident Care			
A. Dietary			228,389
B. Other			0
C. Nursing			201,502
D. Resident Care & Per Diem	49.5552	49.5552	429,891
4. Prop Exp & Per Diem	56.2104	56.2104	487,625
5. ROE/Use Per Diem	2.2945	2.2945	19,905
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	426.00	7,823.00	8,249.00
3. Staffing Percent	5.1642623	94.8357377	100.00
4. Allocation of Direct Care	72,094.03	1,323,923.97	1,396,018.00
5. Direct Care Expense Per Diem	84.6174	169.2348	
C. Additional Services Expense			
1. Medicaid Inpatient Days	852	7,823	8,675
2. Additional Services	18,067	165,888	183,955
3. Additional Services Exp & Per Diem	21.2054	21.2052	
D. Medicaid Per Diem Cost			
1. Operating Component	113.2194	113.2194	982,178
2. Resident Care Component	155.3780	239.9951	2,009,864
3. Property Cost Component	56.2104	56.2104	487,625
4. ROE/Use Allow Component	2.2945	2.2945	19,905
5 Total Cost Per Diem	327.1022	411.7194	3,499,572



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

001071000 - 2013/04

RI: 346.53

NM: 434.64

Minor South

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	104.139	175.034	279.174	104.139	251.160	355.299
2. Inflate Line 1 by Inflation Factor 1.02310226	106.545	179.078	285.623	106.545	256.963	363.508
3. Line 1 x 1.400 x Inflation Factor 1.03234316	107.507	180.695	288.203	107.507	259.283	366.791
4. Current Period Cost	113.219	155.378	268.597	113.219	239.995	353.215
5. Incentive Basis (line 3 - line 4)	0.000	25.318		0.000	19.288	
6. Allowed Current Period Costs (Min of line 3 or 4)	107.507	155.378	262.885	107.507	239.995	347.503
7. Incentive Line 5 x Oper 50% Res 50%	0.000	12.659	12.659	0.000	9.644	9.644
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.661	4.661	0.000	7.200	7.200
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.661	4.661	0.000	7.200	7.200
10. Final Incentive	0.000	4.661	4.661	0.000	7.200	7.200
11. Current Period Base: (line 6 + line 10)	107.507	160.039	267.547	107.507	247.195	354.702
12. Plus: Property Rate Component			56.210			56.210
13. Plus: ROE/Use Rate			2.295			2.295
14. Total Current Period Base			326.052			413.207
15. Prospective Rate: Line 11 x Inflation (1.03551779)	111.326	165.724	277.049	111.326	255.975	367.301
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	111.326	165.724	277.049	111.326	255.975	367.301
19. Property Rate Component			56.210			56.210
20. ROE Component + ROE Interim Component			2.295			2.295
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			335.55			425.81
23. Medicaid Days		852			7,823	
24. Resident Days		852			7,823	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.18			5.25
28. Less Rate Freeze Amount (0.012163%)			4.27			5.35
29. Final Per Diem After Adjustments			346.53			434.64



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

028000300 - 2013/04
RI:283.25 / NM:0.00

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

Provider Number: 028000300
 Date: 03/14/2013
 FYE: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

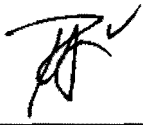
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>279.62</u>	<u>283.25</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

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 04/2013

028000300

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2013
 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 04/01/2013 through 09/30/2013

028000300 - 2013/04
RI: 283.25
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	1.305	0.000	1.305
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 (1.06900253)	61.983	190.482	252.465	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	61.983	190.482	252.465	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			270.72			0.00
23. Medicaid Days		23,062				0
24. Resident Days		23,062				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.42			
28. Less Rate Freeze Amount (0.012163%)			3.49			0.00
29. Final Per Diem After Adjustments			283.25			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

028018601 - 2013/04
RI:322.73 / NM:417.18

ST PETERSBURG CLUSTER

1101 102nd Avenue North
 St. Petersburg FL 33716

Provider Number: 028018601
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>319.34</u>	<u>322.73</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>412.82</u>	<u>417.18</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028018601

Provider Name: **ST PETERSBURG CLUSTER**
 Provider Number: 28018601
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	366	7,970	8,336
2. Operating Expenses Component			
A. Administration			426,259
B. Plant Operation			202,397
C. Laundry			2,425
D. Housekeeping			68,046
E. Operating Expense Component & Per Diem	83.8684	83.8684	699,127
3. Resident Care			
A. Dietary			125,277
B. Other			119,649
C. Nursing			527,913
D. Resident Care & Per Diem	92.7110	92.7110	772,839
4. Prop Exp & Per Diem	13.4778	13.4778	112,351
5. ROE/Use Per Diem	1.6485	1.6485	13,742
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	183.00	7,970.00	8,153.00
3. Staffing Percent	2.2445725	97.7554275	100.00
4. Allocation of Direct Care	33,812.35	1,472,592.65	1,506,405.00
5. Direct Care Expense Per Diem	92.3835	184.7670	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	366	7,970	8,336
2. Additional Services	4,647	101,206	105,853
3. Additional Services Exp & Per Diem	12.6967	12.6984	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	83.8684	83.8684	699,127
2. Resident Care Component	197.7912	290.1763	2,385,097
3. Property Cost Component	13.4778	13.4778	112,351
4. ROE/Use Allow Component	1.6485	1.6485	13,742
5 Total Cost Per Diem	296.7859	389.1711	3,210,317



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028018601 - 2013/04

RI: 322.73

NM: 417.18

ST PETERSBURG CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.307	199.752	282.059	82.307	291.621	373.928
2. Inflate Line 1 by Inflation Factor 1.02283750	84.187	204.313	288.501	84.187	298.280	382.468
3. Line 1 x 1.400 x Inflation Factor 1.03197250	84.939	206.138	291.077	84.939	300.944	385.883
4. Current Period Cost	83.868	197.791	281.660	83.868	290.176	374.045
5. Incentive Basis (line 3 - line 4)	1.071	8.347		1.071	10.768	
6. Allowed Current Period Costs (Min of line 3 or 4)	83.868	197.791	281.660	83.868	290.176	374.045
7. Incentive Line 5 x Oper 50% Res 50%	0.535	4.174	4.709	0.535	5.384	5.919
8. Incentive - Line 4 x Oper 10% Res 3%	8.387	5.934	14.321	8.387	8.705	17.092
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.535	4.174	4.709	0.535	5.384	5.919
10. Final Incentive	0.535	4.174	4.709	0.535	5.384	5.919
11. Current Period Base: (line 6 + line 10)	84.404	201.965	286.368	84.404	295.560	379.964
12. Plus: Property Rate Component			13.478			13.478
13. Plus: ROE/Use Rate			1.649			1.649
14. Total Current Period Base			301.495			395.090
15. Prospective Rate: Line 11 x Inflation (1.03377628)	87.255	208.786	296.041	87.255	305.543	392.798
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	87.255	208.786	296.041	87.255	305.543	392.798
19. Property Rate Component			13.478			13.478
20. ROE Component + ROE Interim Component			1.649			1.649
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			311.17			407.92
23. Medicaid Days		366			7,970	
24. Resident Days		366			7,970	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.90			5.04
28. Less Rate Freeze Amount (0.012163%)			3.97			5.14
29. Final Per Diem After Adjustments			322.73			417.18



Florida Agency For Health Care Administration
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 Tallahassee, Florida 32308

028019401 - 2013/04
RI:439.64 / NM:552.02

LAUREL HILL CLUSTER

2011 Laurel Hill Cluster
 Orlando FL 32818

Provider Number: 028019401
 Date: 03/14/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>442.07</u>	<u>439.64</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>559.14</u>	<u>552.02</u>	<u>04/01/2013</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

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

028019401

Provider Name: **LAUREL HILL CLUSTER**
 Provider Number: 28019401
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	8,221	8,221
2. Operating Expenses Component			
A. Administration			542,996
B. Plant Operation			316,020
C. Laundry			65,612
D. Housekeeping			51,888
E. Operating Expense Component & Per Diem	118.7831	118.7831	976,516
3. Resident Care			
A. Dietary			167,833
B. Other			0
C. Nursing			934,207
D. Resident Care & Per Diem	134.0518	134.0518	1,102,040
4. Prop Exp & Per Diem	16.3680	16.3680	134,561
5. ROE/Use Per Diem	2.5783	2.5783	21,196
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,221.00	8,221.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,814,611.00	1,814,611.00
5. Direct Care Expense Per Diem	110.3644	220.7287	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,025	8,025
2. Additional Services	0	126,549	126,549
3. Additional Services Exp & Per Diem	15.7693	15.7693	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	118.7831	118.7831	976,516
2. Resident Care Component	260.1855	370.5499	3,043,200
3. Property Cost Component	16.3680	16.3680	134,561
4. ROE/Use Allow Component	2.5783	2.5783	21,196
5 Total Cost Per Diem	397.9149	508.2793	4,175,473



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028019401 - 2013/04
RI: 439.64
NM: 552.02

LAUREL HILL CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	111.073	263.592	374.665	111.073	367.837	478.910
2. Inflate Line 1 by Inflation Factor 1.02310226 *	120.693	269.682	390.375	120.693	399.690	520.383
3. Line 1 x 1.400 x Inflation Factor 1.03234316 *	121.719	272.118	393.837	121.719	403.089	524.808
4. Current Period Cost	120.547	260.186	380.732	120.547	376.389	496.935
5. Incentive Basis (line 3 - line 4)	1.173	11.932		1.173	26.700	
6. Allowed Current Period Costs (Min of line 3 or 4)	120.547	260.186	380.732	120.547	376.389	496.935
7. Incentive Line 5 x Oper 50% Res 50%	0.586	5.966	6.553	0.586	13.350	13.936
8. Incentive - Line 4 x Oper 10% Res 3%	12.055	7.806	19.860	12.055	11.292	23.346
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.586	5.966	6.553	0.586	11.292	11.878
10. Final Incentive	0.586	5.966	6.553	0.586	11.292	11.878
11. Current Period Base: (line 6 + line 10)	121.133	266.152	387.285	121.133	387.680	508.813
12. Plus: Property Rate Component			16.368			16.368
13. Plus: ROE/Use Rate			2.578			2.578
14. Total Current Period Base			406.231			527.760
15. Prospective Rate: Line 11 x Inflation (1.03551779)	125.435	275.605	401.040	125.435	401.450	526.885
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	125.435	275.605	401.040	125.435	401.450	526.885
19. Property Rate Component			16.368			16.368
20. ROE Component + ROE Interim Component			2.578			2.578
21. Plus :Property Interim Rate Component *			0.224			0.224
22. Final Per Diem			420.21			546.06
23. Medicaid Days			0			8,025
24. Resident Days			0			8,221
25. Medicaid Utilization			NA			97.62%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			6.66
28. Less Rate Freeze Amount (0.012163%)			0.00			6.80
29. Final Per Diem After Adjustments			439.64			552.02

* See Attachment

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 4/1/2013 Rate Semester				
Laurel Hill Cluster/Provider #0280194-01 Adjustment to Prior Period Cost (L1, L2, L3) Vacancy IRR #237 - Effective 9/1/2011 Status: COST SETTLEMENT				
B @ 4/1/2013 Residential Institutional	1 (L1) Prior Period Allow Base Plus Incentives Excl IRR	2 IRR 4/1/2013	3 (L2) Inflate Col 8 By Factor 1.02310226 IRR @ 4/1/2013 (Col. 9)	4 (L3) Factor in Col 10 X 1.400 X Col 8 1.03234316 IRR @ 4/1/2013 (Col. 9)
Operating	111.0730	7.054	120.693	121.719
Resident Care	263.5920	0.000	269.682	272.117
Total	374.665	7.054	390.375	393.837
N-A/Medical				
Operating	111.0730	7.054	120.693	121.719
Resident Care	367.8370	23.355	399.690	403.089
Total	478.910	30.409	520.383	524.808

updated 04/19/2012

Laurel Hill Cluster Provider #0280194-01 Cost Settlement - IRR #237 Effective - 9/1/2011	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 @ 4/1/2013 RS					
	Residential/Institutional			Non-Ambulatory Medical		
Calculation of L4	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	118.783	260.186	378.969	118.783	370.550	489.333
B. Cost Settlement for IRR Effective 9/1/2011	7.054	0.000	7.054	7.054	23.355	30.409
C. Prorated CS IRR eff 9/1/2011 - 3/12 of IRR comp.	1.764	0.000	1.764	1.764	5.839	7.602
D. Grossed Up Current Period (Line A plus Line C)	120.547	260.186	380.732	120.547	376.389	496.935

PROPERTY COMPONENT	
Calculation of L21 - 3/12 of IRR comp.	
Property Interim Rate Component	0.896
Grossed Up Property Interim Rate Component	0.224



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

028020801 - 2013/04
RI:302.97 / NM:402.84

MCCAULEY CLUSTER

1385 McCauley Road
 Tallahassee FL 32308

Provider Number: 028020801
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>301.52</u>	<u>302.97</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>399.98</u>	<u>402.84</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028020801

Provider Name: **MCCAULEY CLUSTER**
 Provider Number: 28020801
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,098	7,170	8,268
2. Operating Expenses Component			
A. Administration			339,311
B. Plant Operation			188,000
C. Laundry			5,055
D. Housekeeping			29,508
E. Operating Expense Component & Per Diem	67.9577	67.9577	561,874
3. Resident Care			
A. Dietary			138,128
B. Other			98,856
C. Nursing			521,233
D. Resident Care & Per Diem	91.7050	91.7050	758,217
4. Prop Exp & Per Diem	13.4925	13.4925	111,556
5. ROE/Use Per Diem	1.2279	1.2279	10,152
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	549.00	7,170.00	7,719.00
3. Staffing Percent	7.1123202	92.8876798	100.00
4. Allocation of Direct Care	107,799.09	1,407,867.91	1,515,667.00
5. Direct Care Expense Per Diem	98.1777	196.3554	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,098	7,170	8,268
2. Additional Services	6,953	44,616	51,569
3. Additional Services Exp & Per Diem	6.3324	6.2226	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	67.9577	67.9577	561,874
2. Resident Care Component	196.2151	294.2830	2,325,453
3. Property Cost Component	13.4925	13.4925	111,556
4. ROE/Use Allow Component	1.2279	1.2279	10,152
5 Total Cost Per Diem	278.8931	376.9610	3,009,035



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028020801 - 2013/04

RI: 302.97

NM: 402.84

MCCAULEY CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.451	195.370	261.821	66.451	292.135	358.586
2. Inflate Line 1 by Inflation Factor 1.02283750	67.968	199.832	267.800	67.968	298.807	366.775
3. Line 1 x 1.400 x Inflation Factor 1.03197250	68.575	201.616	270.192	68.575	301.475	370.051
4. Current Period Cost	67.958	196.215	264.173	67.958	294.283	362.241
5. Incentive Basis (line 3 - line 4)	0.618	5.401		0.618	7.192	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.958	196.215	264.173	67.958	294.283	362.241
7. Incentive Line 5 x Oper 50% Res 50%	0.309	2.701	3.009	0.309	3.596	3.905
8. Incentive - Line 4 x Oper 10% Res 3%	6.796	5.886	12.682	6.796	8.828	15.624
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.309	2.701	3.009	0.309	3.596	3.905
10. Final Incentive	0.309	2.701	3.009	0.309	3.596	3.905
11. Current Period Base: (line 6 + line 10)	68.266	198.916	267.182	68.266	297.879	366.146
12. Plus: Property Rate Component			13.493			13.493
13. Plus: ROE/Use Rate			1.228			1.228
14. Total Current Period Base			281.903			380.866
15. Prospective Rate: Line 11 x Inflation (1.03377628)	70.572	205.634	276.207	70.572	307.940	378.513
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	70.572	205.634	276.207	70.572	307.940	378.513
19. Property Rate Component			13.493			13.493
20. ROE Component + ROE Interim Component			1.228			1.228
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			290.93			393.23
23. Medicaid Days		1,098			7,170	
24. Resident Days		1,098			7,170	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.66			4.86
28. Less Rate Freeze Amount (0.012163%)			3.73			4.96
29. Final Per Diem After Adjustments			302.97			402.84



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

028028301 - 2013/04
RI:309.02 / NM:390.33

GREENTREE COURT CLUSTER

2160 Green Tree Court
 Bartow FL 33830

Provider Number: 028028301
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>318.63</u>	<u>309.02</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>400.00</u>	<u>390.33</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (14)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

028028301

Provider Name: **GREENTREE COURT CLUSTER**
 Provider Number: 28028301
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	955	7,138	8,093
2. Operating Expenses Component			
A. Administration			357,446
B. Plant Operation			144,258
C. Laundry			4,394
D. Housekeeping			38,209
E. Operating Expense Component & Per Diem	67.2565	67.2565	544,307
3. Resident Care			
A. Dietary			136,923
B. Other			163,256
C. Nursing			545,339
D. Resident Care & Per Diem	104.4752	104.4752	845,518
4. Prop Exp & Per Diem	17.4668	17.4668	141,359
5. ROE/Use Per Diem	0.5528	0.5528	4,474
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	477.50	7,138.00	7,615.50
3. Staffing Percent	6.2701070	93.7298930	100.00
4. Allocation of Direct Care	75,087.67	1,122,462.33	1,197,550.00
5. Direct Care Expense Per Diem	78.6258	157.2517	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	955	7,138	8,093
2. Additional Services	7,291	54,494	61,785
3. Additional Services Exp & Per Diem	7.6346	7.6344	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	67.2565	67.2565	544,307
2. Resident Care Component	190.7356	269.3612	2,104,853
3. Property Cost Component	17.4668	17.4668	141,359
4. ROE/Use Allow Component	0.5528	0.5528	4,474
5 Total Cost Per Diem	276.0118	354.6374	2,794,993



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028028301 - 2013/04

RI: 309.02

NM: 390.33

GREENTREE COURT CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.637	195.030	274.667	79.637	275.002	354.639
2. Inflate Line 1 by Inflation Factor 1.02283750	81.456	199.484	280.939	81.456	281.282	362.738
3. Line 1 x 1.400 x Inflation Factor 1.03197250	82.183	201.265	283.448	82.183	283.794	365.977
4. Current Period Cost	67.257	190.736	257.992	67.257	269.361	336.618
5. Incentive Basis (line 3 - line 4)	14.927	10.530		14.927	14.433	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.257	190.736	257.992	67.257	269.361	336.618
7. Incentive Line 5 x Oper 50% Res 50%	7.463	5.265	12.728	7.463	7.216	14.680
8. Incentive - Line 4 x Oper 10% Res 3%	6.726	5.722	12.448	6.726	8.081	14.806
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.726	5.265	11.990	6.726	7.216	13.942
10. Final Incentive	6.726	5.265	11.990	6.726	7.216	13.942
11. Current Period Base: (line 6 + line 10)	73.982	196.000	269.983	73.982	276.578	350.560
12. Plus: Property Rate Component			17.467			17.467
13. Plus: ROE/Use Rate			0.553			0.553
14. Total Current Period Base			288.002			368.580
15. Prospective Rate: Line 11 x Inflation (1.03377628)	76.481	202.621	279.102	76.481	285.919	362.400
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	76.481	202.621	279.102	76.481	285.919	362.400
19. Property Rate Component			17.467			17.467
20. ROE Component + ROE Interim Component			0.553			0.553
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			297.12			380.42
23. Medicaid Days		955			7,138	
24. Resident Days		955			7,138	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.73			4.71
28. Less Rate Freeze Amount (0.012163%)			3.80			4.81
29. Final Per Diem After Adjustments			309.02			390.33



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

028029101 - 2013/04
RI:339.55 / NM:448.48

MAHAN CLUSTER
 2034 Mahan Drive
 Tallahassee FL 32308

Provider Number: 028029101
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>340.17</u>	<u>339.55</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>446.60</u>	<u>448.48</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028029101

Provider Name: **MAHAN CLUSTER**
 Provider Number: 28029101
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,176	5,195	7,371
2. Operating Expenses Component			
A. Administration			354,328
B. Plant Operation			158,157
C. Laundry			10,589
D. Housekeeping			30,528
E. Operating Expense Component & Per Diem	75.1054	75.1054	553,602
3. Resident Care			
A. Dietary			137,474
B. Other			92,191
C. Nursing			500,271
D. Resident Care & Per Diem	99.0281	99.0281	729,936
4. Prop Exp & Per Diem	15.2108	15.2108	112,119
5. ROE/Use Per Diem	1.4526	1.4526	10,707
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,088.00	5,195.00	6,283.00
3. Staffing Percent	17.3165685	82.6834315	100.00
4. Allocation of Direct Care	261,462.52	1,248,435.48	1,509,898.00
5. Direct Care Expense Per Diem	120.1574	240.3148	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,176	5,195	7,371
2. Additional Services	18,440	44,026	62,466
3. Additional Services Exp & Per Diem	8.4743	8.4747	
D. Medicaid Per Diem Cost			
1. Operating Component	75.1054	75.1054	553,602
2. Resident Care Component	227.6598	347.8176	2,302,300
3. Property Cost Component	15.2108	15.2108	112,119
4. ROE/Use Allow Component	1.4526	1.4526	10,707
5 Total Cost Per Diem	319.4286	439.5864	2,978,728



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028029101 - 2013/04

RI: 339.55

NM: 448.48

MAHAN CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 09/07/2012 - 09/28/2012 Days Eligible: 162 of 183

Eligibility factor :88.52%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.857	220.350	292.207	71.857	324.948	396.805
2. Inflate Line 1 by Inflation Factor 1.02283750	73.498	225.382	298.880	73.498	332.370	405.867
3. Line 1 x 1.400 x Inflation Factor 1.03197250	74.154	227.395	301.550	74.154	335.338	409.492
4. Current Period Cost	75.105	227.660	302.765	75.105	347.818	422.923
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)	74.154	227.395	301.550	74.154	335.338	409.492
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 88.52%	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)	74.154	227.395	301.550	74.154	335.338	409.492
12. Plus: Property Rate Component			15.211			15.211
13. Plus: ROE/Use Rate			1.453			1.453
14. Total Current Period Base			318.213			426.156
15. Prospective Rate: Line 11 x Inflation (1.03377628)	76.659	235.076	311.735	76.659	346.664	423.323
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	76.659	235.076	311.735	76.659	346.664	423.323
19. Property Rate Component			15.211			15.211
20. ROE Component + ROE Interim Component			1.453			1.453
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			328.40			439.99
23. Medicaid Days		2,176			5,195	
24. Resident Days		2,176			5,195	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.10			5.41
28. Less Rate Freeze Amount (0.012163%)			4.18			5.52
29. Final Per Diem After Adjustments			339.55			448.48



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

028030501 - 2013/04
RI:236.44 / NM:284.40

LAKE CITY CLUSTER

673 N. W. Cluster Drive
 Lake City FL 32055

Provider Number: 028030501
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>234.40</u>	<u>236.44</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>282.52</u>	<u>284.40</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028030501

Provider Name: **LAKE CITY CLUSTER**
 Provider Number: 28030501
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	8,355	8,355
2. Operating Expenses Component			
A. Administration			361,336
B. Plant Operation			128,835
C. Laundry			63,138
D. Housekeeping			16,635
E. Operating Expense Component & Per Diem	68.2159	68.2159	569,944
3. Resident Care			
A. Dietary			172,469
B. Other			0
C. Nursing			321,067
D. Resident Care & Per Diem	59.0707	59.0707	493,536
4. Prop Exp & Per Diem	5.9686	5.9686	49,868
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	8,355.00	8,355.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	793,234.00	793,234.00
5. Direct Care Expense Per Diem	47.4706	94.9412	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,355	8,355
2. Additional Services	0	238,650	238,650
3. Additional Services Exp & Per Diem	28.5637	28.5637	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	68.2159	68.2159	569,944
2. Resident Care Component	135.1051	182.5757	1,525,420
3. Property Cost Component	5.9686	5.9686	49,868
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	209.2896	256.7603	2,145,232



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028030501 - 2013/04

RI: 236.44

NM: 284.40

LAKE CITY CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.532	127.502	202.033	74.532	181.010	255.541
2. Inflate Line 1 by Inflation Factor 1.02283750	76.234	130.413	206.647	76.234	185.143	261.377
3. Line 1 x 1.400 x Inflation Factor 1.03197250	76.915	131.578	208.493	76.915	186.797	263.711
4. Current Period Cost	68.216	135.105	203.321	68.216	182.576	250.792
5. Incentive Basis (line 3 - line 4)	8.699	0.000		8.699	4.221	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.216	131.578	199.794	68.216	182.576	250.792
7. Incentive Line 5 x Oper 50% Res 50%	4.349	0.000	4.349	4.349	2.111	6.460
8. Incentive - Line 4 x Oper 10% Res 3%	6.822	0.000	6.822	6.822	5.477	12.299
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.349	0.000	4.349	4.349	2.111	6.460
10. Final Incentive	4.349	0.000	4.349	4.349	2.111	6.460
11. Current Period Base: (line 6 + line 10)	72.565	131.578	204.143	72.565	184.686	257.252
12. Plus: Property Rate Component			5.969			5.969
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			210.112			263.220
15. Prospective Rate: Line 11 x Inflation (1.03377628)	75.016	136.022	211.039	75.016	190.924	265.941
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	75.016	136.022	211.039	75.016	190.924	265.941
19. Property Rate Component			5.969			5.969
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			217.01			271.91
23. Medicaid Days			0		8,355	
24. Resident Days			0		8,355	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			3.43
28. Less Rate Freeze Amount (0.012163%)			0.00			3.50
29. Final Per Diem After Adjustments			236.44			284.40



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

028031301 - 2013/04
RI:345.84 / NM:440.53

BAYSHORE CLUSTER
 2059 Lisenby Avenue
 Panama City FL 32405

Provider Number: 028031301
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>360.89</u>	<u>345.84</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>456.09</u>	<u>440.53</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028031301

Provider Name: **BAYSHORE CLUSTER**
 Provider Number: 28031301
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	174	7,560	7,734
2. Operating Expenses Component			
A. Administration			347,838
B. Plant Operation			138,673
C. Laundry			7,489
D. Housekeeping			34,932
E. Operating Expense Component & Per Diem	68.3905	68.3905	528,932
3. Resident Care			
A. Dietary			154,004
B. Other			203,518
C. Nursing			515,537
D. Resident Care & Per Diem	112.8858	112.8858	873,059
4. Prop Exp & Per Diem	17.5454	17.5454	135,696
5. ROE/Use Per Diem	1.3094	1.3094	10,127
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	87.00	7,560.00	7,647.00
3. Staffing Percent	1.1377011	98.8622989	100.00
4. Allocation of Direct Care	15,852.54	1,377,531.46	1,393,384.00
5. Direct Care Expense Per Diem	91.1066	182.2132	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	174	7,560	7,734
2. Additional Services	3,565	154,846	158,411
3. Additional Services Exp & Per Diem	20.4885	20.4823	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	68.3905	68.3905	528,932
2. Resident Care Component	224.4809	315.5813	2,424,854
3. Property Cost Component	17.5454	17.5454	135,696
4. ROE/Use Allow Component	1.3094	1.3094	10,127
5 Total Cost Per Diem	311.7262	402.8265	3,099,609



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028031301 - 2013/04
RI: 345.84
NM: 440.53

BAYSHORE CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.005	234.263	312.268	78.005	327.824	405.828
2. Inflate Line 1 by Inflation Factor 1.02283750	79.786	239.613	319.399	79.786	335.310	415.097
3. Line 1 x 1.400 x Inflation Factor 1.03197250	80.499	241.753	322.252	80.499	338.305	418.804
4. Current Period Cost	68.390	224.481	292.871	68.390	315.581	383.972
5. Incentive Basis (line 3 - line 4)	12.108	17.272		12.108	22.724	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.390	224.481	292.871	68.390	315.581	383.972
7. Incentive Line 5 x Oper 50% Res 50%	6.054	8.636	14.690	6.054	11.362	17.416
8. Incentive - Line 4 x Oper 10% Res 3%	6.839	6.734	13.573	6.839	9.467	16.306
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.054	6.734	12.789	6.054	9.467	15.522
10. Final Incentive	6.054	6.734	12.789	6.054	9.467	15.522
11. Current Period Base: (line 6 + line 10)	74.445	231.215	305.660	74.445	325.049	399.493
12. Plus: Property Rate Component			17.545			17.545
13. Plus: ROE/Use Rate			1.309			1.309
14. Total Current Period Base			324.515			418.348
15. Prospective Rate: Line 11 x Inflation (1.03377628)	76.959	239.025	315.984	76.959	336.028	412.987
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.959	239.025	315.984	76.959	336.028	412.987
19. Property Rate Component			17.545			17.545
20. ROE Component + ROE Interim Component			1.309			1.309
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			334.84			431.84
23. Medicaid Days			174			7,560
24. Resident Days			174			7,560
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.18			5.32
28. Less Rate Freeze Amount (0.012163%)			4.26			5.42
29. Final Per Diem After Adjustments			345.84			440.53



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

028032101 - 2013/04
RI:249.39 / NM:295.69

GAINESVILLE 39TH AVE CLUSTER

5915 N.W. 39th Avenue
 Gainesville FL 32606

Provider Number: 028032101
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>245.52</u>	<u>249.39</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>289.93</u>	<u>295.69</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028032101

Provider Name: **GAINESVILLE 39TH AVE CLUSTER**
 Provider Number: 28032101
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	8,476	8,476
2. Operating Expenses Component			
A. Administration			389,874
B. Plant Operation			156,021
C. Laundry			4,222
D. Housekeeping			16,746
E. Operating Expense Component & Per Diem	66.8786	66.8786	566,863
3. Resident Care			
A. Dietary			164,746
B. Other			0
C. Nursing			485,258
D. Resident Care & Per Diem	76.6876	76.6876	650,004
4. Prop Exp & Per Diem	9.0683	9.0683	76,863
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	8,476.00	8,476.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	832,182.00	832,182.00
5. Direct Care Expense Per Diem	49.0905	98.1810	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,476	8,476
2. Additional Services	0	189,122	189,122
3. Additional Services Exp & Per Diem	22.3126	22.3126	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	66.8786	66.8786	566,863
2. Resident Care Component	148.0907	197.1812	1,671,308
3. Property Cost Component	9.0683	9.0683	76,863
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	224.0376	273.1281	2,315,034



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028032101 - 2013/04

RI: 249.39

NM: 295.69

GAINESVILLE 39TH AVE CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.466	138.914	210.380	71.466	189.072	260.538
2. Inflate Line 1 by Inflation Factor 1.02283750	73.098	142.086	215.185	73.098	193.390	266.488
3. Line 1 x 1.400 x Inflation Factor 1.03197250	73.751	143.355	217.107	73.751	195.117	268.868
4. Current Period Cost	66.879	148.091	214.969	66.879	197.181	264.060
5. Incentive Basis (line 3 - line 4)	6.873	0.000		6.873	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	66.879	143.355	210.234	66.879	195.117	261.996
7. Incentive Line 5 x Oper 50% Res 50%	3.436	0.000	3.436	3.436	0.000	3.436
8. Incentive - Line 4 x Oper 10% Res 3%	6.688	0.000	6.688	6.688	0.000	6.688
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.436	0.000	3.436	3.436	0.000	3.436
10. Final Incentive	3.436	0.000	3.436	3.436	0.000	3.436
11. Current Period Base: (line 6 + line 10)	70.315	143.355	213.670	70.315	195.117	265.432
12. Plus: Property Rate Component			9.068			9.068
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			222.739			274.500
15. Prospective Rate: Line 11 x Inflation (1.03377628)	72.690	148.197	220.887	72.690	201.707	274.397
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	72.690	148.197	220.887	72.690	201.707	274.397
19. Property Rate Component			9.068			9.068
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			229.96			283.47
23. Medicaid Days			0			8,476
24. Resident Days			0			8,476
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			3.57
28. Less Rate Freeze Amount (0.012163%)			0.00			3.64
29. Final Per Diem After Adjustments			249.39			295.69



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

028035600 - 2013/04
RI:293.41 / NM:452.19

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

Provider Number: 028035600
 Date: 03/14/2013
 FYE: 09/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>290.62</u>	<u>293.41</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>443.10</u>	<u>452.19</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

028035600

Provider Name: **PARC CENTER APARTMENTS**
 Provider Number: 28035600
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 10/01/2011 - 09/30/2012
 Days In Reporting Period: 366
 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	13,759	3,656	17,415
2. Operating Expenses Component			
A. Administration			821,532
B. Plant Operation			186,139
C. Laundry			7,135
D. Housekeeping			31,857
E. Operating Expense Component & Per Diem	60.1012	60.1012	1,046,663
3. Resident Care			
A. Dietary			221,424
B. Other			0
C. Nursing			313,197
D. Resident Care & Per Diem	30.6989	30.6989	534,621
4. Prop Exp & Per Diem	10.8363	10.8363	188,715
5. ROE/Use Per Diem	0.9529	0.9529	16,594
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,879.50	3,656.00	10,535.50
3. Staffing Percent	65.2982773	34.7017227	100.00
4. Allocation of Direct Care	2,242,353.94	1,191,663.06	3,434,017.00
5. Direct Care Expense Per Diem	162.9736	325.9472	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	13,759	3,656	17,415
2. Additional Services	124,671	33,127	157,798
3. Additional Services Exp & Per Diem	9.0611	9.0610	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	60.1012	60.1012	1,046,663
2. Resident Care Component	202.7335	365.7071	4,126,436
3. Property Cost Component	10.8363	10.8363	188,715
4. ROE/Use Allow Component	0.9529	0.9529	16,594
5 Total Cost Per Diem	274.6240	437.5975	5,378,408



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028035600 - 2013/04

RI: 293.41

NM: 452.19

PARC CENTER APARTMENTS

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 07/12/2012 - 08/21/2012 Days Eligible: 143 of 183

Eligibility factor :78.14%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2011	09/30/2012	Unaudited [3]	201210
Prior Cost Report	10/01/2010	09/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	55.658	200.994	256.652	55.658	351.709	407.367
2. Inflate Line 1 by Inflation Factor 1.02218160	56.892	205.453	262.345	56.892	359.510	416.403
3. Line 1 x 1.400 x Inflation Factor 1.03105423	57.386	207.236	264.622	57.386	362.631	420.017
4. Current Period Cost	60.101	202.734	262.835	60.101	365.707	425.808
5. Incentive Basis (line 3 - line 4)	0.000	4.503		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.386	202.734	260.120	57.386	362.631	420.017
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.251	2.251	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.082	6.082	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 78.14%	0.000	1.759	1.759	0.000	0.000	0.000
10. Final Incentive	0.000	1.759	1.759	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	57.386	204.493	261.879	57.386	362.631	420.017
12. Plus: Property Rate Component			10.836			10.836
13. Plus: ROE/Use Rate			0.953			0.953
14. Total Current Period Base			273.668			431.806
15. Prospective Rate: Line 11 x Inflation (1.02851581)	59.023	210.324	269.347	59.023	372.972	431.994
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	59.023	210.324	269.347	59.023	372.972	431.994
19. Property Rate Component			10.836			10.836
20. ROE Component + ROE Interim Component			0.953			0.953
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			281.14			443.78
23. Medicaid Days		13,759			3,656	
24. Resident Days		13,759			3,656	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.54			5.46
28. Less Rate Freeze Amount (0.012163%)			3.61			5.57
29. Final Per Diem After Adjustments			293.41			452.19



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

028036401 - 2013/04
RI:435.46 / NM:536.84

SKIPPER ROAD CLUSTER

2611 E. Bearss Avenue
 Tampa FL 33613

Provider Number: 028036401
 Date: 03/14/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>443.97</u>	<u>435.46</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>560.59</u>	<u>536.84</u>	<u>04/01/2013</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:
 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) 04/2013 to 04/2013

028036401

Provider Name: **SKIPPER ROAD CLUSTER**
 Provider Number: 28036401
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	8,567	8,567
2. Operating Expenses Component			
A. Administration			663,640
B. Plant Operation			201,802
C. Laundry			38,505
D. Housekeeping			30,608
E. Operating Expense Component & Per Diem	109.0878	109.0878	934,555
3. Resident Care			
A. Dietary			187,380
B. Other			0
C. Nursing			1,006,624
D. Resident Care & Per Diem	139.3725	139.3725	1,194,004
4. Prop Exp & Per Diem	17.6732	17.6732	151,406
5. ROE/Use Per Diem	2.7266	2.7266	23,359
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,567.00	8,567.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,834,731.00	1,834,731.00
5. Direct Care Expense Per Diem	107.0813	214.1626	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,567	8,567
2. Additional Services	0	134,668	134,668
3. Additional Services Exp & Per Diem	15.7194	15.7194	
D. Medicaid Per Diem Cost			
1. Operating Component	109.0878	109.0878	934,555
2. Resident Care Component	262.1732	369.2545	3,163,403
3. Property Cost Component	17.6732	17.6732	151,406
4. ROE/Use Allow Component	2.7266	2.7266	23,359
5 Total Cost Per Diem	391.6607	498.7420	4,272,723



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028036401 - 2013/04

RI: 435.46

NM: 536.84

SKIPPER ROAD CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	111.834	268.722	380.556	111.834	394.865	506.700
2. Inflate Line 1 by Inflation Factor 1.02310226	114.418	274.930	389.348	114.418	403.988	518.406
3. Line 1 x 1.400 x Inflation Factor 1.03234316	115.451	277.413	392.864	115.451	407.637	523.088
4. Current Period Cost	109.088	262.173	371.261	109.088	369.254	478.342
5. Incentive Basis (line 3 - line 4)	6.364	15.240		6.364	38.382	
6. Allowed Current Period Costs (Min of line 3 or 4)	109.088	262.173	371.261	109.088	369.254	478.342
7. Incentive Line 5 x Oper 50% Res 50%	3.182	7.620	10.802	3.182	19.191	22.373
8. Incentive - Line 4 x Oper 10% Res 3%	10.909	7.865	18.774	10.909	11.078	21.986
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.182	7.620	10.802	3.182	11.078	14.259
10. Final Incentive	3.182	7.620	10.802	3.182	11.078	14.259
11. Current Period Base: (line 6 + line 10)	112.270	269.793	382.063	112.270	380.332	492.602
12. Plus: Property Rate Component			17.673			17.673
13. Plus: ROE/Use Rate			2.727			2.727
14. Total Current Period Base			402.463			513.001
15. Prospective Rate: Line 11 x Inflation (1.03551779)	116.257	279.376	395.633	116.257	393.841	510.098
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	116.257	279.376	395.633	116.257	393.841	510.098
19. Property Rate Component			17.673			17.673
20. ROE Component + ROE Interim Component			2.727			2.727
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			416.03			530.50
23. Medicaid Days			0			8,567
24. Resident Days			0			8,567
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			6.48
28. Less Rate Freeze Amount (0.012163%)			0.00			6.61
29. Final Per Diem After Adjustments			435.46			536.84



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

028037201 - 2013/04
RI:298.23 / NM:370.54

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

Provider Number: 028037201
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

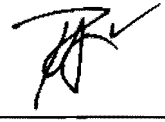
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>303.50</u>	<u>298.23</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>378.97</u>	<u>370.54</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 1790 SW 43RD WAY

 FT. LAUDERDALE FL 33317

_____ 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) 04/2013 to 04/2013

028037201

Provider Name: **PEMBROKE PINES CLUSTER**
 Provider Number: 28037201
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	8,682	8,682
2. Operating Expenses Component			
A. Administration			375,865
B. Plant Operation			155,962
C. Laundry			32,500
D. Housekeeping			61,701
E. Operating Expense Component & Per Diem	72.1064	72.1064	626,028
3. Resident Care			
A. Dietary			129,056
B. Other			0
C. Nursing			635,086
D. Resident Care & Per Diem	88.0145	88.0145	764,142
4. Prop Exp & Per Diem	8.4881	8.4881	73,694
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	8,682.00	8,682.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,326,405.00	1,326,405.00
5. Direct Care Expense Per Diem	76.3882	152.7764	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,682	8,682
2. Additional Services	0	199,537	199,537
3. Additional Services Exp & Per Diem	22.9828	22.9828	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	72.1064	72.1064	626,028
2. Resident Care Component	187.3856	263.7738	2,290,084
3. Property Cost Component	8.4881	8.4881	73,694
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	267.9801	344.3683	2,989,806



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028037201 - 2013/04
RI: 298.23
NM: 370.54

PEMBROKE PINES CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.355	197.747	264.103	66.355	279.975	346.330
2. Inflate Line 1 by Inflation Factor 1.02283750	67.871	202.263	270.134	67.871	286.368	354.239
3. Line 1 x 1.400 x Inflation Factor 1.03197250	68.477	204.070	272.547	68.477	288.926	357.403
4. Current Period Cost	72.106	187.386	259.492	72.106	263.774	335.880
5. Incentive Basis (line 3 - line 4)	0.000	16.684		0.000	25.152	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.477	187.386	255.863	68.477	263.774	332.251
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.342	8.342	0.000	12.576	12.576
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.622	5.622	0.000	7.913	7.913
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.622	5.622	0.000	7.913	7.913
10. Final Incentive	0.000	5.622	5.622	0.000	7.913	7.913
11. Current Period Base: (line 6 + line 10)	68.477	193.007	261.484	68.477	271.687	340.164
12. Plus: Property Rate Component			8.488			8.488
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			269.972			348.652
15. Prospective Rate: Line 11 x Inflation (1.03377628)	70.790	199.526	270.316	70.790	280.864	351.653
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	70.790	199.526	270.316	70.790	280.864	351.653
19. Property Rate Component			8.488			8.488
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			278.80			360.14
23. Medicaid Days			0		8,682	
24. Resident Days			0		8,682	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			4.47
28. Less Rate Freeze Amount (0.012163%)			0.00			4.56
29. Final Per Diem After Adjustments			298.23			370.54



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

028038101 - 2013/04
RI:234.53 / NM:278.36

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

Provider Number: 028038101
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

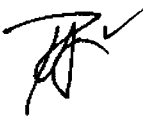
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>233.63</u>	<u>234.53</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>278.31</u>	<u>278.36</u>	<u>04/01/2013</u>

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) 04/2013 to 04/2013

028038101

Provider Name: **OCALA CLUSTER**
 Provider Number: 28038101
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	8,737	8,737
2. Operating Expenses Component			
A. Administration			389,868
B. Plant Operation			158,669
C. Laundry			50,208
D. Housekeeping			18,448
E. Operating Expense Component & Per Diem	70.6413	70.6413	617,193
3. Resident Care			
A. Dietary			150,726
B. Other			0
C. Nursing			299,606
D. Resident Care & Per Diem	51.5431	51.5431	450,332
4. Prop Exp & Per Diem	7.4625	7.4625	65,200
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	8,737.00	8,737.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	817,794.00	817,794.00
5. Direct Care Expense Per Diem	46.8006	93.6012	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,737	8,737
2. Additional Services	0	222,834	222,834
3. Additional Services Exp & Per Diem	25.5046	25.5046	
D. Medicaid Per Diem Cost			
1. Operating Component	70.6413	70.6413	617,193
2. Resident Care Component	123.8483	170.6490	1,490,960
3. Property Cost Component	7.4625	7.4625	65,200
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	201.9522	248.7528	2,173,353



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028038101 - 2013/04

RI: 234.53

NM: 278.36

OCALA CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.048	125.753	200.801	75.048	175.863	250.912
2. Inflate Line 1 by Inflation Factor 1.02283750	76.762	128.625	205.387	76.762	179.880	256.642
3. Line 1 x 1.400 x Inflation Factor 1.03197250	77.448	129.774	207.221	77.448	181.486	258.934
4. Current Period Cost	70.641	123.848	194.490	70.641	170.649	241.290
5. Incentive Basis (line 3 - line 4)	6.806	5.925		6.806	10.837	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.641	123.848	194.490	70.641	170.649	241.290
7. Incentive Line 5 x Oper 50% Res 50%	3.403	2.963	6.366	3.403	5.419	8.822
8. Incentive - Line 4 x Oper 10% Res 3%	7.064	3.715	10.780	7.064	5.119	12.184
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.403	2.963	6.366	3.403	5.119	8.523
10. Final Incentive	3.403	2.963	6.366	3.403	5.119	8.523
11. Current Period Base: (line 6 + line 10)	74.045	126.811	200.855	74.045	175.768	249.813
12. Plus: Property Rate Component			7.463			7.463
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			208.318			257.275
15. Prospective Rate: Line 11 x Inflation (1.03377628)	76.545	131.094	207.640	76.545	181.705	258.251
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	76.545	131.094	207.640	76.545	181.705	258.251
19. Property Rate Component			7.463			7.463
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			215.10			265.71
23. Medicaid Days			0			8,737
24. Resident Days			0			8,737
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			3.36
28. Less Rate Freeze Amount (0.012163%)			0.00			3.43
29. Final Per Diem After Adjustments			234.53			278.36



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

028040201 - 2013/04
RI:420.12 / NM:542.81

WILLIAMS ROAD CLUSTER
 1923 Sarah Louise Drive
 Brandon FL 33510

Provider Number: 028040201
 Date: 03/14/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>421.75</u>	<u>420.12</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>553.10</u>	<u>542.81</u>	<u>04/01/2013</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:
 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) 04/2013 to 04/2013

028040201

Provider Name: **WILLIAMS ROAD CLUSTER**
 Provider Number: 28040201
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	309	8,077	8,386
2. Operating Expenses Component			
A. Administration			611,052
B. Plant Operation			185,815
C. Laundry			44,249
D. Housekeeping			23,470
E. Operating Expense Component & Per Diem	103.0987	103.0987	864,586
3. Resident Care			
A. Dietary			160,976
B. Other			0
C. Nursing			1,043,537
D. Resident Care & Per Diem	143.6338	143.6338	1,204,513
4. Prop Exp & Per Diem	14.5898	14.5898	122,350
5. ROE/Use Per Diem	2.6513	2.6513	22,234
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	154.50	8,077.00	8,231.50
3. Staffing Percent	1.8769362	98.1230638	100.00
4. Allocation of Direct Care	34,353.84	1,795,961.16	1,830,315.00
5. Direct Care Expense Per Diem	111.1775	222.3550	
C. Additional Services Expense			
1. Medicaid Inpatient Days	309	8,077	8,386
2. Additional Services	4,966	129,808	134,774
3. Additional Services Exp & Per Diem	16.0712	16.0713	
D. Medicaid Per Diem Cost			
1. Operating Component	103.0987	103.0987	864,586
2. Resident Care Component	270.8825	382.0601	3,169,602
3. Property Cost Component	14.5898	14.5898	122,350
4. ROE/Use Allow Component	2.6513	2.6513	22,234
5 Total Cost Per Diem	391.2223	502.3999	4,178,772



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028040201 - 2013/04

RI: 420.12

NM: 542.81

WILLIAMS ROAD CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	109.431	264.860	374.291	109.431	393.694	503.125
2. Inflate Line 1 by Inflation Factor 1.02310226	111.959	270.979	382.938	111.959	402.789	514.748
3. Line 1 x 1.400 x Inflation Factor 1.03234316	112.971	273.426	386.397	112.971	406.427	519.398
4. Current Period Cost	103.099	270.882	373.981	103.099	382.060	485.159
5. Incentive Basis (line 3 - line 4)	9.872	2.544		9.872	24.367	
6. Allowed Current Period Costs (Min of line 3 or 4)	103.099	270.882	373.981	103.099	382.060	485.159
7. Incentive Line 5 x Oper 50% Res 50%	4.936	1.272	6.208	4.936	12.184	17.119
8. Incentive - Line 4 x Oper 10% Res 3%	10.310	8.126	18.436	10.310	11.462	21.772
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.936	1.272	6.208	4.936	11.462	16.398
10. Final Incentive	4.936	1.272	6.208	4.936	11.462	16.398
11. Current Period Base: (line 6 + line 10)	108.035	272.154	380.189	108.035	393.522	501.557
12. Plus: Property Rate Component			14.590			14.590
13. Plus: ROE/Use Rate			2.651			2.651
14. Total Current Period Base			397.430			518.798
15. Prospective Rate: Line 11 x Inflation (1.03551779)	111.872	281.821	393.693	111.872	407.499	519.371
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	111.872	281.821	393.693	111.872	407.499	519.371
19. Property Rate Component			14.590			14.590
20. ROE Component + ROE Interim Component			2.651			2.651
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			410.93			536.61
23. Medicaid Days		309			8,077	
24. Resident Days		309			8,077	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			5.07			6.55
28. Less Rate Freeze Amount (0.012163%)			5.17			6.68
29. Final Per Diem After Adjustments			420.12			542.81



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

028041101 - 2013/04
RI:365.63 / NM:445.63

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

Provider Number: 028041101
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>371.06</u>	<u>365.63</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>447.73</u>	<u>445.63</u>	<u>04/01/2013</u>

Rate Type:

<u> </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> </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:
 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) 04/2013 to 04/2013

028041101

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	8,774	8,774
2. Operating Expenses Component			
A. Administration			548,560
B. Plant Operation			296,848
C. Laundry			33,402
D. Housekeeping			39,236
E. Operating Expense Component & Per Diem	104.6326	104.6326	918,046
3. Resident Care			
A. Dietary			160,961
B. Other			0
C. Nursing			796,901
D. Resident Care & Per Diem	109.1705	109.1705	957,862
4. Prop Exp & Per Diem	38.1885	38.1885	335,066
5. ROE/Use Per Diem	1.2042	1.2042	10,566
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,774.00	8,774.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,542,294.00	1,542,294.00
5. Direct Care Expense Per Diem	87.8900	175.7800	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,774	8,774
2. Additional Services	0	87,675	87,675
3. Additional Services Exp & Per Diem	9.9926	9.9926	
D. Medicaid Per Diem Cost			
1. Operating Component	104.6326	104.6326	918,046
2. Resident Care Component	207.0531	294.9431	2,587,831
3. Property Cost Component	38.1885	38.1885	335,066
4. ROE/Use Allow Component	1.2042	1.2042	10,566
5 Total Cost Per Diem	351.0784	438.9684	3,851,509



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028041101 - 2013/04

RI: 365.63

NM: 445.63

MCP 80th Street

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.249	206.039	290.289	84.249	291.230	375.479
2. Inflate Line 1 by Inflation Factor 1.02283750	86.174	210.745	296.918	86.174	297.881	384.054
3. Line 1 x 1.400 x Inflation Factor 1.03197250	86.943	212.627	299.570	86.943	300.541	387.484
4. Current Period Cost	104.633	207.053	311.686	104.633	294.943	399.576
5. Incentive Basis (line 3 - line 4)	0.000	5.574		0.000	5.598	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.943	207.053	293.996	86.943	294.943	381.886
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.787	2.787	0.000	2.799	2.799
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.212	6.212	0.000	8.848	8.848
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.787	2.787	0.000	2.799	2.799
10. Final Incentive	0.000	2.787	2.787	0.000	2.799	2.799
11. Current Period Base: (line 6 + line 10)	86.943	209.840	296.783	86.943	297.742	384.685
12. Plus: Property Rate Component			38.189			38.189
13. Plus: ROE/Use Rate			1.204			1.204
14. Total Current Period Base			336.176			424.078
15. Prospective Rate: Line 11 x Inflation (1.03377628)	89.880	216.928	306.807	89.880	307.799	397.679
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	89.880	216.928	306.807	89.880	307.799	397.679
19. Property Rate Component			38.189			38.189
20. ROE Component + ROE Interim Component			1.204			1.204
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			346.20			437.07
23. Medicaid Days			0		8,774	
24. Resident Days			0		8,774	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			5.38
28. Less Rate Freeze Amount (0.012163%)			0.00			5.49
29. Final Per Diem After Adjustments			365.63			445.63



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

028045301 - 2013/04
RI:391.73 / NM:470.31

MCP Braddock
 14400 SW 32nd Street
 Miami, FL 33175

Provider Number: 028045301
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>391.12</u>	<u>391.73</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>466.45</u>	<u>470.31</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028045301

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	8,502	8,502
2. Operating Expenses Component			
A. Administration			542,530
B. Plant Operation			283,237
C. Laundry			33,650
D. Housekeeping			34,077
E. Operating Expense Component & Per Diem	105.0922	105.0922	893,494
3. Resident Care			
A. Dietary			149,028
B. Other			0
C. Nursing			1,031,296
D. Resident Care & Per Diem	138.8290	138.8290	1,180,324
4. Prop Exp & Per Diem	40.8509	40.8509	347,314
5. ROE/Use Per Diem	0.6862	0.6862	5,834
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,502.00	8,502.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,550,250.00	1,550,250.00
5. Direct Care Expense Per Diem	91.1697	182.3394	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,502	8,502
2. Additional Services	0	85,663	85,663
3. Additional Services Exp & Per Diem	10.0756	10.0756	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	105.0922	105.0922	893,494
2. Resident Care Component	240.0743	331.2441	2,816,237
3. Property Cost Component	40.8509	40.8509	347,314
4. ROE/Use Allow Component	0.6862	0.6862	5,834
5 Total Cost Per Diem	386.7036	477.8733	4,062,879



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028045301 - 2013/04

RI: 391.73

NM: 470.31

MCP Braddock

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.282	227.759	310.042	82.282	312.167	394.450
2. Inflate Line 1 by Inflation Factor 1.02283750	84.161	232.961	317.122	84.161	319.297	403.458
3. Line 1 x 1.400 x Inflation Factor 1.03197250	84.913	235.041	319.954	84.913	322.148	407.061
4. Current Period Cost	105.092	240.074	345.167	105.092	331.244	436.336
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)	84.913	235.041	319.954	84.913	322.148	407.061
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)	84.913	235.041	319.954	84.913	322.148	407.061
12. Plus: Property Rate Component			40.851			40.851
13. Plus: ROE/Use Rate			0.686			0.686
14. Total Current Period Base			361.492			448.598
15. Prospective Rate: Line 11 x Inflation (1.03377628)	87.781	242.980	330.761	87.781	333.029	420.810
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	87.781	242.980	330.761	87.781	333.029	420.810
19. Property Rate Component			40.851			40.851
20. ROE Component + ROE Interim Component			0.686			0.686
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			372.30			462.35
23. Medicaid Days			0		8,502	
24. Resident Days			0		8,502	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			5.68
28. Less Rate Freeze Amount (0.012163%)			0.00			5.79
29. Final Per Diem After Adjustments			391.73			470.31



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

028046101 - 2013/04
RI:385.52 / NM:466.42

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

Provider Number: 028046101
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>386.73</u>	<u>385.52</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>464.30</u>	<u>466.42</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028046101

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	8,676	8,676
2. Operating Expenses Component			
A. Administration			541,107
B. Plant Operation			281,649
C. Laundry			32,619
D. Housekeeping			34,748
E. Operating Expense Component & Per Diem	102.5960	102.5960	890,123
3. Resident Care			
A. Dietary			167,821
B. Other			0
C. Nursing			1,000,067
D. Resident Care & Per Diem	134.6113	134.6113	1,167,888
4. Prop Exp & Per Diem	38.8111	38.8111	336,725
5. ROE/Use Per Diem	0.9353	0.9353	8,115
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,676.00	8,676.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,558,908.00	1,558,908.00
5. Direct Care Expense Per Diem	89.8402	179.6805	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,584	8,584
2. Additional Services	0	82,825	82,825
3. Additional Services Exp & Per Diem	9.6488	9.6488	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	102.5960	102.5960	890,123
2. Resident Care Component	234.1004	323.9406	2,809,621
3. Property Cost Component	38.8111	38.8111	336,725
4. ROE/Use Allow Component	0.9353	0.9353	8,115
5 Total Cost Per Diem	376.4428	466.2830	4,044,584



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028046101 - 2013/04

RI: 385.52

NM: 466.42

MCP 2nd Street

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.898	223.001	305.899	82.898	309.493	392.391
2. Inflate Line 1 by Inflation Factor 1.02283750	84.791	228.094	312.885	84.791	316.561	401.353
3. Line 1 x 1.400 x Inflation Factor 1.03197250	85.549	230.131	315.679	85.549	319.388	404.937
4. Current Period Cost	102.596	234.100	336.696	102.596	323.941	426.537
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)	85.549	230.131	315.679	85.549	319.388	404.937
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)	85.549	230.131	315.679	85.549	319.388	404.937
12. Plus: Property Rate Component			38.811			38.811
13. Plus: ROE/Use Rate			0.935			0.935
14. Total Current Period Base			355.426			444.683
15. Prospective Rate: Line 11 x Inflation (1.03377628)	88.438	237.904	326.342	88.438	330.176	418.614
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	88.438	237.904	326.342	88.438	330.176	418.614
19. Property Rate Component			38.811			38.811
20. ROE Component + ROE Interim Component			0.935			0.935
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			366.09			458.36
23. Medicaid Days			0			8,584
24. Resident Days			0			8,676
25. Medicaid Utilization			NA			98.94%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			5.63
28. Less Rate Freeze Amount (0.012163%)			0.00			5.74
29. Final Per Diem After Adjustments			385.52			466.42



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

028048801 - 2013/04

RI:365.92 / NM:445.30

MCP Sunset

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

Provider Number: 028048801

Date: 03/14/2013

FYE: 06/30/2012

Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>368.75</u>	<u>365.92</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>444.86</u>	<u>445.30</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028048801

Provider Name: **MCP Sunset**
 Provider Number: 28048801
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	8,627	8,627
2. Operating Expenses Component			
A. Administration			537,331
B. Plant Operation			283,611
C. Laundry			30,999
D. Housekeeping			29,614
E. Operating Expense Component & Per Diem	102.1856	102.1856	881,555
3. Resident Care			
A. Dietary			154,061
B. Other			0
C. Nursing			876,792
D. Resident Care & Per Diem	119.4915	119.4915	1,030,853
4. Prop Exp & Per Diem	40.5854	40.5854	350,130
5. ROE/Use Per Diem	0.9695	0.9695	8,364
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,627.00	8,627.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,495,093.00	1,495,093.00
5. Direct Care Expense Per Diem	86.6520	173.3039	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,627	8,627
2. Additional Services	0	103,812	103,812
3. Additional Services Exp & Per Diem	12.0334	12.0334	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	102.1856	102.1856	881,555
2. Resident Care Component	218.1768	304.8288	2,629,758
3. Property Cost Component	40.5854	40.5854	350,130
4. ROE/Use Allow Component	0.9695	0.9695	8,364
5 Total Cost Per Diem	361.9173	448.5693	3,869,807



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028048801 - 2013/04

RI: 365.92

NM: 445.30

MCP Sunset

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 05/09/2012 - 06/08/2012 Days Eligible: 153 of 183

Eligibility factor :83.61%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.002	202.833	285.835	83.002	287.414	370.416
2. Inflate Line 1 by Inflation Factor 1.02283750	84.897	207.466	292.363	84.897	293.978	378.876
3. Line 1 x 1.400 x Inflation Factor 1.03197250	85.656	209.319	294.974	85.656	296.604	382.260
4. Current Period Cost	102.186	218.177	320.362	102.186	304.829	407.014
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)	85.656	209.319	294.974	85.656	296.604	382.260
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 83.61%	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)	85.656	209.319	294.974	85.656	296.604	382.260
12. Plus: Property Rate Component			40.585			40.585
13. Plus: ROE/Use Rate			0.970			0.970
14. Total Current Period Base			336.529			423.814
15. Prospective Rate: Line 11 x Inflation (1.03377628)	88.549	216.389	304.937	88.549	306.622	395.171
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	88.549	216.389	304.937	88.549	306.622	395.171
19. Property Rate Component			40.585			40.585
20. ROE Component + ROE Interim Component			0.970			0.970
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			346.49			436.73
23. Medicaid Days			0			8,627
24. Resident Days			0			8,627
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			5.38
28. Less Rate Freeze Amount (0.012163%)			0.00			5.48
29. Final Per Diem After Adjustments			365.92			445.30



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

028049601 - 2013/04

RI:308.85 / NM:413.38

DORCHESTER CLUSTER

3201 Ginger Drive
 Tallahassee FL 32308

Provider Number: 028049601
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>308.46</u>	<u>308.85</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>410.42</u>	<u>413.38</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028049601

Provider Name: **DORCHESTER CLUSTER**
 Provider Number: 28049601
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	732	7,516	8,248
2. Operating Expenses Component			
A. Administration			348,287
B. Plant Operation			199,187
C. Laundry			9,040
D. Housekeeping			9,350
E. Operating Expense Component & Per Diem	68.6062	68.6062	565,864
3. Resident Care			
A. Dietary			141,201
B. Other			114,491
C. Nursing			472,699
D. Resident Care & Per Diem	88.3112	88.3112	728,391
4. Prop Exp & Per Diem	14.6136	14.6136	120,533
5. ROE/Use Per Diem	1.0417	1.0417	8,592
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	366.00	7,516.00	7,882.00
3. Staffing Percent	4.6434915	95.3565085	100.00
4. Allocation of Direct Care	75,945.79	1,559,586.21	1,635,532.00
5. Direct Care Expense Per Diem	103.7511	207.5022	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	732	7,516	8,248
2. Additional Services	5,471	56,186	61,657
3. Additional Services Exp & Per Diem	7.4740	7.4755	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	68.6062	68.6062	565,864
2. Resident Care Component	199.5363	303.2889	2,425,580
3. Property Cost Component	14.6136	14.6136	120,533
4. ROE/Use Allow Component	1.0417	1.0417	8,592
5 Total Cost Per Diem	283.7979	387.5504	3,120,569



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028049601 - 2013/04
RI: 308.85
NM: 413.38

DORCHESTER CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.303	196.208	267.511	71.303	296.407	367.710
2. Inflate Line 1 by Inflation Factor 1.02283750	72.931	200.689	273.620	72.931	303.177	376.108
3. Line 1 x 1.400 x Inflation Factor 1.03197250	73.583	202.481	276.064	73.583	305.884	379.467
4. Current Period Cost	68.606	199.536	268.143	68.606	303.289	371.895
5. Incentive Basis (line 3 - line 4)	4.976	2.945		4.976	2.595	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.606	199.536	268.143	68.606	303.289	371.895
7. Incentive Line 5 x Oper 50% Res 50%	2.488	1.473	3.961	2.488	1.298	3.786
8. Incentive - Line 4 x Oper 10% Res 3%	6.861	5.986	12.847	6.861	9.099	15.959
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.488	1.473	3.961	2.488	1.298	3.786
10. Final Incentive	2.488	1.473	3.961	2.488	1.298	3.786
11. Current Period Base: (line 6 + line 10)	71.094	201.009	272.103	71.094	304.587	375.681
12. Plus: Property Rate Component			14.614			14.614
13. Plus: ROE/Use Rate			1.042			1.042
14. Total Current Period Base			287.759			391.336
15. Prospective Rate: Line 11 x Inflation (1.03377628)	73.496	207.798	281.294	73.496	314.874	388.370
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	73.496	207.798	281.294	73.496	314.874	388.370
19. Property Rate Component			14.614			14.614
20. ROE Component + ROE Interim Component			1.042			1.042
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			296.95			404.03
23. Medicaid Days		732			7,516	
24. Resident Days		732			7,516	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.73			4.99
28. Less Rate Freeze Amount (0.012163%)			3.80			5.09
29. Final Per Diem After Adjustments			308.85			413.38



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

028054200 - 2013/04

RI:334.17 / NM:0.00

SUFFRIDGE DRIVE GROUP HOME

27566 Suffridge Drive
 Bonita Springs FL 34135

Provider Number: 028054200
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>329.26</u>	<u>334.17</u>	<u>04/01/2013</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 (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) 04/2013 to 04/2013

028054200

Provider Name: **SUFFRIDGE DRIVE GROUP HOME**
 Provider Number: 28054200
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			134,558
B. Plant Operation			28,557
C. Laundry			826
D. Housekeeping			2,311
E. Operating Expense Component & Per Diem	75.7067	0.0000	166,252
3. Resident Care			
A. Dietary			28,518
B. Other			0
C. Nursing			47,961
D. Resident Care & Per Diem	34.8265	0.0000	76,479
4. Prop Exp & Per Diem	19.2814	0.0000	42,342
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	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	337,614.00		337,614.00
5. Direct Care Expense Per Diem	153.7404		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	46,988		46,988
3. Additional Services Exp & Per Diem	21.3971		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	75.7067		166,252
2. Resident Care Component	209.9640		461,081
3. Property Cost Component	19.2814		42,342
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	304.9522		669,675



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028054200 - 2013/04
RI: 334.17
NM: 0.00

SUFFRIDGE DRIVE GROUP HOME

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.603	210.747	292.350			
2. Inflate Line 1 by Inflation Factor 1.02283750	83.467	215.560	299.027			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	84.212	217.485	301.698			
4. Current Period Cost	75.707	209.964	285.671			
5. Incentive Basis (line 3 - line 4)	8.506	7.521		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.707	209.964	285.671			
7. Incentive Line 5 x Oper 50% Res 50%	4.253	3.761	8.013	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.571	6.299	13.870	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.253	3.761	8.013	4.253	0.000	4.253
10. Final Incentive	4.253	3.761	8.013	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.960	213.725	293.684	0.000	0.000	0.000
12. Plus: Property Rate Component			19.281			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			312.966			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	82.660	220.943	303.604	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	82.660	220.943	303.604	0.000	0.000	0.000
19. Property Rate Component			19.281			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			322.89			0.00
23. Medicaid Days		2,196				0
24. Resident Days		2,196				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.03			
28. Less Rate Freeze Amount (0.012163%)			4.11			0.00
29. Final Per Diem After Adjustments			334.17			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 - 2013/04
RI:350.09 / NM:0.00

ROSEWOOD GROUP HOME
 71 Rosewood Avenue
 Ormand Beach FL 32174

Provider Number: 028056900
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>346.77</u>	<u>350.09</u>	<u>04/01/2013</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

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

028056900

Provider Name: **ROSEWOOD GROUP HOME**
 Provider Number: 28056900
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,642	0	1,642
2. Operating Expenses Component			
A. Administration			119,808
B. Plant Operation			25,447
C. Laundry			1,232
D. Housekeeping			2,675
E. Operating Expense Component & Per Diem	90.8417	0.0000	149,162
3. Resident Care			
A. Dietary			20,910
B. Other			0
C. Nursing			13,536
D. Resident Care & Per Diem	20.9781	0.0000	34,446
4. Prop Exp & Per Diem	24.9537	0.0000	40,974
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,231.50		1,231.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	213,039.00		213,039.00
5. Direct Care Expense Per Diem	129.7436		
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,642		1,642
2. Additional Services	99,804		99,804
3. Additional Services Exp & Per Diem	60.7820		
D. Medicaid Per Diem Cost			
1. Operating Component	90.8417		149,162
2. Resident Care Component	211.5037		347,289
3. Property Cost Component	24.9537		40,974
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	327.2990		537,425



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028056900 - 2013/04

RI: 350.09

NM: 0.00

ROSEWOOD GROUP HOME

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.463	218.841	302.305			
2. Inflate Line 1 by Inflation Factor 1.02283750	85.369	223.839	309.208			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	86.132	225.838	311.970			
4. Current Period Cost	90.842	211.504	302.345			
5. Incentive Basis (line 3 - line 4)	0.000	14.335		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.132	211.504	297.635			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	7.167	7.167	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.345	6.345	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.345	6.345	0.000	0.000	0.000
10. Final Incentive	0.000	6.345	6.345	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	86.132	217.849	303.980	0.000	0.000	0.000
12. Plus: Property Rate Component			24.954			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			328.934			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	89.041	225.207	314.248	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	89.041	225.207	314.248	0.000	0.000	0.000
19. Property Rate Component			24.954			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			339.20			0.00
23. Medicaid Days		1,642				0
24. Resident Days		1,642				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.23			
28. Less Rate Freeze Amount (0.012163%)			4.31			0.00
29. Final Per Diem After Adjustments			350.09			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 - 2013/04

RI:270.65 / NM:0.00

PLAZA OVAL GROUP HOME

247 Plaza Oval
 Casselberry FL 32707

Provider Number: 028057700

Date: 03/14/2013

FYE: 06/30/2012

Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>284.62</u>	<u>270.65</u>	<u>04/01/2013</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

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) 04/2013 to 04/2013

028057700

Provider Name: **PLAZA OVAL GROUP HOME**
 Provider Number: 28057700
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			120,256
B. Plant Operation			33,603
C. Laundry			412
D. Housekeeping			2,510
E. Operating Expense Component & Per Diem	71.3939	0.0000	156,781
3. Resident Care			
A. Dietary			23,993
B. Other			0
C. Nursing			12,729
D. Resident Care & Per Diem	16.7222	0.0000	36,722
4. Prop Exp & Per Diem	14.3352	0.0000	31,480
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	213,500.00		213,500.00
5. Direct Care Expense Per Diem	97.2222		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	89,433		89,433
3. Additional Services Exp & Per Diem	40.7254		
D. Medicaid Per Diem Cost			
1. Operating Component	71.3939		156,781
2. Resident Care Component	154.6699		339,655
3. Property Cost Component	14.3352		31,480
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	240.3989		527,916



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028057700 - 2013/04

RI: 270.65

NM: 0.00

PLAZA OVAL GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.532	168.261	246.793			
2. Inflate Line 1 by Inflation Factor 1.02283750	80.325	172.104	252.429			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	81.043	173.641	254.684			
4. Current Period Cost	71.394	154.670	226.064			
5. Incentive Basis (line 3 - line 4)	9.649	18.971		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.394	154.670	226.064			
7. Incentive Line 5 x Oper 50% Res 50%	4.824	9.486	14.310	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.139	4.640	11.779	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.824	4.640	9.464	4.824	0.000	4.824
10. Final Incentive	4.824	4.640	9.464	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	76.218	159.310	235.528	0.000	0.000	0.000
12. Plus: Property Rate Component			14.335			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			249.863			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	78.793	164.691	243.483	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	78.793	164.691	243.483	0.000	0.000	0.000
19. Property Rate Component			14.335			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			257.82			0.00
23. Medicaid Days		2,196				0
24. Resident Days		2,196				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.27			
28. Less Rate Freeze Amount (0.012163%)			3.33			0.00
29. Final Per Diem After Adjustments			270.65			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 - 2013/04
RI:241.42 / NM:0.00

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

Provider Number: 028059300
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>246.37</u>	<u>241.42</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028059300

Provider Name: **Sunrise 146th Place**
 Provider Number: 28059300
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,132	0	2,132
2. Operating Expenses Component			
A. Administration			60,469
B. Plant Operation			29,368
C. Laundry			944
D. Housekeeping			1,215
E. Operating Expense Component & Per Diem	43.1501	0.0000	91,996
3. Resident Care			
A. Dietary			14,697
B. Other			43,740
C. Nursing			1,552
D. Resident Care & Per Diem	28.1374	0.0000	59,989
4. Prop Exp & Per Diem	13.1205	0.0000	27,973
5. ROE/Use Per Diem	0.0722	0.0000	154
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,599.00		1,599.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	265,143.00		265,143.00
5. Direct Care Expense Per Diem	124.3635		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,132		2,132
2. Additional Services	11,672		11,672
3. Additional Services Exp & Per Diem	5.4747		
D. Medicaid Per Diem Cost			
1. Operating Component	43.1501		91,996
2. Resident Care Component	157.9756		336,804
3. Property Cost Component	13.1205		27,973
4. ROE/Use Allow Component	0.0722		154
5 Total Cost Per Diem	214.3185		456,927



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028059300 - 2013/04
RI: 241.42
NM: 0.00

Sunrise 146th Place

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.305	163.359	208.664			
2. Inflate Line 1 by Inflation Factor 1.02283750	46.339	167.090	213.429			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	46.753	168.582	215.335			
4. Current Period Cost	43.150	157.976	201.126			
5. Incentive Basis (line 3 - line 4)	3.603	10.606		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.150	157.976	201.126			
7. Incentive Line 5 x Oper 50% Res 50%	1.802	5.303	7.105	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.315	4.739	9.054	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.802	4.739	6.541	1.802	0.000	1.802
10. Final Incentive	1.802	4.739	6.541	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	44.952	162.715	207.666	0.000	0.000	0.000
12. Plus: Property Rate Component			13.121			0.000
13. Plus: ROE/Use Rate			0.072			0.000
14. Total Current Period Base			220.859			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	46.470	168.211	214.681	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	46.470	168.211	214.681	0.000	0.000	0.000
19. Property Rate Component			13.121			0.000
20. ROE Component + ROE Interim Component			0.072			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			227.87			0.00
23. Medicaid Days		2,132				0
24. Resident Days		2,132				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.91			
28. Less Rate Freeze Amount (0.012163%)			2.97			0.00
29. Final Per Diem After Adjustments			241.42			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

028060700 - 2013/04

RI:303.70 / NM:338.95

Walnut Street Group Home

102 Alexander Road
 Starke FL 32091

Provider Number: 028060700

Date: 03/14/2013

FYE: 06/30/2012

Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>311.64</u>	<u>303.70</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>348.24</u>	<u>338.95</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028060700

Provider Name: **Walnut Street Group Home**
 Provider Number: 28060700
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,830	366	2,196
2. Operating Expenses Component			
A. Administration			129,074
B. Plant Operation			27,446
C. Laundry			1,266
D. Housekeeping			4,132
E. Operating Expense Component & Per Diem	73.7332	73.7332	161,918
3. Resident Care			
A. Dietary			26,073
B. Other			0
C. Nursing			20,487
D. Resident Care & Per Diem	21.2022	21.2022	46,560
4. Prop Exp & Per Diem	17.9171	17.9171	39,346
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	186,150.00	49,640.00	235,790.00
5. Direct Care Expense Per Diem	101.7213	135.6284	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	105,155	21,035	126,190
3. Additional Services Exp & Per Diem	57.4617	57.4727	
D. Medicaid Per Diem Cost			
1. Operating Component	73.7332	73.7332	161,918
2. Resident Care Component	180.3852	214.3033	408,540
3. Property Cost Component	17.9171	17.9171	39,346
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	272.0355	305.9536	609,804



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028060700 - 2013/04

RI: 303.70

NM: 338.95

Walnut Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.682	187.557	269.239	81.682	223.523	305.205
2. Inflate Line 1 by Inflation Factor 1.02283750	83.548	191.840	275.388	83.548	228.627	312.175
3. Line 1 x 1.400 x Inflation Factor 1.03197250	84.294	193.553	277.847	84.294	230.669	314.963
4. Current Period Cost	73.733	180.385	254.118	73.733	214.303	288.036
5. Incentive Basis (line 3 - line 4)	10.561	13.168		10.561	16.366	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.733	180.385	254.118	73.733	214.303	288.036
7. Incentive Line 5 x Oper 50% Res 50%	5.280	6.584	11.864	5.280	8.183	13.463
8. Incentive - Line 4 x Oper 10% Res 3%	7.373	5.412	12.785	7.373	6.429	13.802
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.280	5.412	10.692	5.280	6.429	11.709
10. Final Incentive	5.280	5.412	10.692	5.280	6.429	11.709
11. Current Period Base: (line 6 + line 10)	79.013	185.797	264.810	79.013	220.732	299.746
12. Plus: Property Rate Component			17.917			17.917
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			282.727			317.663
15. Prospective Rate: Line 11 x Inflation (1.03377628)	81.682	192.072	273.755	81.682	228.188	309.870
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	81.682	192.072	273.755	81.682	228.188	309.870
19. Property Rate Component			17.917			17.917
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			291.67			327.79
23. Medicaid Days		1,830			366	
24. Resident Days		1,830			366	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.67			4.09
28. Less Rate Freeze Amount (0.012163%)			3.74			4.17
29. Final Per Diem After Adjustments			303.70			338.95



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

028061500 - 2013/04
RI:259.35 / NM:291.25

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

Provider Number: 028061500
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>271.86</u>	<u>259.35</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>305.88</u>	<u>291.25</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028061500

Provider Name: **Spring Street Group Home**
 Provider Number: 28061500
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,464	732	2,196
2. Operating Expenses Component			
A. Administration			122,800
B. Plant Operation			25,394
C. Laundry			1,412
D. Housekeeping			4,747
E. Operating Expense Component & Per Diem	70.2883	70.2883	154,353
3. Resident Care			
A. Dietary			22,827
B. Other			0
C. Nursing			15,672
D. Resident Care & Per Diem	17.5314	17.5314	38,499
4. Prop Exp & Per Diem	18.9654	18.9654	41,648
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	134,817.00	89,878.00	224,695.00
5. Direct Care Expense Per Diem	92.0881	122.7842	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	49,996	24,994	74,990
3. Additional Services Exp & Per Diem	34.1503	34.1448	
D. Medicaid Per Diem Cost			
1. Operating Component	70.2883	70.2883	154,353
2. Resident Care Component	143.7698	174.4604	338,184
3. Property Cost Component	18.9654	18.9654	41,648
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	233.0235	263.7140	534,185



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028061500 - 2013/04

RI: 259.35

NM: 291.25

Spring Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.974	157.760	228.735	70.974	191.192	262.166
2. Inflate Line 1 by Inflation Factor 1.02283750	72.595	161.363	233.958	72.595	195.558	268.153
3. Line 1 x 1.400 x Inflation Factor 1.03197250	73.244	162.804	236.048	73.244	197.305	270.548
4. Current Period Cost	70.288	143.770	214.058	70.288	174.460	244.749
5. Incentive Basis (line 3 - line 4)	2.955	19.034		2.955	22.844	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.288	143.770	214.058	70.288	174.460	244.749
7. Incentive Line 5 x Oper 50% Res 50%	1.478	9.517	10.995	1.478	11.422	12.900
8. Incentive - Line 4 x Oper 10% Res 3%	7.029	4.313	11.342	7.029	5.234	12.263
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.478	4.313	5.791	1.478	5.234	6.712
10. Final Incentive	1.478	4.313	5.791	1.478	5.234	6.712
11. Current Period Base: (line 6 + line 10)	71.766	148.083	219.849	71.766	179.694	251.460
12. Plus: Property Rate Component			18.965			18.965
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			238.814			270.426
15. Prospective Rate: Line 11 x Inflation (1.03377628)	74.190	153.085	227.275	74.190	185.764	259.954
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	74.190	153.085	227.275	74.190	185.764	259.954
19. Property Rate Component			18.965			18.965
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			246.24			278.92
23. Medicaid Days		1,464			732	
24. Resident Days		1,464			732	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.13			3.52
28. Less Rate Freeze Amount (0.012163%)			3.19			3.59
29. Final Per Diem After Adjustments			259.35			291.25



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

028062300 - 2013/04
RI:251.60 / NM:293.71

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

Provider Number: 028062300
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>258.30</u>	<u>251.60</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>302.50</u>	<u>293.71</u>	<u>04/01/2013</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 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) 04/2013 to 04/2013

028062300

Provider Name: **Sunrise 119th Street Group Home**
 Provider Number: 28062300
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,464	732	2,196
2. Operating Expenses Component			
A. Administration			67,293
B. Plant Operation			25,588
C. Laundry			1,088
D. Housekeeping			2,147
E. Operating Expense Component & Per Diem	43.7687	43.7687	96,116
3. Resident Care			
A. Dietary			15,830
B. Other			52,997
C. Nursing			8,921
D. Resident Care & Per Diem	35.4044	35.4044	77,748
4. Prop Exp & Per Diem	19.4850	19.4850	42,789
5. ROE/Use Per Diem	0.0205	0.0205	45
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	177,948.00	118,632.00	296,580.00
5. Direct Care Expense Per Diem	121.5492	162.0656	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	5,891	2,945	8,836
3. Additional Services Exp & Per Diem	4.0239	4.0232	
D. Medicaid Per Diem Cost			
1. Operating Component	43.7687	43.7687	96,116
2. Resident Care Component	160.9775	201.4932	383,164
3. Property Cost Component	19.4850	19.4850	42,789
4. ROE/Use Allow Component	0.0205	0.0205	45
5 Total Cost Per Diem	224.2516	264.7673	522,114



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028062300 - 2013/04

RI: 251.60

NM: 293.71

Sunrise 119th Street Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	46.429	171.971	218.399	46.429	215.407	261.836
2. Inflate Line 1 by Inflation Factor 1.02283750	47.489	175.898	223.387	47.489	220.326	267.815
3. Line 1 x 1.400 x Inflation Factor 1.03197250	47.913	177.469	225.382	47.913	222.294	270.207
4. Current Period Cost	43.769	160.977	204.746	43.769	201.493	245.262
5. Incentive Basis (line 3 - line 4)	4.145	16.492		4.145	20.801	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.769	160.977	204.746	43.769	201.493	245.262
7. Incentive Line 5 x Oper 50% Res 50%	2.072	8.246	10.318	2.072	10.400	12.473
8. Incentive - Line 4 x Oper 10% Res 3%	4.377	4.829	9.206	4.377	6.045	10.422
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.072	4.829	6.902	2.072	6.045	8.117
10. Final Incentive	2.072	4.829	6.902	2.072	6.045	8.117
11. Current Period Base: (line 6 + line 10)	45.841	165.807	211.648	45.841	207.538	253.379
12. Plus: Property Rate Component			19.485			19.485
13. Plus: ROE/Use Rate			0.020			0.020
14. Total Current Period Base			231.153			272.884
15. Prospective Rate: Line 11 x Inflation (1.03377628)	47.389	171.407	218.796	47.389	214.548	261.937
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	47.389	171.407	218.796	47.389	214.548	261.937
19. Property Rate Component			19.485			19.485
20. ROE Component + ROE Interim Component			0.020			0.020
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			238.30			281.44
23. Medicaid Days		1,464			732	
24. Resident Days		1,464			732	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.04			3.55
28. Less Rate Freeze Amount (0.012163%)			3.10			3.62
29. Final Per Diem After Adjustments			251.60			293.71



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

028063100 - 2013/04
RI:279.08 / NM:311.96

Bessent Road Group Home
 1329 Bessent Road
 Starke FL 32091

Provider Number: 028063100
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>280.94</u>	<u>279.08</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>315.03</u>	<u>311.96</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028063100

Provider Name: **Bessent Road Group Home**
 Provider Number: 28063100
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,830	366	2,196
2. Operating Expenses Component			
A. Administration			122,479
B. Plant Operation			28,953
C. Laundry			1,028
D. Housekeeping			3,924
E. Operating Expense Component & Per Diem	71.2131	71.2131	156,384
3. Resident Care			
A. Dietary			21,019
B. Other			0
C. Nursing			19,572
D. Resident Care & Per Diem	18.4841	18.4841	40,591
4. Prop Exp & Per Diem	13.0082	13.0082	28,566
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	1,372.50	366.00	1,738.50
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	170,063.68	45,350.32	215,414.00
5. Direct Care Expense Per Diem	92.9310	123.9080	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	99,274	19,858	119,132
3. Additional Services Exp & Per Diem	54.2481	54.2568	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	71.2131	71.2131	156,384
2. Resident Care Component	165.6631	196.6489	375,137
3. Property Cost Component	13.0082	13.0082	28,566
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	249.8844	280.8702	560,087



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028063100 - 2013/04

RI: 279.08

NM: 311.96

Bessent Road Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.738	168.875	245.613	76.738	202.383	279.121
2. Inflate Line 1 by Inflation Factor 1.02283750	78.491	172.732	251.223	78.491	207.005	285.495
3. Line 1 x 1.400 x Inflation Factor 1.03197250	79.192	174.274	253.466	79.192	208.853	288.045
4. Current Period Cost	71.213	165.663	236.876	71.213	196.649	267.862
5. Incentive Basis (line 3 - line 4)	7.979	8.611		7.979	12.204	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.213	165.663	236.876	71.213	196.649	267.862
7. Incentive Line 5 x Oper 50% Res 50%	3.989	4.306	8.295	3.989	6.102	10.092
8. Incentive - Line 4 x Oper 10% Res 3%	7.121	4.970	12.091	7.121	5.899	13.021
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.989	4.306	8.295	3.989	5.899	9.889
10. Final Incentive	3.989	4.306	8.295	3.989	5.899	9.889
11. Current Period Base: (line 6 + line 10)	75.202	169.969	245.171	75.202	202.548	277.751
12. Plus: Property Rate Component			13.008			13.008
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			258.179			290.759
15. Prospective Rate: Line 11 x Inflation (1.03377628)	77.742	175.710	253.452	77.742	209.390	287.132
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	77.742	175.710	253.452	77.742	209.390	287.132
19. Property Rate Component			13.008			13.008
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			266.46			300.14
23. Medicaid Days		1,830			366	
24. Resident Days		1,830			366	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.37			3.77
28. Less Rate Freeze Amount (0.012163%)			3.44			3.84
29. Final Per Diem After Adjustments			279.08			311.96



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

028064000 - 2013/04
RI:273.01 / NM:302.70

19th Street Group Home
 529 N.W. 19th Street
 Gainesville FL 32603

Provider Number: 028064000
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>274.73</u>	<u>273.01</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>304.14</u>	<u>302.70</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028064000

Provider Name: **19th Street Group Home**
 Provider Number: 28064000
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,464	732	2,196
2. Operating Expenses Component			
A. Administration			123,001
B. Plant Operation			29,471
C. Laundry			775
D. Housekeeping			2,513
E. Operating Expense Component & Per Diem	70.9290	70.9290	155,760
3. Resident Care			
A. Dietary			20,308
B. Other			0
C. Nursing			15,034
D. Resident Care & Per Diem	16.0938	16.0938	35,342
4. Prop Exp & Per Diem	19.7728	19.7728	43,421
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	127,416.60	84,944.40	212,361.00
5. Direct Care Expense Per Diem	87.0332	116.0443	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	73,922	36,955	110,877
3. Additional Services Exp & Per Diem	50.4932	50.4850	
D. Medicaid Per Diem Cost			
1. Operating Component	70.9290	70.9290	155,760
2. Resident Care Component	153.6202	182.6230	358,580
3. Property Cost Component	19.7728	19.7728	43,421
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	244.3219	273.3248	557,761



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028064000 - 2013/04
RI: 273.01
NM: 302.70

19th Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.148	157.065	233.213	76.148	185.973	262.121
2. Inflate Line 1 by Inflation Factor 1.02283750	77.887	160.651	238.539	77.887	190.220	268.107
3. Line 1 x 1.400 x Inflation Factor 1.03197250	78.583	162.086	240.669	78.583	191.919	270.501
4. Current Period Cost	70.929	153.620	224.549	70.929	182.623	253.552
5. Incentive Basis (line 3 - line 4)	7.654	8.466		7.654	9.296	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.929	153.620	224.549	70.929	182.623	253.552
7. Incentive Line 5 x Oper 50% Res 50%	3.827	4.233	8.060	3.827	4.648	8.475
8. Incentive - Line 4 x Oper 10% Res 3%	7.093	4.609	11.702	7.093	5.479	12.572
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.827	4.233	8.060	3.827	4.648	8.475
10. Final Incentive	3.827	4.233	8.060	3.827	4.648	8.475
11. Current Period Base: (line 6 + line 10)	74.756	157.853	232.609	74.756	187.271	262.027
12. Plus: Property Rate Component			19.773			19.773
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			252.382			281.799
15. Prospective Rate: Line 11 x Inflation (1.03377628)	77.281	163.185	240.466	77.281	193.596	270.877
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	77.281	163.185	240.466	77.281	193.596	270.877
19. Property Rate Component			19.773			19.773
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			260.24			290.65
23. Medicaid Days		1,464			732	
24. Resident Days		1,464			732	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.30			3.65
28. Less Rate Freeze Amount (0.012163%)			3.36			3.73
29. Final Per Diem After Adjustments			273.01			302.70



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

028065800 - 2013/04
RI:244.48 / NM:0.00

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

Provider Number: 028065800
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>271.88</u>	<u>244.48</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028065800

Provider Name: **Sunrise 22nd Street Home**
 Provider Number: 28065800
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,090	0	2,090
2. Operating Expenses Component			
A. Administration			58,392
B. Plant Operation			43,748
C. Laundry			2,623
D. Housekeeping			5,423
E. Operating Expense Component & Per Diem	52.7206	0.0000	110,186
3. Resident Care			
A. Dietary			14,426
B. Other			46,345
C. Nursing			0
D. Resident Care & Per Diem	29.0770	0.0000	60,771
4. Prop Exp & Per Diem	12.8187	0.0000	26,791
5. ROE/Use Per Diem	0.1665	0.0000	348
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,567.50		1,567.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	246,888.00		246,888.00
5. Direct Care Expense Per Diem	118.1282		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,090		2,090
2. Additional Services	16,599		16,599
3. Additional Services Exp & Per Diem	7.9421		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	52.7206		110,186
2. Resident Care Component	155.1474		324,258
3. Property Cost Component	12.8187		26,791
4. ROE/Use Allow Component	0.1665		348
5 Total Cost Per Diem	220.8531		461,583



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028065800 - 2013/04
RI: 244.48
NM: 0.00

Sunrise 22nd Street Home

Ownership: Private[3]

Incentive Rating: Ineligible[1] from 07/03/2012 - 08/16/2012 Days Eligible: 139 of 183

Eligibility factor :75.96%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	50.604	181.706	232.311			
2. Inflate Line 1 by Inflation Factor 1.02283750	51.760	185.856	237.616			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	52.222	187.516	239.738			
4. Current Period Cost	52.721	155.147	207.868			
5. Incentive Basis (line 3 - line 4)	0.000	32.369		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	52.222	155.147	207.370			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	16.184	16.184	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.654	4.654	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 75.96%	0.000	3.535	3.535	0.000	0.000	0.000
10. Final Incentive	0.000	3.535	3.535	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	52.222	158.683	210.905	0.000	0.000	0.000
12. Plus: Property Rate Component			12.819			0.000
13. Plus: ROE/Use Rate			0.167			0.000
14. Total Current Period Base			223.890			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	53.986	164.042	218.028	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	53.986	164.042	218.028	0.000	0.000	0.000
19. Property Rate Component			12.819			0.000
20. ROE Component + ROE Interim Component			0.167			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			231.01			0.00
23. Medicaid Days		2,090				0
24. Resident Days		2,090				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.95			
28. Less Rate Freeze Amount (0.012163%)			3.01			0.00
29. Final Per Diem After Adjustments			244.48			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 - 2013/04
RI:290.02 / NM:0.00

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

Provider Number: 028066600
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>326.36</u>	<u>290.02</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028066600

Provider Name: **High Desert Court Group Home**
 Provider Number: 28066600
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,184	0	2,184
2. Operating Expenses Component			
A. Administration			116,177
B. Plant Operation			33,306
C. Laundry			1,172
D. Housekeeping			2,520
E. Operating Expense Component & Per Diem	70.1351	0.0000	153,175
3. Resident Care			
A. Dietary			17,276
B. Other			0
C. Nursing			36,916
D. Resident Care & Per Diem	24.8132	0.0000	54,192
4. Prop Exp & Per Diem	16.2605	0.0000	35,513
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,638.00		1,638.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	206,087.00		206,087.00
5. Direct Care Expense Per Diem	94.3622		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,184		2,184
2. Additional Services	112,298		112,298
3. Additional Services Exp & Per Diem	51.4185		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.1351		153,175
2. Resident Care Component	170.5939		372,577
3. Property Cost Component	16.2605		35,513
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	256.9895		561,265



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028066600 - 2013/04

RI: 290.02

NM: 0.00

High Desert Court Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	85.867	199.929	285.796			
2. Inflate Line 1 by Inflation Factor 1.02283750	87.828	204.495	292.323			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	88.612	206.321	294.934			
4. Current Period Cost	70.135	170.594	240.729			
5. Incentive Basis (line 3 - line 4)	18.477	35.728		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.135	170.594	240.729			
7. Incentive Line 5 x Oper 50% Res 50%	9.239	17.864	27.102	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.014	5.118	12.131	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.014	5.118	12.131	7.014	0.000	7.014
10. Final Incentive	7.014	5.118	12.131	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	77.149	175.712	252.860	0.000	0.000	0.000
12. Plus: Property Rate Component			16.261			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			269.121			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	79.754	181.647	261.401	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	79.754	181.647	261.401	0.000	0.000	0.000
19. Property Rate Component			16.261			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			277.66			0.00
23. Medicaid Days		2,184			0	
24. Resident Days		2,184			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.50			
28. Less Rate Freeze Amount (0.012163%)			3.57			0.00
29. Final Per Diem After Adjustments			290.02			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 - 2013/04
RI:285.94 / NM:321.12

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

Provider Number: 028067400
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>297.44</u>	<u>285.94</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>332.91</u>	<u>321.12</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

028067400

Provider Name: **Frederick Avenue Group Home**
 Provider Number: 28067400
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,830	366	2,196
2. Operating Expenses Component			
A. Administration			125,089
B. Plant Operation			26,411
C. Laundry			885
D. Housekeeping			1,861
E. Operating Expense Component & Per Diem	70.2395	70.2395	154,246
3. Resident Care			
A. Dietary			23,620
B. Other			0
C. Nursing			13,464
D. Resident Care & Per Diem	16.8871	16.8871	37,084
4. Prop Exp & Per Diem	16.3985	16.3985	36,011
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	185,751.32	49,533.68	235,285.00
5. Direct Care Expense Per Diem	101.5035	135.3379	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	91,619	18,328	109,947
3. Additional Services Exp & Per Diem	50.0650	50.0765	
D. Medicaid Per Diem Cost			
1. Operating Component	70.2395	70.2395	154,246
2. Resident Care Component	168.4555	202.3015	382,316
3. Property Cost Component	16.3985	16.3985	36,011
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	255.0935	288.9395	572,573



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028067400 - 2013/04
RI: 285.94
NM: 321.12

Frederick Avenue Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.622	178.508	256.130	77.622	213.367	290.989
2. Inflate Line 1 by Inflation Factor 1.02283750	79.395	182.585	261.979	79.395	218.240	297.634
3. Line 1 x 1.400 x Inflation Factor 1.03197250	80.104	184.215	264.319	80.104	220.189	300.293
4. Current Period Cost	70.240	168.456	238.695	70.240	202.301	272.541
5. Incentive Basis (line 3 - line 4)	9.864	15.760		9.864	17.888	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.240	168.456	238.695	70.240	202.301	272.541
7. Incentive Line 5 x Oper 50% Res 50%	4.932	7.880	12.812	4.932	8.944	13.876
8. Incentive - Line 4 x Oper 10% Res 3%	7.024	5.054	12.078	7.024	6.069	13.093
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.932	5.054	9.986	4.932	6.069	11.001
10. Final Incentive	4.932	5.054	9.986	4.932	6.069	11.001
11. Current Period Base: (line 6 + line 10)	75.172	173.509	248.681	75.172	208.371	283.542
12. Plus: Property Rate Component			16.398			16.398
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			265.079			299.941
15. Prospective Rate: Line 11 x Inflation (1.03377628)	77.711	179.370	257.080	77.711	215.409	293.119
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	77.711	179.370	257.080	77.711	215.409	293.119
19. Property Rate Component			16.398			16.398
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			273.48			309.52
23. Medicaid Days		1,830			366	
24. Resident Days		1,830			366	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.45			3.88
28. Less Rate Freeze Amount (0.012163%)			3.52			3.95
29. Final Per Diem After Adjustments			285.94			321.12



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

028069100 - 2013/04
RI:318.70 / NM:0.00

Claudia Drive Group Home
 140 Claudia Drive
 Jacksonville FL 32218

Provider Number: 028069100
 Date: 03/14/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>331.23</u>	<u>318.70</u>	<u>04/01/2013</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

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) 04/2013 to 04/2013

028069100

Provider Name: **Claudia Drive Group Home**
 Provider Number: 28069100
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,175	0	2,175
2. Operating Expenses Component			
A. Administration			121,819
B. Plant Operation			34,084
C. Laundry			1,300
D. Housekeeping			3,316
E. Operating Expense Component & Per Diem	73.8018	0.0000	160,519
3. Resident Care			
A. Dietary			23,873
B. Other			0
C. Nursing			41,072
D. Resident Care & Per Diem	29.8598	0.0000	64,945
4. Prop Exp & Per Diem	16.7361	0.0000	36,401
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,631.25		1,631.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	240,865.00		240,865.00
5. Direct Care Expense Per Diem	110.7425		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,175		2,175
2. Additional Services	120,272		120,272
3. Additional Services Exp & Per Diem	55.2975		
D. Medicaid Per Diem Cost			
1. Operating Component	73.8018		160,519
2. Resident Care Component	195.8998		426,082
3. Property Cost Component	16.7361		36,401
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	286.4377		623,002



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028069100 - 2013/04

RI: 318.70

NM: 0.00

Claudia Drive Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.676	210.754	292.430			
2. Inflate Line 1 by Inflation Factor 1.02283750	83.541	215.567	299.108			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	84.287	217.492	301.779			
4. Current Period Cost	73.802	195.900	269.702			
5. Incentive Basis (line 3 - line 4)	10.485	21.592		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.802	195.900	269.702			
7. Incentive Line 5 x Oper 50% Res 50%	5.243	10.796	16.039	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.380	5.877	13.257	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.000%	5.243	5.877	11.120	5.243	0.000	5.243
10. Final Incentive	5.243	5.877	11.120	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.045	201.777	280.821	0.000	0.000	0.000
12. Plus: Property Rate Component			16.736			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			297.557			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	81.714	208.592	290.306	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	81.714	208.592	290.306	0.000	0.000	0.000
19. Property Rate Component			16.736			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			307.04			0.00
23. Medicaid Days		2,175				0
24. Resident Days		2,175				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.85			
28. Less Rate Freeze Amount (0.012163%)			3.92			0.00
29. Final Per Diem After Adjustments			318.70			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 - 2013/04
RI:243.85 / NM:314.02

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

Provider Number: 028427100
 Date: 03/13/2013
 FYE: 02/29/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>241.30</u>	<u>243.85</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>310.60</u>	<u>314.02</u>	<u>04/01/2013</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) 10/2012 to 04/2013

028427100

Provider Name: **Fern Park, LLC/PHP**
 Provider Number: 28427100
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2013
 Cost Report: 03/01/2011 - 02/29/2012
 Days In Reporting Period: 366
 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	4,376	18,788	23,164
2. Operating Expenses Component			
A. Administration			895,059
B. Plant Operation			326,931
C. Laundry			40,090
D. Housekeeping			120,900
E. Operating Expense Component & Per Diem	59.7039	59.7039	1,382,980
3. Resident Care			
A. Dietary			377,697
B. Other			0
C. Nursing			956,183
D. Resident Care & Per Diem	57.5842	57.5842	1,333,880
4. Prop Exp & Per Diem	25.2215	25.2215	584,231
5. ROE/Use Per Diem	0.8889	0.8889	20,590
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,188.00	18,788.00	20,976.00
3. Staffing Percent	10.4309687	89.5690313	100.00
4. Allocation of Direct Care	300,290.38	2,578,544.62	2,878,835.00
5. Direct Care Expense Per Diem	68.6221	137.2442	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,376	18,788	23,164
2. Additional Services	38,737	166,311	205,048
3. Additional Services Exp & Per Diem	8.8521	8.8520	
D. Medicaid Per Diem Cost			
1. Operating Component	59.7039	59.7039	1,382,980
2. Resident Care Component	135.0584	203.6804	4,417,763
3. Property Cost Component	25.2215	25.2215	584,231
4. ROE/Use Allow Component	0.8889	0.8889	20,590
5 Total Cost Per Diem	220.8727	289.4946	6,405,564



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028427100 - 2013/04

RI: 243.85

NM: 314.02

Fern Park, LLC/PHP

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 07/19/2012 - 08/30/2012 Days Eligible: 141 of 183

Eligibility factor :77.05%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	03/01/2011	02/29/2012	Unaudited [3]	201204
Prior Cost Report	03/01/2010	02/28/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	59.887	132.325	192.212	59.887	199.829	259.717
2. Inflate Line 1 by Inflation Factor 1.02322816	61.278	135.398	196.677	61.278	204.471	265.750
3. Line 1 x 1.400 x Inflation Factor 1.03251942	61.835	136.628	198.462	61.835	206.328	268.163
4. Current Period Cost	59.704	135.058	194.762	59.704	203.680	263.384
5. Incentive Basis (line 3 - line 4)	2.131	1.569		2.131	2.647	
6. Allowed Current Period Costs (Min of line 3 or 4)	59.704	135.058	194.762	59.704	203.680	263.384
7. Incentive Line 5 x Oper 50% Res 50%	1.065	0.785	1.850	1.065	1.324	2.389
8. Incentive - Line 4 x Oper 10% Res 3%	5.970	4.052	10.022	5.970	6.110	12.081
9. Incentive - Min of Line 7,8 x Eligibility factor 77.05%	0.821	0.605	1.425	0.821	1.020	1.841
10. Final Incentive	0.821	0.605	1.425	0.821	1.020	1.841
11. Current Period Base: (line 6 + line 10)	60.525	135.663	196.188	60.525	204.700	265.225
12. Plus: Property Rate Component			25.222			25.222
13. Plus: ROE/Use Rate			0.889			0.889
14. Total Current Period Base			222.298			291.335
15. Prospective Rate: Line 11 x Inflation (1.04113767)	63.015	141.244	204.258	63.015	213.121	276.136
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	63.015	141.244	204.258	63.015	213.121	276.136
19. Property Rate Component			25.222			25.222
20. ROE Component + ROE Interim Component			0.889			0.889
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			230.37			302.25
23. Medicaid Days		4,376			18,788	
24. Resident Days		4,376			18,788	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.94			3.79
28. Less Rate Freeze Amount (0.012163%)			3.00			3.87
29. Final Per Diem After Adjustments			243.85			314.02



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

028500500 - 2013/04
RI:200.61 / NM:0.00

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

Provider Number: 028500500
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>203.05</u>	<u>200.61</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 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) 04/2013 to 04/2013

028500500

Provider Name: **SUNRISE #2 NARANJA**
 Provider Number: 28500500
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,385	0	4,385
2. Operating Expenses Component			
A. Administration			100,277
B. Plant Operation			41,933
C. Laundry			3,555
D. Housekeeping			4,900
E. Operating Expense Component & Per Diem	34.3592	0.0000	150,665
3. Resident Care			
A. Dietary			32,745
B. Other			111,482
C. Nursing			19,160
D. Resident Care & Per Diem	37.2604	0.0000	163,387
4. Prop Exp & Per Diem	8.5831	0.0000	37,637
5. ROE/Use Per Diem	0.7095	0.0000	3,111
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,192.50		2,192.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	422,266.00		422,266.00
5. Direct Care Expense Per Diem	96.2978		
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,385		4,385
2. Additional Services	18,833		18,833
3. Additional Services Exp & Per Diem	4.2949		
D. Medicaid Per Diem Cost			
1. Operating Component	34.3592		150,665
2. Resident Care Component	137.8531		604,486
3. Property Cost Component	8.5831		37,637
4. ROE/Use Allow Component	0.7095		3,111
5 Total Cost Per Diem	181.5049		795,899



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028500500 - 2013/04

RI: 200.61

NM: 0.00

SUNRISE #2 NARANJA

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.865	129.080	169.945			
2. Inflate Line 1 by Inflation Factor 1.02283750	41.798	132.028	173.826			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	42.172	133.207	175.379			
4. Current Period Cost	34.359	137.853	172.212			
5. Incentive Basis (line 3 - line 4)	7.813	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	34.359	133.207	167.566			
7. Incentive Line 5 x Oper 50% Res 50%	3.906	0.000	3.906	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.436	0.000	3.436	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.436	0.000	3.436	3.436	0.000	3.436
10. Final Incentive	3.436	0.000	3.436	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	37.795	133.207	171.002	0.000	0.000	0.000
12. Plus: Property Rate Component			8.583			0.000
13. Plus: ROE/Use Rate			0.709			0.000
14. Total Current Period Base			180.295			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	39.072	137.706	176.778	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	39.072	137.706	176.778	0.000	0.000	0.000
19. Property Rate Component			8.583			0.000
20. ROE Component + ROE Interim Component			0.709			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			186.07			0.00
23. Medicaid Days		4,385				0
24. Resident Days		4,385				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.42			
28. Less Rate Freeze Amount (0.012163%)			2.47			0.00
29. Final Per Diem After Adjustments			200.61			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

028501300 - 2013/04
RI:286.57 / NM:360.39

SUNRISE MAIN FACILITY
 22300 SW 162nd Avenue
 Miami FL 33170

Provider Number: 028501300
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>285.43</u>	<u>286.57</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>358.49</u>	<u>360.39</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

028501300

Provider Name: **SUNRISE MAIN FACILITY**
 Provider Number: 28501300
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	23,824	19,218	43,042
2. Operating Expenses Component			
A. Administration			1,563,215
B. Plant Operation			1,005,906
C. Laundry			28,355
D. Housekeeping			148,709
E. Operating Expense Component & Per Diem	63.8024	63.8024	2,746,185
3. Resident Care			
A. Dietary			1,432,046
B. Other			1,124,455
C. Nursing			1,809,241
D. Resident Care & Per Diem	101.4298	101.4298	4,365,742
4. Prop Exp & Per Diem	10.8133	10.8133	465,427
5. ROE/Use Per Diem	0.8303	0.8303	35,738
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	11,912.00	19,218.00	31,130.00
3. Staffing Percent	38.2653389	61.7346611	100.00
4. Allocation of Direct Care	1,720,163.59	2,775,193.41	4,495,357.00
5. Direct Care Expense Per Diem	72.2030	144.4059	
C. Additional Services Expense			
1. Medicaid Inpatient Days	23,824	19,218	43,042
2. Additional Services	306,289	247,070	553,359
3. Additional Services Exp & Per Diem	12.8563	12.8562	
D. Medicaid Per Diem Cost			
1. Operating Component	63.8024	63.8024	2,746,185
2. Resident Care Component	186.4891	258.6919	9,414,458
3. Property Cost Component	10.8133	10.8133	465,427
4. ROE/Use Allow Component	0.8303	0.8303	35,738
5 Total Cost Per Diem	261.9352	334.1380	12,661,808



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 04/01/2013 through 09/30/2013

028501300 - 2013/04
RI: 286.57
NM: 360.39

SUNRISE MAIN FACILITY

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	62.170	187.386	249.556	62.170	259.187	321.357
2. Inflate Line 1 by Inflation Factor 1.02283750	63.589	191.665	255.255	63.589	265.106	328.696
3. Line 1 x 1.400 x Inflation Factor 1.03197250	64.157	193.377	257.535	64.157	267.474	331.631
4. Current Period Cost	63.802	186.489	250.292	63.802	258.692	322.494
5. Incentive Basis (line 3 - line 4)	0.355	6.888		0.355	8.782	
6. Allowed Current Period Costs (Min of line 3 or 4)	63.802	186.489	250.292	63.802	258.692	322.494
7. Incentive Line 5 x Oper 50% Res 50%	0.177	3.444	3.622	0.177	4.391	4.568
8. Incentive - Line 4 x Oper 10% Res 3%	6.380	5.595	11.975	6.380	7.761	14.141
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.177	3.444	3.622	0.177	4.391	4.568
10. Final Incentive	0.177	3.444	3.622	0.177	4.391	4.568
11. Current Period Base: (line 6 + line 10)	63.980	189.933	253.913	63.980	263.083	327.063
12. Plus: Property Rate Component			10.813			10.813
13. Plus: ROE/Use Rate			0.830			0.830
14. Total Current Period Base			265.557			338.707
15. Prospective Rate: Line 11 x Inflation (1.03377628)	66.141	196.348	262.489	66.141	271.969	338.110
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	66.141	196.348	262.489	66.141	271.969	338.110
19. Property Rate Component			10.813			10.813
20. ROE Component + ROE Interim Component			0.830			0.830
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			274.13			349.75
23. Medicaid Days		23,824			19,218	
24. Resident Days		23,824			19,218	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.46			4.35
28. Less Rate Freeze Amount (0.012163%)			3.53			4.44
29. Final Per Diem After Adjustments			286.57			360.39



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

028505600 - 2013/04
RI:285.26 / NM:428.52

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

Provider Number: 028505600
 Date: 03/13/2013
 FYE: 09/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>281.53</u>	<u>285.26</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>421.54</u>	<u>428.52</u>	<u>04/01/2013</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:

 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) 04/2013 to 04/2013

028505600

Provider Name: **PARC COTTAGE**
 Provider Number: 28505600
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 10/01/2011 - 09/30/2012
 Days In Reporting Period: 366
 Number of Beds: 16

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	3,555	2,178	5,733
2. Operating Expenses Component			
A. Administration			294,044
B. Plant Operation			50,837
C. Laundry			9,119
D. Housekeeping			11,443
E. Operating Expense Component & Per Diem	63.7438	63.7438	365,443
3. Resident Care			
A. Dietary			58,631
B. Other			0
C. Nursing			64,400
D. Resident Care & Per Diem	21.4601	21.4601	123,031
4. Prop Exp & Per Diem	9.9217	9.9217	56,881
5. ROE/Use Per Diem	0.7666	0.7666	4,395
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,777.50	2,178.00	3,955.50
3. Staffing Percent	44.9374289	55.0625711	100.00
4. Allocation of Direct Care	603,987.35	740,075.65	1,344,063.00
5. Direct Care Expense Per Diem	169.8980	339.7960	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,555	2,178	5,733
2. Additional Services	36,196	22,177	58,373
3. Additional Services Exp & Per Diem	10.1817	10.1823	
D. Medicaid Per Diem Cost			
1. Operating Component	63.7438	63.7438	365,443
2. Resident Care Component	201.5398	371.4384	1,525,467
3. Property Cost Component	9.9217	9.9217	56,881
4. ROE/Use Allow Component	0.7666	0.7666	4,395
5 Total Cost Per Diem	275.9719	445.8705	1,952,186



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 04/01/2013 through 09/30/2013

028505600 - 2013/04
RI: 285.26
NM: 428.52

PARC COTTAGE

Ownership: Private[3]

Incentive Rating: Ineligible[1] from 09/28/2012 - 10/31/2012 Days Eligible: 180 of 183

Eligibility factor :98.36%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2011	09/30/2012	Unaudited [3]	201210
Prior Cost Report	10/01/2010	09/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	65.846	183.353	249.199	65.846	321.742	387.588
2. Inflate Line 1 by Inflation Factor 1.02218160	67.306	187.420	254.727	67.306	328.879	396.185
3. Line 1 x 1.400 x Inflation Factor 1.03105423	67.890	189.047	256.938	67.890	331.733	399.624
4. Current Period Cost	63.744	201.540	265.284	63.744	371.438	435.182
5. Incentive Basis (line 3 - line 4)	4.147	0.000	4.147	4.147	0.000	4.147
6. Allowed Current Period Costs (Min of line 3 or 4)	63.744	189.047	252.791	63.744	331.733	395.477
7. Incentive Line 5 x Oper 50% Res 50%	2.073	0.000	2.073	2.073	0.000	2.073
8. Incentive - Line 4 x Oper 10% Res 3%	6.374	0.000	6.374	6.374	0.000	6.374
9. Incentive - Min of Line 7,8 x Eligibility factor 98.36%	2.039	0.000	2.039	2.039	0.000	2.039
10. Final Incentive	2.039	0.000	2.039	2.039	0.000	2.039
11. Current Period Base: (line 6 + line 10)	65.783	189.047	254.830	65.783	331.733	397.517
12. Plus: Property Rate Component			9.922			9.922
13. Plus: ROE/Use Rate			0.767			0.767
14. Total Current Period Base			265.519			408.205
15. Prospective Rate: Line 11 x Inflation (1.02851581)	67.659	194.438	262.097	67.659	341.193	408.852
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	67.659	194.438	262.097	67.659	341.193	408.852
19. Property Rate Component			9.922			9.922
20. ROE Component + ROE Interim Component			0.767			0.767
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			272.79			419.54
23. Medicaid Days		3,555			2,178	
24. Resident Days		3,555			2,178	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.44			5.17
28. Less Rate Freeze Amount (0.012163%)			3.51			5.28
29. Final Per Diem After Adjustments			285.26			428.52



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

028512900 - 2013/04
RI:254.90 / NM:0.00

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

Provider Number: 028512900
 Date: 03/13/2013
 FYE: 09/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>259.91</u>	<u>254.90</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028512900

Provider Name: **MACtown, Inc.**
 Provider Number: 28512900
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 10/01/2011 - 09/30/2012
 Days In Reporting Period: 366
 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	20,412	0	20,412
2. Operating Expenses Component			
A. Administration			593,906
B. Plant Operation			116,967
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	34.8262	0.0000	710,873
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	11.7832	0.0000	240,518
5. ROE/Use Per Diem	0.3842	0.0000	7,842
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,206.00		10,206.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,771,942.00		3,771,942.00
5. Direct Care Expense Per Diem	184.7904		
C. Additional Services Expense			
1. Medicaid Inpatient Days	20,412		20,412
2. Additional Services	0		0
3. Additional Services Exp & Per Diem			
D. Medicaid Per Diem Cost			
1. Operating Component	34.8262		710,873
2. Resident Care Component	184.7904		3,771,942
3. Property Cost Component	11.7832		240,518
4. ROE/Use Allow Component	0.3842		7,842
5 Total Cost Per Diem	231.7840		4,731,175



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028512900 - 2013/04

RI: 254.90

NM: 0.00

MACtown, Inc.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2011	09/30/2012	Unaudited [3]	201210
Prior Cost Report	10/01/2010	09/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	33.228	184.701	217.929			
2. Inflate Line 1 by Inflation Factor 1.02218160	33.965	188.798	222.763			
3. Line 1 x 1.400 x Inflation Factor 1.03105423	34.260	190.437	224.696			
4. Current Period Cost	34.826	184.790	219.617			
5. Incentive Basis (line 3 - line 4)	0.000	5.646		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	34.260	184.790	219.050			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.823	2.823	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.544	5.544	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.823	2.823	0.000	0.000	0.000
10. Final Incentive	0.000	2.823	2.823	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	34.260	187.614	221.873	0.000	0.000	0.000
12. Plus: Property Rate Component			11.783			0.000
13. Plus: ROE/Use Rate			0.384			0.000
14. Total Current Period Base			234.041			0.000
15. Prospective Rate: Line 11 x Inflation (1.02851581)	35.237	192.964	228.200	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	35.237	192.964	228.200	0.000	0.000	0.000
19. Property Rate Component			11.783			0.000
20. ROE Component + ROE Interim Component			0.384			0.000
21. Plus :Property Interim Rate Component *			1.323			0.000
22. Final Per Diem			241.69			0.00
23. Medicaid Days		20,412			0	
24. Resident Days		20,412			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.08			
28. Less Rate Freeze Amount (0.012163%)			3.14			0.00
29. Final Per Diem After Adjustments			254.90			0.00

* See Attachment

MacTown, Inc. Provider #0285129-00 Cost Settlement - IRR #238 Effective - 12/1/2011	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 4/1/2013 RS					
Calculation of L4	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	34.826	184.790	219.616	0.000	0.000	0.000
B. Cost Settlement for IRR Effective 12/1/2011	0.000	0.000	0.000	0.000	0.000	0.000
C. Prorated CS IRR eff 12/1/2011 - /12 of IRR comp.	0.000	0.000	0.000	0.000	0.000	0.000
D. Grossed Up Current Period (Line A plus Line C)	34.826	184.790	219.616	0.000	0.000	0.000

PROPERTY COMPONENT Calculation of L21 - /12 of IRR comp.	
Property Interim Rate Component	7.930
Grossed Up Property Interim Rate Component	1.323



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

028513700 - 2013/04
RI:271.08 / NM:320.75

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

Provider Number: 028513700
 Date: 03/13/2013
 FYE: 09/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>265.81</u>	<u>271.08</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>314.36</u>	<u>320.75</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

028513700

Provider Name: **New Horizons of NW Florida, Inc.**
 Provider Number: 28513700
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 10/01/2011 - 09/30/2012
 Days In Reporting Period: 366
 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	2,196	8,480	10,676
2. Operating Expenses Component			
A. Administration			676,603
B. Plant Operation			170,895
C. Laundry			38,257
D. Housekeeping			62,315
E. Operating Expense Component & Per Diem	88.8039	88.8039	948,070
3. Resident Care			
A. Dietary			270,705
B. Other			60,164
C. Nursing			513,441
D. Resident Care & Per Diem	79.0849	79.0849	844,310
4. Prop Exp & Per Diem	4.0214	4.0214	42,932
5. ROE/Use Per Diem	1.2330	1.2330	13,163
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,098.00	8,480.00	9,578.00
3. Staffing Percent	11.4637711	88.5362289	100.00
4. Allocation of Direct Care	132,350.96	1,022,164.04	1,154,515.00
5. Direct Care Expense Per Diem	60.2691	120.5382	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,196	8,480	10,676
2. Additional Services	62,887	183,889	246,776
3. Additional Services Exp & Per Diem	28.6371	21.6850	
D. Medicaid Per Diem Cost			
1. Operating Component	88.8039	88.8039	948,070
2. Resident Care Component	167.9910	221.3081	2,245,601
3. Property Cost Component	4.0214	4.0214	42,932
4. ROE/Use Allow Component	1.2330	1.2330	13,163
5 Total Cost Per Diem	262.0492	315.3663	3,249,766



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028513700 - 2013/04

RI: 271.08

NM: 320.75

New Horizons of NW Florida, Inc.

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2011	09/30/2012	Unaudited [3]	201210
Prior Cost Report	10/01/2010	09/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.712	161.866	238.578	76.712	209.852	286.564
2. Inflate Line 1 by Inflation Factor 1.02218160	78.414	165.456	243.870	78.414	214.506	292.920
3. Line 1 x 1.400 x Inflation Factor 1.03105423	79.094	166.892	245.987	79.094	216.368	295.463
4. Current Period Cost	88.804	167.991	256.795	88.804	221.308	310.112
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)	79.094	166.892	245.987	79.094	216.368	295.463
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)	79.094	166.892	245.987	79.094	216.368	295.463
12. Plus: Property Rate Component			4.021			4.021
13. Plus: ROE/Use Rate			1.233			1.233
14. Total Current Period Base			251.241			300.717
15. Prospective Rate: Line 11 x Inflation (1.02851581)	81.350	171.651	253.001	81.350	222.538	303.888
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	81.350	171.651	253.001	81.350	222.538	303.888
19. Property Rate Component			4.021			4.021
20. ROE Component + ROE Interim Component			1.233			1.233
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			258.26			309.14
23. Medicaid Days		2,196			8,480	
24. Resident Days		2,196			8,480	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.27			3.87
28. Less Rate Freeze Amount (0.012163%)			3.34			3.95
29. Final Per Diem After Adjustments			271.08			320.75



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

028519600 - 2013/04
RI:317.88 / NM:0.00

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

Provider Number: 028519600
 Date: 03/13/2013
 FYE: 09/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	318.97	317.88	04/01/2013
#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 (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) 04/2013 to 04/2013

028519600

Provider Name: **BARC Housing, Inc.**
 Provider Number: 28519600
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 10/01/2011 - 09/30/2012
 Days In Reporting Period: 366
 Number of Beds: 36

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	12,911	0	12,911
2. Operating Expenses Component			
A. Administration			903,698
B. Plant Operation			207,699
C. Laundry			6,307
D. Housekeeping			63,087
E. Operating Expense Component & Per Diem	91.4562	0.0000	1,180,791
3. Resident Care			
A. Dietary			276,684
B. Other			445,558
C. Nursing			237,415
D. Resident Care & Per Diem	74.3286	0.0000	959,657
4. Prop Exp & Per Diem	16.4680	0.0000	212,618
5. ROE/Use Per Diem	0.3643	0.0000	4,704
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,455.50		6,455.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	1,318,775.00		1,318,775.00
5. Direct Care Expense Per Diem	102.1435		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	12,911		12,911
2. Additional Services	97,483		97,483
3. Additional Services Exp & Per Diem	7.5504		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	91.4562		1,180,791
2. Resident Care Component	184.0225		2,375,915
3. Property Cost Component	16.4680		212,618
4. ROE/Use Allow Component	0.3643		4,704
5 Total Cost Per Diem	292.3111		3,774,028



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 04/01/2013 through 09/30/2013

028519600 - 2013/04

RI: 317.88

NM: 0.00

BARC Housing, Inc.

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2011	09/30/2012	Unaudited [3]	201210
Prior Cost Report	10/01/2010	09/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	89.382	190.307	279.690			
2. Inflate Line 1 by Inflation Factor 1.02218160	91.365	194.529	285.894			
3. Line 1 x 1.400 x Inflation Factor 1.03105423	92.158	196.217	288.375			
4. Current Period Cost	91.456	184.023	275.479			
5. Incentive Basis (line 3 - line 4)	0.702	12.195		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	91.456	184.023	275.479			
7. Incentive Line 5 x Oper 50% Res 50%	0.351	6.097	6.448	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	9.146	5.521	14.666	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.351	5.521	5.871	0.351	0.000	0.351
10. Final Incentive	0.351	5.521	5.871	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	91.807	189.543	281.350	0.000	0.000	0.000
12. Plus: Property Rate Component			16.468			0.000
13. Plus: ROE/Use Rate			0.364			0.000
14. Total Current Period Base			298.183			0.000
15. Prospective Rate: Line 11 x Inflation (1.02851581)	94.425	194.948	289.373	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	94.425	194.948	289.373	0.000	0.000	0.000
19. Property Rate Component			16.468			0.000
20. ROE Component + ROE Interim Component			0.364			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			306.21			0.00
23. Medicaid Days		12,911			0	
24. Resident Days		12,911			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.84			
28. Less Rate Freeze Amount (0.012163%)			3.91			0.00
29. Final Per Diem After Adjustments			317.88			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 - 2013/04
RI:218.76 / NM:296.64

PENSACOLA DEV CTR
 One Villa Drive
 Pensacola FL 32506

Provider Number: 028520000
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>224.02</u>	<u>218.76</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>300.11</u>	<u>296.64</u>	<u>04/01/2013</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 (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) 04/2013 to 04/2013

028520000

Provider Name: **PENSACOLA DEV CTR**
 Provider Number: 28520000
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	10,798	12,100	22,898
2. Operating Expenses Component			
A. Administration			632,011
B. Plant Operation			468,283
C. Laundry			7,003
D. Housekeeping			191,623
E. Operating Expense Component & Per Diem	56.7264	56.7264	1,298,920
3. Resident Care			
A. Dietary			353,444
B. Other			0
C. Nursing			690,177
D. Resident Care & Per Diem	45.5769	45.5769	1,043,621
4. Prop Exp & Per Diem	15.0387	15.0387	344,357
5. ROE/Use Per Diem	1.3323	1.3323	30,506
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,399.00	12,100.00	17,499.00
3. Staffing Percent	30.8531916	69.1468084	100.00
4. Allocation of Direct Care	843,991.83	1,891,517.17	2,735,509.00
5. Direct Care Expense Per Diem	78.1619	156.3237	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,798	12,100	22,898
2. Additional Services	97,257	108,984	206,241
3. Additional Services Exp & Per Diem	9.0069	9.0069	
D. Medicaid Per Diem Cost			
1. Operating Component	56.7264	56.7264	1,298,920
2. Resident Care Component	132.7458	210.9076	3,985,371
3. Property Cost Component	15.0387	15.0387	344,357
4. ROE/Use Allow Component	1.3323	1.3323	30,506
5 Total Cost Per Diem	205.8431	284.0050	5,659,154



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028520000 - 2013/04

RI: 218.76

NM: 296.64

PENSACOLA DEV CTR

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	49.209	126.932	176.141	49.209	201.563	250.772
2. Inflate Line 1 by Inflation Factor 1.02310226	50.346	129.864	180.210	50.346	206.219	256.565
3. Line 1 x 1.400 x Inflation Factor 1.03234316	50.801	131.037	181.838	50.801	208.082	258.883
4. Current Period Cost	56.726	132.746	189.472	56.726	210.908	267.634
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)	50.801	131.037	181.838	50.801	208.082	258.883
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)	50.801	131.037	181.838	50.801	208.082	258.883
12. Plus: Property Rate Component			15.039			15.039
13. Plus: ROE/Use Rate			1.332			1.332
14. Total Current Period Base			198.209			275.254
15. Prospective Rate: Line 11 x Inflation (1.03551779)	52.605	135.691	188.296	52.605	215.473	268.078
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	52.605	135.691	188.296	52.605	215.473	268.078
19. Property Rate Component			15.039			15.039
20. ROE Component + ROE Interim Component			1.332			1.332
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			204.67			284.45
23. Medicaid Days		10,798			12,100	
24. Resident Days		10,798			12,100	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.64			3.58
28. Less Rate Freeze Amount (0.012163%)			2.69			3.65
29. Final Per Diem After Adjustments			218.76			296.64



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

028521800 - 2013/04
RI:305.59 / NM:382.57

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

Provider Number: 028521800
 Date: 03/13/2013
 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>301.59</u>	<u>305.59</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>377.48</u>	<u>382.57</u>	<u>04/01/2013</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 04/2013

028521800

Provider Name: **ANN STORCK CENTER**
 Provider Number: 28521800
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2013
 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 04/01/2013 through 09/30/2013

028521800 - 2013/04

RI: 305.59

NM: 382.57

ANN STORCK CENTER

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 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 1.02179895	74.584	206.615	281.199	74.584	289.073	363.657
3. Line 1 x 1.400 x Inflation Factor 1.03051853	75.220	208.378	283.598	75.220	291.540	366.760
4. Current Period Cost	69.513	188.257	257.770	69.513	261.081	330.593
5. Incentive Basis (line 3 - line 4)	5.707	20.121		5.707	30.459	
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%	2.854	10.061	12.914	2.854	15.230	18.083
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%	2.854	5.648	8.501	2.854	7.832	10.686
10. Final Incentive	2.854	5.648	8.501	2.854	7.832	10.686
11. Current Period Base: (line 6 + line 10)	72.366	193.905	266.271	72.366	268.913	341.280
12. Plus: Property Rate Component			13.670			13.670
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			279.940			354.949
15. Prospective Rate: Line 11 x Inflation (1.05132993)	76.081	203.858	279.939	76.081	282.716	358.797
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	76.081	203.858	279.939	76.081	282.716	358.797
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			293.61			372.47
23. Medicaid Days			365			17,103
24. Resident Days			365			17,103
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.69			4.62
28. Less Rate Freeze Amount (0.012163%)			3.76			4.71
29. Final Per Diem After Adjustments			305.59			382.57



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

028522600 - 2013/04
RI:228.42 / NM:303.55

Tallahassee Developmental
 455 Appleyard Drive
 Tallahassee FL 32304

Provider Number: 028522600
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>238.00</u>	<u>228.42</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>311.40</u>	<u>303.55</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028522600

Provider Name: **Tallahassee Developmental**
Provider Number: 28522600
Audit Status: Unaudited [3]
Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
Rate Semester: April, 2013
Cost Report: 06/01/2011 - 05/31/2012
Days In Reporting Period: 366
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	3,000	19,122	22,122
2. Operating Expenses Component			
A. Administration			755,949
B. Plant Operation			471,217
C. Laundry			9,849
D. Housekeeping			159,654
E. Operating Expense Component & Per Diem	63.1348	63.1348	1,396,669
3. Resident Care			
A. Dietary			472,981
B. Other			0
C. Nursing			732,392
D. Resident Care & Per Diem	54.4875	54.4875	1,205,373
4. Prop Exp & Per Diem	11.4467	11.4467	253,225
5. ROE/Use Per Diem	1.5924	1.5924	35,228
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,500.00	19,122.00	20,622.00
3. Staffing Percent	7.2737853	92.7262147	100.00
4. Allocation of Direct Care	234,699.30	2,991,946.70	3,226,646.00
5. Direct Care Expense Per Diem	78.2331	156.4662	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,000	19,122	22,122
2. Additional Services	30,828	196,492	227,320
3. Additional Services Exp & Per Diem	10.2760	10.2757	
D. Medicaid Per Diem Cost			
1. Operating Component	63.1348	63.1348	1,396,669
2. Resident Care Component	142.9966	221.2294	4,659,339
3. Property Cost Component	11.4467	11.4467	253,225
4. ROE/Use Allow Component	1.5924	1.5924	35,228
5 Total Cost Per Diem	219.1707	297.4035	6,344,461



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028522600 - 2013/04
RI: 228.42
NM: 303.55

Tallahassee Developmental

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	52.250	136.264	188.514	52.250	208.257	260.506
2. Inflate Line 1 by Inflation Factor 1.02310226	53.457	139.412	192.869	53.457	213.068	266.525
3. Line 1 x 1.400 x Inflation Factor 1.03234316	53.940	140.671	194.611	53.940	214.992	268.932
4. Current Period Cost	63.135	142.997	206.131	63.135	221.229	284.364
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	53.940	140.671	194.611	53.940	214.992	268.932
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)	53.940	140.671	194.611	53.940	214.992	268.932
12. Plus: Property Rate Component			11.447			11.447
13. Plus: ROE/Use Rate			1.592			1.592
14. Total Current Period Base			207.650			281.971
15. Prospective Rate: Line 11 x Inflation (1.03551779)	55.855	145.667	201.523	55.855	222.628	278.484
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	55.855	145.667	201.523	55.855	222.628	278.484
19. Property Rate Component			11.447			11.447
20. ROE Component + ROE Interim Component			1.592			1.592
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			214.56			291.52
23. Medicaid Days			3,000			19,122
24. Resident Days			3,000			19,122
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.76			3.66
28. Less Rate Freeze Amount (0.012163%)			2.81			3.74
29. Final Per Diem After Adjustments			228.42			303.55



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

028524200 - 2013/04
RI:228.89 / NM:319.98

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

Provider Number: 028524200
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>232.55</u>	<u>228.89</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>321.34</u>	<u>319.98</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028524200

Provider Name: **FT WALTON BCH DEVELOP CTR**
 Provider Number: 28524200
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	14,331	8,278	22,609
2. Operating Expenses Component			
A. Administration			694,430
B. Plant Operation			336,362
C. Laundry			1,888
D. Housekeeping			175,831
E. Operating Expense Component & Per Diem	53.4527	53.4527	1,208,511
3. Resident Care			
A. Dietary			338,862
B. Other			0
C. Nursing			596,041
D. Resident Care & Per Diem	41.3509	41.3509	934,903
4. Prop Exp & Per Diem	16.0623	16.0623	363,153
5. ROE/Use Per Diem	1.3015	1.3015	29,425
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	7,165.50	8,278.00	15,443.50
3. Staffing Percent	46.3981610	53.6018390	100.00
4. Allocation of Direct Care	1,300,772.44	1,502,727.56	2,803,500.00
5. Direct Care Expense Per Diem	90.7663	181.5327	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	14,331	8,278	22,609
2. Additional Services	100,773	58,209	158,982
3. Additional Services Exp & Per Diem	7.0318	7.0318	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	53.4527	53.4527	1,208,511
2. Resident Care Component	139.1491	229.9154	3,897,385
3. Property Cost Component	16.0623	16.0623	363,153
4. ROE/Use Allow Component	1.3015	1.3015	29,425
5 Total Cost Per Diem	209.9655	300.7318	5,498,474



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028524200 - 2013/04
RI: 228.89
NM: 319.98

FT WALTON BCH DEVELOP CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	49.939	135.175	185.114	49.939	222.268	272.207
2. Inflate Line 1 by Inflation Factor 1.02310226	51.093	138.298	189.390	51.093	227.403	278.495
3. Line 1 x 1.400 x Inflation Factor 1.03234316	51.554	139.547	191.101	51.554	229.457	281.011
4. Current Period Cost	53.453	139.149	192.602	53.453	229.915	283.368
5. Incentive Basis (line 3 - line 4)	0.000	0.398		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	51.554	139.149	190.703	51.554	229.457	281.011
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.199	0.199	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.174	4.174	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.199	0.199	0.000	0.000	0.000
10. Final Incentive	0.000	0.199	0.199	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	51.554	139.348	190.902	51.554	229.457	281.011
12. Plus: Property Rate Component			16.062			16.062
13. Plus: ROE/Use Rate			1.301			1.301
14. Total Current Period Base			208.266			298.375
15. Prospective Rate: Line 11 x Inflation (1.03551779)	53.385	144.297	197.683	53.385	237.606	290.992
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	53.385	144.297	197.683	53.385	237.606	290.992
19. Property Rate Component			16.062			16.062
20. ROE Component + ROE Interim Component			1.301			1.301
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			215.05			308.36
23. Medicaid Days		14,331			8,278	
24. Resident Days		14,331			8,278	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.76			3.86
28. Less Rate Freeze Amount (0.012163%)			2.82			3.94
29. Final Per Diem After Adjustments			228.89			319.98



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

028526900 - 2013/04
RI:212.81 / NM:282.93

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

Provider Number: 028526900
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>225.52</u>	<u>212.81</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>294.02</u>	<u>282.93</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028526900

Provider Name: **PANAMA CITY DEV CTR**
 Provider Number: 28526900
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	547	20,583	21,130
2. Operating Expenses Component			
A. Administration			692,629
B. Plant Operation			462,795
C. Laundry			2,864
D. Housekeeping			199,005
E. Operating Expense Component & Per Diem	64.2354	64.2354	1,357,293
3. Resident Care			
A. Dietary			425,576
B. Other			0
C. Nursing			710,242
D. Resident Care & Per Diem	53.7538	53.7538	1,135,818
4. Prop Exp & Per Diem	9.9232	9.9232	209,678
5. ROE/Use Per Diem	1.7134	1.7134	36,205
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	273.50	20,583.00	20,856.50
3. Staffing Percent	1.3113418	98.6886582	100.00
4. Allocation of Direct Care	39,619.50	2,981,675.50	3,021,295.00
5. Direct Care Expense Per Diem	72.4305	144.8611	
C. Additional Services Expense			
1. Medicaid Inpatient Days	547	20,583	21,130
2. Additional Services	3,715	139,771	143,486
3. Additional Services Exp & Per Diem	6.7916	6.7906	
D. Medicaid Per Diem Cost			
1. Operating Component	64.2354	64.2354	1,357,293
2. Resident Care Component	132.9759	205.4055	4,300,599
3. Property Cost Component	9.9232	9.9232	209,678
4. ROE/Use Allow Component	1.7134	1.7134	36,205
5 Total Cost Per Diem	208.8480	281.2775	5,903,775



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028526900 - 2013/04

RI: 212.81

NM: 282.93

PANAMA CITY DEV CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	52.033	122.832	174.865	52.033	190.024	242.057
2. Inflate Line 1 by Inflation Factor 1.02310226	53.235	125.670	178.905	53.235	194.414	247.649
3. Line 1 x 1.400 x Inflation Factor 1.03234316	53.716	126.805	180.521	53.716	196.170	249.886
4. Current Period Cost	64.235	132.976	197.211	64.235	205.405	269.641
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)	53.716	126.805	180.521	53.716	196.170	249.886
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)	53.716	126.805	180.521	53.716	196.170	249.886
12. Plus: Property Rate Component			9.923			9.923
13. Plus: ROE/Use Rate			1.713			1.713
14. Total Current Period Base			192.158			261.522
15. Prospective Rate: Line 11 x Inflation (1.03551779)	55.624	131.309	186.933	55.624	203.137	258.761
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	55.624	131.309	186.933	55.624	203.137	258.761
19. Property Rate Component			9.923			9.923
20. ROE Component + ROE Interim Component			1.713			1.713
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			198.57			270.40
23. Medicaid Days			547			20,583
24. Resident Days			547			20,583
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.57			3.42
28. Less Rate Freeze Amount (0.012163%)			2.62			3.48
29. Final Per Diem After Adjustments			212.81			282.93



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

028530700 - 2013/04
RI:198.94 / NM:264.77

HILLSBOROUGH DEVELOPMENT
 14219 Bruce B Downs Boulevard
 Tampa FL 33613

Provider Number: 028530700
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>217.38</u>	<u>198.94</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>282.09</u>	<u>264.77</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028530700

Provider Name: **HILLSBOROUGH DEVELOPMENT**
 Provider Number: 28530700
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	4,252	19,108	23,360
2. Operating Expenses Component			
A. Administration			697,615
B. Plant Operation			397,616
C. Laundry			3,810
D. Housekeeping			144,429
E. Operating Expense Component & Per Diem	53.2307	53.2307	1,243,470
3. Resident Care			
A. Dietary			365,178
B. Other			0
C. Nursing			690,198
D. Resident Care & Per Diem	45.1788	45.1788	1,055,376
4. Prop Exp & Per Diem	6.9258	6.9258	161,787
5. ROE/Use Per Diem	1.5694	1.5694	36,661
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,126.00	19,108.00	21,234.00
3. Staffing Percent	10.0122445	89.9877555	100.00
4. Allocation of Direct Care	275,181.03	2,473,263.97	2,748,445.00
5. Direct Care Expense Per Diem	64.7180	129.4360	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,252	19,108	23,360
2. Additional Services	36,848	165,591	202,439
3. Additional Services Exp & Per Diem	8.6660	8.6661	
D. Medicaid Per Diem Cost			
1. Operating Component	53.2307	53.2307	1,243,470
2. Resident Care Component	118.5628	183.2809	4,006,260
3. Property Cost Component	6.9258	6.9258	161,787
4. ROE/Use Allow Component	1.5694	1.5694	36,661
5 Total Cost Per Diem	180.2888	245.0068	5,448,178



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028530700 - 2013/04
RI: 198.94
NM: 264.77

HILLSBOROUGH DEVELOPMENT

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	47.645	118.888	166.534	47.645	182.366	230.011
2. Inflate Line 1 by Inflation Factor 1.02310226	48.746	121.635	170.381	48.746	186.579	235.325
3. Line 1 x 1.400 x Inflation Factor 1.03234316	49.186	122.733	171.920	49.186	188.264	237.451
4. Current Period Cost	53.231	118.563	171.794	53.231	183.281	236.512
5. Incentive Basis (line 3 - line 4)	0.000	4.171		0.000	4.984	
6. Allowed Current Period Costs (Min of line 3 or 4)	49.186	118.563	167.749	49.186	183.281	232.467
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.085	2.085	0.000	2.492	2.492
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.557	3.557	0.000	5.498	5.498
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.085	2.085	0.000	2.492	2.492
10. Final Incentive	0.000	2.085	2.085	0.000	2.492	2.492
11. Current Period Base: (line 6 + line 10)	49.186	120.648	169.834	49.186	185.773	234.959
12. Plus: Property Rate Component			6.926			6.926
13. Plus: ROE/Use Rate			1.569			1.569
14. Total Current Period Base			178.330			243.454
15. Prospective Rate: Line 11 x Inflation (1.03551779)	50.933	124.933	175.867	50.933	192.371	243.304
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	50.933	124.933	175.867	50.933	192.371	243.304
19. Property Rate Component			6.926			6.926
20. ROE Component + ROE Interim Component			1.569			1.569
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			184.36			251.80
23. Medicaid Days		4,252			19,108	
24. Resident Days		4,252			19,108	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.40			3.20
28. Less Rate Freeze Amount (0.012163%)			2.45			3.26
29. Final Per Diem After Adjustments			198.94			264.77



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

028531500 - 2013/04
RI:337.69 / NM:414.89

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

Provider Number: 028531500
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>330.47</u>	<u>337.69</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>408.64</u>	<u>414.89</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028531500

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,861	6,762	8,623
2. Operating Expenses Component			
A. Administration			672,079
B. Plant Operation			184,291
C. Laundry			769
D. Housekeeping			99,709
E. Operating Expense Component & Per Diem	110.9646	110.9646	956,848
3. Resident Care			
A. Dietary			215,946
B. Other			0
C. Nursing			431,210
D. Resident Care & Per Diem	75.0500	75.0500	647,156
4. Prop Exp & Per Diem	21.8934	21.8934	188,787
5. ROE/Use Per Diem	0.9595	0.9595	8,274
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	930.50	6,762.00	7,692.50
3. Staffing Percent	12.0961976	87.9038024	100.00
4. Allocation of Direct Care	137,186.36	996,941.64	1,134,128.00
5. Direct Care Expense Per Diem	73.7165	147.4330	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,861	6,762	8,623
2. Additional Services	85,640	311,175	396,815
3. Additional Services Exp & Per Diem	46.0183	46.0182	
D. Medicaid Per Diem Cost			
1. Operating Component	110.9646	110.9646	956,848
2. Resident Care Component	194.7847	268.5011	2,178,099
3. Property Cost Component	21.8934	21.8934	188,787
4. ROE/Use Allow Component	0.9595	0.9595	8,274
5 Total Cost Per Diem	328.6023	402.3187	3,332,008



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028531500 - 2013/04

RI: 337.69

NM: 414.89

Woodhouse, Inc

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	94.887	190.716	285.603	94.887	267.536	362.423
2. Inflate Line 1 by Inflation Factor 1.02283750	97.054	195.071	292.125	97.054	273.646	370.699
3. Line 1 x 1.400 x Inflation Factor 1.03197250	97.920	196.814	294.734	97.920	276.090	374.010
4. Current Period Cost	110.965	194.785	305.749	110.965	268.501	379.466
5. Incentive Basis (line 3 - line 4)	0.000	2.029		0.000	7.589	
6. Allowed Current Period Costs (Min of line 3 or 4)	97.920	194.785	292.705	97.920	268.501	366.422
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.014	1.014	0.000	3.794	3.794
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.844	5.844	0.000	8.055	8.055
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.014	1.014	0.000	3.794	3.794
10. Final Incentive	0.000	1.014	1.014	0.000	3.794	3.794
11. Current Period Base: (line 6 + line 10)	97.920	195.799	293.720	97.920	272.295	370.216
12. Plus: Property Rate Component			21.893			21.893
13. Plus: ROE/Use Rate			0.960			0.960
14. Total Current Period Base			316.573			393.069
15. Prospective Rate: Line 11 x Inflation (1.03377628)	101.228	202.413	303.640	101.228	281.493	382.720
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	101.228	202.413	303.640	101.228	281.493	382.720
19. Property Rate Component			21.893			21.893
20. ROE Component + ROE Interim Component			0.960			0.960
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			326.49			405.57
23. Medicaid Days		1,861			6,762	
24. Resident Days		1,861			6,762	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.08			5.01
28. Less Rate Freeze Amount (0.012163%)			4.16			5.11
29. Final Per Diem After Adjustments			337.69			414.89



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

028533100 - 2013/04
RI:297.51 / NM:385.45

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

Provider Number: 028533100
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>301.49</u>	<u>297.51</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>391.24</u>	<u>385.45</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028533100

Provider Name: **SUNRISE CAPE CORAL CLUS**
 Provider Number: 28533100
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	403	8,228	8,631
2. Operating Expenses Component			
A. Administration			444,267
B. Plant Operation			137,446
C. Laundry			4,858
D. Housekeeping			60,068
E. Operating Expense Component & Per Diem	74.9205	74.9205	646,639
3. Resident Care			
A. Dietary			132,599
B. Other			161,988
C. Nursing			368,110
D. Resident Care & Per Diem	76.7810	76.7810	662,697
4. Prop Exp & Per Diem	19.8380	19.8380	171,222
5. ROE/Use Per Diem	3.0219	3.0219	26,082
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	201.50	8,228.00	8,429.50
3. Staffing Percent	2.3904146	97.6095854	100.00
4. Allocation of Direct Care	33,959.54	1,386,695.46	1,420,655.00
5. Direct Care Expense Per Diem	84.2669	168.5337	
C. Additional Services Expense			
1. Medicaid Inpatient Days	403	8,228	8,631
2. Additional Services	4,393	89,719	94,112
3. Additional Services Exp & Per Diem	10.9007	10.9041	
D. Medicaid Per Diem Cost			
1. Operating Component	74.9205	74.9205	646,639
2. Resident Care Component	171.9486	256.2189	2,177,464
3. Property Cost Component	19.8380	19.8380	171,222
4. ROE/Use Allow Component	3.0219	3.0219	26,082
5 Total Cost Per Diem	269.7291	353.9993	3,021,407



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028533100 - 2013/04

RI: 297.51

NM: 385.45

SUNRISE CAPE CORAL CLUS

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.895	175.946	252.841	76.895	264.145	341.040
2. Inflate Line 1 by Inflation Factor 1.02283750	78.651	179.964	258.615	78.651	270.178	348.829
3. Line 1 x 1.400 x Inflation Factor 1.03197250	79.354	181.571	260.925	79.354	272.590	351.944
4. Current Period Cost	74.921	171.949	246.869	74.921	256.219	331.139
5. Incentive Basis (line 3 - line 4)	4.433	9.623		4.433	16.372	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.921	171.949	246.869	74.921	256.219	331.139
7. Incentive Line 5 x Oper 50% Res 50%	2.217	4.811	7.028	2.217	8.186	10.402
8. Incentive - Line 4 x Oper 10% Res 3%	7.492	5.158	12.651	7.492	7.687	15.179
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.217	4.811	7.028	2.217	7.687	9.903
10. Final Incentive	2.217	4.811	7.028	2.217	7.687	9.903
11. Current Period Base: (line 6 + line 10)	77.137	176.760	253.897	77.137	263.905	341.043
12. Plus: Property Rate Component			19.838			19.838
13. Plus: ROE/Use Rate			3.022			3.022
14. Total Current Period Base			276.757			363.903
15. Prospective Rate: Line 11 x Inflation (1.03377628)	79.743	182.730	262.473	79.743	272.819	352.562
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	79.743	182.730	262.473	79.743	272.819	352.562
19. Property Rate Component			19.838			19.838
20. ROE Component + ROE Interim Component			3.022			3.022
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			285.33			375.42
23. Medicaid Days			403			8,228
24. Resident Days			403			8,228
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.59			4.65
28. Less Rate Freeze Amount (0.012163%)			3.66			4.75
29. Final Per Diem After Adjustments			297.51			385.45



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

028535800 - 2013/04
RI:225.78 / NM:249.91

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

Provider Number: 028535800
 Date: 03/13/2013
 FYE: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>223.01</u>	<u>225.78</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>246.80</u>	<u>249.91</u>	<u>04/01/2013</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) 10/2012 to 04/2013

028535800

Provider Name: **Bayview - Lynn Haven**
 Provider Number: 28535800
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2013
 Cost Report: 01/01/2011 - 12/31/2011
 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	1,641	184	1,825
2. Operating Expenses Component			
A. Administration			81,122
B. Plant Operation			15,828
C. Laundry			0
D. Housekeeping			2,156
E. Operating Expense Component & Per Diem	54.3047	54.3047	99,106
3. Resident Care			
A. Dietary			11,607
B. Other			0
C. Nursing			15,831
D. Resident Care & Per Diem	15.0345	15.0345	27,438
4. Prop Exp & Per Diem	20.9260	20.9260	38,190
5. ROE/Use Per Diem	0.9742	0.9742	1,778
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,230.75	184.00	1,414.75
3. Staffing Percent	86.9941686	13.0058314	100.00
4. Allocation of Direct Care	113,320.34	16,941.66	130,262.00
5. Direct Care Expense Per Diem	69.0557	92.0742	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,276	184	1,460
2. Additional Services	47,497	6,849	54,346
3. Additional Services Exp & Per Diem	37.2234	37.2228	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	54.3047	54.3047	99,106
2. Resident Care Component	121.3135	144.3316	212,046
3. Property Cost Component	20.9260	20.9260	38,190
4. ROE/Use Allow Component	0.9742	0.9742	1,778
5 Total Cost Per Diem	197.5185	220.5365	351,120



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028535800 - 2013/04

RI: 225.78

NM: 249.91

Bayview - Lynn Haven

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2011	12/31/2011	Unaudited [3]	201204
Prior Cost Report	01/01/2010	12/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	59.168	122.888	182.056	59.168	146.422	205.590
2. Inflate Line 1 by Inflation Factor 1.02277820	60.516	125.687	186.203	60.516	149.757	210.273
3. Line 1 x 1.400 x Inflation Factor 1.03188948	61.055	126.807	187.862	61.055	151.091	212.146
4. Current Period Cost	54.305	121.314	175.618	54.305	144.332	198.636
5. Incentive Basis (line 3 - line 4)	6.750	5.494		6.750	6.760	
6. Allowed Current Period Costs (Min of line 3 or 4)	54.305	121.314	175.618	54.305	144.332	198.636
7. Incentive Line 5 x Oper 50% Res 50%	3.375	2.747	6.122	3.375	3.380	6.755
8. Incentive - Line 4 x Oper 10% Res 3%	5.430	3.639	9.070	5.430	4.330	9.760
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.375	2.747	6.122	3.375	3.380	6.755
10. Final Incentive	3.375	2.747	6.122	3.375	3.380	6.755
11. Current Period Base: (line 6 + line 10)	57.680	124.060	181.740	57.680	147.711	205.391
12. Plus: Property Rate Component			20.926			20.926
13. Plus: ROE/Use Rate			0.974			0.974
14. Total Current Period Base			203.640			227.292
15. Prospective Rate: Line 11 x Inflation (1.04519487)	60.287	129.667	189.954	60.287	154.387	214.674
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	60.287	129.667	189.954	60.287	154.387	214.674
19. Property Rate Component			20.926			20.926
20. ROE Component + ROE Interim Component			0.974			0.974
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			211.85			236.57
23. Medicaid Days			1,276			184
24. Resident Days			1,641			184
25. Medicaid Utilization			77.76%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.73			3.02
28. Less Rate Freeze Amount (0.012163%)			2.78			3.08
29. Final Per Diem After Adjustments			225.78			249.91



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

028536600 - 2013/04
RI:245.69 / NM:277.04

Squire Court Community Home
 95 Squire Court
 Dunedin FL 34698

Provider Number: 028536600
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>249.00</u>	<u>245.69</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>280.14</u>	<u>277.04</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 10140 Linn Station Road

 Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2013 to 04/2013

028536600

Provider Name: **Squire Court Community Home**
 Provider Number: 28536600
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,464	732	2,196
2. Operating Expenses Component			
A. Administration			85,172
B. Plant Operation			18,936
C. Laundry			9
D. Housekeeping			1,363
E. Operating Expense Component & Per Diem	48.0328	48.0328	105,480
3. Resident Care			
A. Dietary			22,651
B. Other			0
C. Nursing			20,768
D. Resident Care & Per Diem	19.7719	19.7719	43,419
4. Prop Exp & Per Diem	13.4467	13.4467	29,529
5. ROE/Use Per Diem	6.2313	6.2313	13,684
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	134,240.40	89,493.60	223,734.00
5. Direct Care Expense Per Diem	91.6943	122.2590	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	73,545	36,767	110,312
3. Additional Services Exp & Per Diem	50.2357	50.2281	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	48.0328	48.0328	105,480
2. Resident Care Component	161.7018	192.2590	377,465
3. Property Cost Component	13.4467	13.4467	29,529
4. ROE/Use Allow Component	6.2313	6.2313	13,684
5 Total Cost Per Diem	229.4126	259.9699	526,158



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028536600 - 2013/04
RI: 245.69
NM: 277.04

Squire Court Community Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	38.639	164.541	203.180	38.639	195.143	233.782
2. Inflate Line 1 by Inflation Factor 1.02283750	39.522	168.298	207.820	39.522	199.599	239.121
3. Line 1 x 1.400 x Inflation Factor 1.03197250	39.875	169.801	209.676	39.875	201.382	241.257
4. Current Period Cost	48.033	161.702	209.735	48.033	192.259	240.292
5. Incentive Basis (line 3 - line 4)	0.000	8.100		0.000	9.123	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.875	161.702	201.577	39.875	192.259	232.134
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.050	4.050	0.000	4.561	4.561
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.851	4.851	0.000	5.768	5.768
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.050	4.050	0.000	4.561	4.561
10. Final Incentive	0.000	4.050	4.050	0.000	4.561	4.561
11. Current Period Base: (line 6 + line 10)	39.875	165.752	205.626	39.875	196.820	236.695
12. Plus: Property Rate Component			13.447			13.447
13. Plus: ROE/Use Rate			6.231			6.231
14. Total Current Period Base			225.304			256.373
15. Prospective Rate: Line 11 x Inflation (1.03377628)	41.222	171.350	212.572	41.222	203.468	244.690
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	41.222	171.350	212.572	41.222	203.468	244.690
19. Property Rate Component			13.447			13.447
20. ROE Component + ROE Interim Component			6.231			6.231
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			232.25			264.37
23. Medicaid Days		1,464			732	
24. Resident Days		1,464			732	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.97			3.34
28. Less Rate Freeze Amount (0.012163%)			3.03			3.41
29. Final Per Diem After Adjustments			245.69			277.04



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

028537400 - 2013/04
RI:277.01 / NM:0.00

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

Provider Number: 028537400
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>265.84</u>	<u>277.01</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 10140 Linn Station Road

 Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

028537400

Provider Name: **BAYVIEW - SAFETY HARBOR**
 Provider Number: 28537400
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			81,733
B. Plant Operation			23,516
C. Laundry			506
D. Housekeeping			2,834
E. Operating Expense Component & Per Diem	49.4485	0.0000	108,589
3. Resident Care			
A. Dietary			19,558
B. Other			0
C. Nursing			16,052
D. Resident Care & Per Diem	16.2158	0.0000	35,610
4. Prop Exp & Per Diem	38.0009	0.0000	83,450
5. ROE/Use Per Diem	6.1717	0.0000	13,553
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	219,358.00		219,358.00
5. Direct Care Expense Per Diem	99.8898		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	105,427		105,427
3. Additional Services Exp & Per Diem	48.0087		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	49.4485		108,589
2. Resident Care Component	164.1143		360,395
3. Property Cost Component	38.0009		83,450
4. ROE/Use Allow Component	6.1717		13,553
5 Total Cost Per Diem	257.7354		565,987



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028537400 - 2013/04

RI: 277.01

NM: 0.00

BAYVIEW - SAFETY HARBOR

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42,571	177,152	219,723			
2. Inflate Line 1 by Inflation Factor 1.02283750	43,544	181,198	224,741			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	43,932	182,816	226,748			
4. Current Period Cost	49,449	164,114	213,563			
5. Incentive Basis (line 3 - line 4)	0.000	18,702		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43,932	164,114	208,047			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	9,351	9,351	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4,923	4,923	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4,923	4,923	0.000	0.000	0.000
10. Final Incentive	0.000	4,923	4,923	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43,932	169,038	212,970	0.000	0.000	0.000
12. Plus: Property Rate Component			38,001			0.000
13. Plus: ROE/Use Rate			6,172			0.000
14. Total Current Period Base			257,143			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	45,416	174,747	220,164	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	45,416	174,747	220,164	0.000	0.000	0.000
19. Property Rate Component			38,001			0.000
20. ROE Component + ROE Interim Component			6,172			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			264.34			0.00
23. Medicaid Days		2,196				0
24. Resident Days		2,196				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.34			
28. Less Rate Freeze Amount (0.012163%)			3.41			0.00
29. Final Per Diem After Adjustments			277.01			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 - 2013/04
RI:431.05 / NM:523.13

Hendricks
 95154 Hendricks Road
 Fernandina Beach FL 32034

Provider Number: 028539100
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>431.23</u>	<u>431.05</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>518.84</u>	<u>523.13</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028539100

Provider Name: **Amelia Island Properties, Inc.**
 Provider Number: 28539100
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	1,534	6,424	7,958
2. Operating Expenses Component			
A. Administration			486,275
B. Plant Operation			399,874
C. Laundry			42,061
D. Housekeeping			160,232
E. Operating Expense Component & Per Diem	136.7733	136.7733	1,088,442
3. Resident Care			
A. Dietary			256,825
B. Other			0
C. Nursing			450,069
D. Resident Care & Per Diem	88.8281	88.8281	706,894
4. Prop Exp & Per Diem	64.3552	64.3552	512,139
5. ROE/Use Per Diem	2.6914	2.6914	21,418
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	767.00	6,424.00	7,191.00
3. Staffing Percent	10.6661104	89.3338896	100.00
4. Allocation of Direct Care	145,069.34	1,215,026.66	1,360,096.00
5. Direct Care Expense Per Diem	94.5693	189.1386	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,534	6,424	7,958
2. Additional Services	38,972	163,211	202,183
3. Additional Services Exp & Per Diem	25.4055	25.4064	
D. Medicaid Per Diem Cost			
1. Operating Component	136.7733	136.7733	1,088,442
2. Resident Care Component	208.8029	303.3732	2,269,173
3. Property Cost Component	64.3552	64.3552	512,139
4. ROE/Use Allow Component	2.6914	2.6914	21,418
5 Total Cost Per Diem	412.6228	507.1931	3,891,172



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028539100 - 2013/04
RI: 431.05
NM: 523.13

Hendricks

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 04/17/2012 - 05/17/2012 Days Eligible: 153 of 183

Eligibility factor :83.61%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	128.250	206.213	334.462	128.250	292.148	420.398
2. Inflate Line 1 by Inflation Factor 1.02310226	131.212	210.977	342.189	131.212	298.897	430.110
3. Line 1 x 1.400 x Inflation Factor 1.03234316	132.398	212.882	345.280	132.398	301.597	433.995
4. Current Period Cost	136.773	208.803	345.576	136.773	303.373	440.147
5. Incentive Basis (line 3 - line 4)	0.000	4.079	4.079	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	132.398	208.803	341.200	132.398	301.597	433.995
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.040	2.040	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.264	6.264	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 83.61%	0.000	1.705	1.705	0.000	0.000	0.000
10. Final Incentive	0.000	1.705	1.705	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	132.398	210.508	342.906	132.398	301.597	433.995
12. Plus: Property Rate Component			64.355			64.355
13. Plus: ROE/Use Rate			2.691			2.691
14. Total Current Period Base			409.952			501.041
15. Prospective Rate: Line 11 x Inflation (1.03551779)	137.100	217.985	355.085	137.100	312.309	449.409
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	137.100	217.985	355.085	137.100	312.309	449.409
19. Property Rate Component			64.355			64.355
20. ROE Component + ROE Interim Component			2.691			2.691
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			422.13			516.46
23. Medicaid Days		1,534			6,424	
24. Resident Days		1,534			6,424	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			5.20			6.32
28. Less Rate Freeze Amount (0.012163%)			5.31			6.44
29. Final Per Diem After Adjustments			431.05			523.13



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

028540400 - 2013/04
RI:214.78 / NM:235.69

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

Provider Number: 028540400
 Date: 03/13/2013
 FYE: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>212.13</u>	<u>214.78</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>232.75</u>	<u>235.69</u>	<u>04/01/2013</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) 10/2012 to 04/2013

028540400

Provider Name: **Seaview CRF, Inc.**
 Provider Number: 28540400
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2013
 Cost Report: 01/01/2011 - 12/31/2011
 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	1,641	368	2,009
2. Operating Expenses Component			
A. Administration			106,810
B. Plant Operation			16,775
C. Laundry			0
D. Housekeeping			3,119
E. Operating Expense Component & Per Diem	63.0682	63.0682	126,704
3. Resident Care			
A. Dietary			11,354
B. Other			0
C. Nursing			17,450
D. Resident Care & Per Diem	14.3375	14.3375	28,804
4. Prop Exp & Per Diem	17.5595	17.5595	35,277
5. ROE/Use Per Diem	0.7033	0.7033	1,413
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,230.75	368.00	1,598.75
3. Staffing Percent	76.9820172	23.0179828	100.00
4. Allocation of Direct Care	97,978.86	29,296.14	127,275.00
5. Direct Care Expense Per Diem	59.7068	79.6091	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,641	368	2,009
2. Additional Services	50,138	11,243	61,381
3. Additional Services Exp & Per Diem	30.5533	30.5516	
D. Medicaid Per Diem Cost			
1. Operating Component	63.0682	63.0682	126,704
2. Resident Care Component	104.5976	124.4982	217,460
3. Property Cost Component	17.5595	17.5595	35,277
4. ROE/Use Allow Component	0.7033	0.7033	1,413
5 Total Cost Per Diem	185.9286	205.8292	380,854



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028540400 - 2013/04

RI: 214.78

NM: 235.69

Seaview CRF, Inc.

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2011	12/31/2011	Unaudited [3]	201204
Prior Cost Report	01/01/2010	12/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.160	111.627	179.786	68.160	134.346	202.506
2. Inflate Line 1 by Inflation Factor 1.02277820	69.712	114.169	183.882	69.712	137.407	207.119
3. Line 1 x 1.400 x Inflation Factor 1.03188948	70.333	115.186	185.520	70.333	138.631	208.964
4. Current Period Cost	63.068	104.598	167.666	63.068	124.498	187.566
5. Incentive Basis (line 3 - line 4)	7.265	10.589		7.265	14.133	
6. Allowed Current Period Costs (Min of line 3 or 4)	63.068	104.598	167.666	63.068	124.498	187.566
7. Incentive Line 5 x Oper 50% Res 50%	3.633	5.294	8.927	3.633	7.066	10.699
8. Incentive - Line 4 x Oper 10% Res 3%	6.307	3.138	9.445	6.307	3.735	10.042
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.633	3.138	6.770	3.633	3.735	7.367
10. Final Incentive	3.633	3.138	6.770	3.633	3.735	7.367
11. Current Period Base: (line 6 + line 10)	66.701	107.736	174.436	66.701	128.233	194.934
12. Plus: Property Rate Component			17.559			17.559
13. Plus: ROE/Use Rate			0.703			0.703
14. Total Current Period Base			192.699			213.197
15. Prospective Rate: Line 11 x Inflation (1.04519487)	69.715	112.605	182.320	69.715	134.029	203.744
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	69.715	112.605	182.320	69.715	134.029	203.744
19. Property Rate Component			17.559			17.559
20. ROE Component + ROE Interim Component			0.703			0.703
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			200.58			222.01
23. Medicaid Days			1,641			368
24. Resident Days			1,641			368
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.59			2.85
28. Less Rate Freeze Amount (0.012163%)			2.64			2.90
29. Final Per Diem After Adjustments			214.78			235.69



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

028541200 - 2013/04
RI:252.12 / NM:285.04

Twin Lane Community Home
 2281 Twin Lane Drive
 Dundedun FL 34698

Provider Number: 028541200
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>267.03</u>	<u>252.12</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>304.22</u>	<u>285.04</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

028541200

Provider Name: **Twin Lane Community Home**
 Provider Number: 28541200
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,435	761	2,196
2. Operating Expenses Component			
A. Administration			87,324
B. Plant Operation			20,622
C. Laundry			521
D. Housekeeping			1,772
E. Operating Expense Component & Per Diem	50.1999	50.1999	110,239
3. Resident Care			
A. Dietary			20,985
B. Other			0
C. Nursing			21,846
D. Resident Care & Per Diem	19.5041	19.5041	42,831
4. Prop Exp & Per Diem	14.0515	14.0515	30,857
5. ROE/Use Per Diem	6.5228	6.5228	14,324
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,076.25	761.00	1,837.25
3. Staffing Percent	58.5793986	41.4206014	100.00
4. Allocation of Direct Care	136,398.03	96,444.97	232,843.00
5. Direct Care Expense Per Diem	95.0509	126.7345	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,435	761	2,196
2. Additional Services	71,930	38,140	110,070
3. Additional Services Exp & Per Diem	50.1254	50.1183	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	50.1999	50.1999	110,239
2. Resident Care Component	164.6804	196.3569	385,744
3. Property Cost Component	14.0515	14.0515	30,857
4. ROE/Use Allow Component	6.5228	6.5228	14,324
5 Total Cost Per Diem	235.4546	267.1310	541,164



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028541200 - 2013/04

RI: 252.12

NM: 285.04

Twin Lane Community Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.221	180.052	220.274	40.221	216.602	256.824
2. Inflate Line 1 by Inflation Factor 1.02283750	41.140	184.164	225.304	41.140	221.549	262.689
3. Line 1 x 1.400 x Inflation Factor 1.03197250	41.507	185.809	227.317	41.507	223.527	265.035
4. Current Period Cost	50.200	164.680	214.880	50.200	196.357	246.557
5. Incentive Basis (line 3 - line 4)	0.000	21.129		0.000	27.170	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.507	164.680	206.188	41.507	196.357	237.864
7. Incentive Line 5 x Oper 50% Res 50%	0.000	10.564	10.564	0.000	13.585	13.585
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.940	4.940	0.000	5.891	5.891
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.940	4.940	0.000	5.891	5.891
10. Final Incentive	0.000	4.940	4.940	0.000	5.891	5.891
11. Current Period Base: (line 6 + line 10)	41.507	169.621	211.128	41.507	202.248	243.755
12. Plus: Property Rate Component			14.051			14.051
13. Plus: ROE/Use Rate			6.523			6.523
14. Total Current Period Base			231.703			264.329
15. Prospective Rate: Line 11 x Inflation (1.03377628)	42.909	175.350	218.259	42.909	209.079	251.988
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	42.909	175.350	218.259	42.909	209.079	251.988
19. Property Rate Component			14.051			14.051
20. ROE Component + ROE Interim Component			6.523			6.523
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			238.83			272.56
23. Medicaid Days		1,435			761	
24. Resident Days		1,435			761	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.04			3.44
28. Less Rate Freeze Amount (0.012163%)			3.10			3.51
29. Final Per Diem After Adjustments			252.12			285.04



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

028545500 - 2013/04
RI:290.39 / NM:0.00

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

Provider Number: 028545500
 Date: 03/28/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>281.02</u>	<u>290.39</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

028545500

Provider Name: **Second Street Group Home**
 Provider Number: 28545500
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,798	0	1,798
2. Operating Expenses Component			
A. Administration			123,068
B. Plant Operation			27,939
C. Laundry			700
D. Housekeeping			2,310
E. Operating Expense Component & Per Diem	85.6602	0.0000	154,017
3. Resident Care			
A. Dietary			23,651
B. Other			0
C. Nursing			18,997
D. Resident Care & Per Diem	23.7197	0.0000	42,648
4. Prop Exp & Per Diem	19.9766	0.0000	35,918
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,348.50		1,348.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	229,417.00		229,417.00
5. Direct Care Expense Per Diem	127.5957		
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,798		1,798
2. Additional Services	91,350		91,350
3. Additional Services Exp & Per Diem	50.8065		
D. Medicaid Per Diem Cost			
1. Operating Component	85.6602		154,017
2. Resident Care Component	202.1218		363,415
3. Property Cost Component	19.9766		35,918
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	307.7586		553,350



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028545500 - 2013/04
RI: 290.39
NM: 0.00

Second Street Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.616	165.285	241.901			
2. Inflate Line 1 by Inflation Factor 1.02283750	78.366	169.060	247.426			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	79.066	170.570	249.635			
4. Current Period Cost	85.660	202.122	287.782			
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)	79.066	170.570	249.635			
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)	79.066	170.570	249.635	0.000	0.000	0.000
12. Plus: Property Rate Component			19.977			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			269.612			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	81.736	176.331	258.067	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	81.736	176.331	258.067	0.000	0.000	0.000
19. Property Rate Component			19.977			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			278.04			0.00
23. Medicaid Days		1,798			0	
24. Resident Days		1,798			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.51			
28. Less Rate Freeze Amount (0.012163%)			3.58			0.00
29. Final Per Diem After Adjustments			290.39			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 - 2013/04
RI:294.82 / NM:330.72

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

Provider Number: 028546300
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>280.33</u>	<u>294.82</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>315.40</u>	<u>330.72</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028546300

Provider Name: **107th Place Home**
 Provider Number: 28546300
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,392	396	1,788
2. Operating Expenses Component			
A. Administration			118,872
B. Plant Operation			29,292
C. Laundry			693
D. Housekeeping			2,697
E. Operating Expense Component & Per Diem	84,7617	84,7617	151,554
3. Resident Care			
A. Dietary			19,271
B. Other			0
C. Nursing			15,999
D. Resident Care & Per Diem	19,7260	19,7260	35,270
4. Prop Exp & Per Diem	30,9368	30,9368	55,315
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,044.00	396.00	1,440.00
3. Staffing Percent	72.5000000	27.5000000	100.00
4. Allocation of Direct Care	155,599.50	59,020.50	214,620.00
5. Direct Care Expense Per Diem	111.7813	149.0417	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,392	396	1,788
2. Additional Services	53,920	15,342	69,262
3. Additional Services Exp & Per Diem	38.7356	38.7424	
D. Medicaid Per Diem Cost			
1. Operating Component	84,7617	84,7617	151,554
2. Resident Care Component	170,2428	207,5100	319,152
3. Property Cost Component	30,9368	30,9368	55,315
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	285.9414	323.2086	526,021



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028546300 - 2013/04

RI: 294.82

NM: 330.72

107th Place Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.932	158.943	235.875	76.932	193.416	270.347
2. Inflate Line 1 by Inflation Factor 1.02283750	78.688	162.573	241.262	78.688	197.833	276.521
3. Line 1 x 1.400 x Inflation Factor 1.03197250	79.391	164.025	243.416	79.391	199.600	278.991
4. Current Period Cost	84.762	170.243	255.005	84.762	207.510	292.272
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)	79.391	164.025	243.416	79.391	199.600	278.991
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)	79.391	164.025	243.416	79.391	199.600	278.991
12. Plus: Property Rate Component			30.937			30.937
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			274.353			309.928
15. Prospective Rate: Line 11 x Inflation (1.03377628)	82.073	169.565	251.638	82.073	206.342	288.414
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	82.073	169.565	251.638	82.073	206.342	288.414
19. Property Rate Component			30.937			30.937
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			282.57			319.35
23. Medicaid Days		1,392			396	
24. Resident Days		1,392			396	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.56			3.99
28. Less Rate Freeze Amount (0.012163%)			3.63			4.07
29. Final Per Diem After Adjustments			294.82			330.72



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

028547100 - 2013/04
RI:217.87 / NM:0.00

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

Provider Number: 028547100
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>230.92</u>	<u>217.87</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028547100

Provider Name: **Sunrise Group Home #17**
 Provider Number: 28547100
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			54,748
B. Plant Operation			28,383
C. Laundry			1,223
D. Housekeeping			1,496
E. Operating Expense Component & Per Diem	39.0938	0.0000	85,850
3. Resident Care			
A. Dietary			21,899
B. Other			46,545
C. Nursing			-503
D. Resident Care & Per Diem	30.9385	0.0000	67,941
4. Prop Exp & Per Diem	16.5770	0.0000	36,403
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	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	229,192.00		229,192.00
5. Direct Care Expense Per Diem	104.3679		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	726		726
3. Additional Services Exp & Per Diem	0.3306		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	39.0938		85,850
2. Resident Care Component	135.6371		297,859
3. Property Cost Component	16.5770		36,403
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	191.3078		420,112



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028547100 - 2013/04

RI: 217.87

NM: 0.00

Sunrise Group Home #17

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.260	147.924	190.185			
2. Inflate Line 1 by Inflation Factor 1.02283750	43.225	151.303	194.528			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	43.611	152.654	196.265			
4. Current Period Cost	39.094	135.637	174.731			
5. Incentive Basis (line 3 - line 4)	4.518	17.017		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.094	135.637	174.731			
7. Incentive Line 5 x Oper 50% Res 50%	2.259	8.508	10.767	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.909	4.069	7.978	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.259	4.069	6.328	2.259	0.000	2.259
10. Final Incentive	2.259	4.069	6.328	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.353	139.706	181.059	0.000	0.000	0.000
12. Plus: Property Rate Component			16.577			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			197.636			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	42.749	144.425	187.174	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	144.425	187.174	0.000	0.000	0.000
19. Property Rate Component			16.577			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			203.75			0.00
23. Medicaid Days		2,196				0
24. Resident Days		2,196				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.63			
28. Less Rate Freeze Amount (0.012163%)			2.68			0.00
29. Final Per Diem After Adjustments			217.87			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

028548000 - 2013/04
RI:222.99 / NM:259.86

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

Provider Number: 028548000
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>219.99</u>	<u>222.99</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>256.00</u>	<u>259.86</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028548000

Provider Name: **Sunrise Group Home #16**
 Provider Number: 28548000
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,464	725	2,189
2. Operating Expenses Component			
A. Administration			63,424
B. Plant Operation			27,861
C. Laundry			1,066
D. Housekeeping			2,264
E. Operating Expense Component & Per Diem	43.2229	43.2229	94,615
3. Resident Care			
A. Dietary			15,628
B. Other			31,891
C. Nursing			3,258
D. Resident Care & Per Diem	23.1964	23.1964	50,777
4. Prop Exp & Per Diem	19.9561	19.9561	43,684
5. ROE/Use Per Diem	0.0283	0.0283	62
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	725.00	1,823.00
3. Staffing Percent	60.2303895	39.7696105	100.00
4. Allocation of Direct Care	171,050.69	112,943.31	283,994.00
5. Direct Care Expense Per Diem	116.8379	155.7839	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,464	725	2,189
2. Additional Services	8,390	4,154	12,544
3. Additional Services Exp & Per Diem	5.7309	5.7297	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	43.2229	43.2229	94,615
2. Resident Care Component	145.7652	184.7100	347,315
3. Property Cost Component	19.9561	19.9561	43,684
4. ROE/Use Allow Component	0.0283	0.0283	62
5 Total Cost Per Diem	208.9726	247.9174	485,676



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 04/01/2013 through 09/30/2013

028548000 - 2013/04
RI: 222.99
NM: 259.86

Sunrise Group Home #16

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.323	135.855	177.178	41.323	171.250	212.573
2. Inflate Line 1 by Inflation Factor 1.02283750	42.267	138.957	181.224	42.267	175.161	217.428
3. Line 1 x 1.400 x Inflation Factor 1.03197250	42.644	140.198	182.842	42.644	176.726	219.370
4. Current Period Cost	43.223	145.765	188.988	43.223	184.710	227.933
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	42.644	140.198	182.842	42.644	176.726	219.370
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)	42.644	140.198	182.842	42.644	176.726	219.370
12. Plus: Property Rate Component			19.956			19.956
13. Plus: ROE/Use Rate			0.028			0.028
14. Total Current Period Base			202.827			239.354
15. Prospective Rate: Line 11 x Inflation (1.03377628)	44.085	144.934	189.018	44.085	182.695	226.779
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	44.085	144.934	189.018	44.085	182.695	226.779
19. Property Rate Component			19.956			19.956
20. ROE Component + ROE Interim Component			0.028			0.028
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			209.00			246.76
23. Medicaid Days		1,464			725	
24. Resident Days		1,464			725	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.69			3.14
28. Less Rate Freeze Amount (0.012163%)			2.75			3.20
29. Final Per Diem After Adjustments			222.99			259.86



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

028552800 - 2013/04
RI:198.82 / NM:231.99

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

Provider Number: 028552800
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>195.49</u>	<u>198.82</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>227.91</u>	<u>231.99</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028552800

Provider Name: **Sunrise Group Home #12**
 Provider Number: 28552800
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,459	732	2,191
2. Operating Expenses Component			
A. Administration			73,240
B. Plant Operation			25,031
C. Laundry			1,726
D. Housekeeping			1,298
E. Operating Expense Component & Per Diem	46.2323	46.2323	101,295
3. Resident Care			
A. Dietary			14,256
B. Other			38,967
C. Nursing			0
D. Resident Care & Per Diem	24.2916	24.2916	53,223
4. Prop Exp & Per Diem	11.2072	11.2072	24,555
5. ROE/Use Per Diem	0.2839	0.2839	622
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,094.25	732.00	1,826.25
3. Staffing Percent	59.9178645	40.0821355	100.00
4. Allocation of Direct Care	181,853.12	121,650.88	303,504.00
5. Direct Care Expense Per Diem	124.6423	166.1897	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,459	732	2,191
2. Additional Services	4,767	2,391	7,158
3. Additional Services Exp & Per Diem	3.2673	3.2664	
D. Medicaid Per Diem Cost			
1. Operating Component	46.2323	46.2323	101,295
2. Resident Care Component	152.2013	193.7478	363,885
3. Property Cost Component	11.2072	11.2072	24,555
4. ROE/Use Allow Component	0.2839	0.2839	622
5 Total Cost Per Diem	209.9247	251.4712	490,357



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028552800 - 2013/04

RI: 198.82

NM: 231.99

Sunrise Group Home #12

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.247	120.677	161.923	41.247	152.533	193.779
2. Inflate Line 1 by Inflation Factor 1.02283750	42.189	123.433	165.621	42.189	156.016	198.205
3. Line 1 x 1.400 x Inflation Factor 1.03197250	42.565	124.535	167.101	42.565	157.409	199.975
4. Current Period Cost	46.232	152.201	198.434	46.232	193.748	239.980
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)	42.565	124.535	167.101	42.565	157.409	199.975
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)	42.565	124.535	167.101	42.565	157.409	199.975
12. Plus: Property Rate Component			11.207			11.207
13. Plus: ROE/Use Rate			0.284			0.284
14. Total Current Period Base			178.592			211.466
15. Prospective Rate: Line 11 x Inflation (1.03377628)	44.003	128.741	172.745	44.003	162.726	206.729
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	44.003	128.741	172.745	44.003	162.726	206.729
19. Property Rate Component			11.207			11.207
20. ROE Component + ROE Interim Component			0.284			0.284
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			184.24			218.22
23. Medicaid Days		1,459			732	
24. Resident Days		1,459			732	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.40			2.80
28. Less Rate Freeze Amount (0.012163%)			2.45			2.86
29. Final Per Diem After Adjustments			198.82			231.99



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

028553600 - 2013/04
RI:304.07 / NM:349.87

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

Provider Number: 028553600
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>296.70</u>	<u>304.07</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>341.45</u>	<u>349.87</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028553600

Provider Name: **Sunrise Group Home #13**
 Provider Number: 28553600
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	1,830	366	2,196
2. Operating Expenses Component			
A. Administration			121,723
B. Plant Operation			39,180
C. Laundry			947
D. Housekeeping			1,276
E. Operating Expense Component & Per Diem	74.2832	74.2832	163,126
3. Resident Care			
A. Dietary			17,174
B. Other			62,579
C. Nursing			0
D. Resident Care & Per Diem	36.3174	36.3174	79,753
4. Prop Exp & Per Diem	22.6576	22.6576	49,756
5. ROE/Use Per Diem	0.4727	0.4727	1,038
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	280,053.95	74,681.05	354,735.00
5. Direct Care Expense Per Diem	153.0349	204.0466	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	32,490	6,499	38,989
3. Additional Services Exp & Per Diem	17.7541	17.7568	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	74.2832	74.2832	163,126
2. Resident Care Component	207.1064	258.1208	473,477
3. Property Cost Component	22.6576	22.6576	49,756
4. ROE/Use Allow Component	0.4727	0.4727	1,038
5 Total Cost Per Diem	304.5199	355.5343	687,397



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028553600 - 2013/04

RI: 304.07

NM: 349.87

Sunrise Group Home #13

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.003	182.074	252.077	70.003	226.053	296.055
2. Inflate Line 1 by Inflation Factor 1.02283750	71.601	186.233	257.834	71.601	231.215	302.816
3. Line 1 x 1.400 x Inflation Factor 1.03197250	72.241	187.896	260.137	72.241	233.280	305.521
4. Current Period Cost	74.283	207.106	281.390	74.283	258.121	332.404
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)	72.241	187.896	260.137	72.241	233.280	305.521
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)	72.241	187.896	260.137	72.241	233.280	305.521
12. Plus: Property Rate Component			22.658			22.658
13. Plus: ROE/Use Rate			0.473			0.473
14. Total Current Period Base			283.267			328.651
15. Prospective Rate: Line 11 x Inflation (1.03377628)	74.681	194.242	268.923	74.681	241.159	315.840
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	74.681	194.242	268.923	74.681	241.159	315.840
19. Property Rate Component			22.658			22.658
20. ROE Component + ROE Interim Component			0.473			0.473
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			292.05			338.97
23. Medicaid Days		1,830			366	
24. Resident Days		1,830			366	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.67			4.22
28. Less Rate Freeze Amount (0.012163%)			3.74			4.31
29. Final Per Diem After Adjustments			304.07			349.87



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

028554400 - 2013/04
RI:304.61 / NM:345.98

Coletta Drive Group Home
 1604 Coletta Drive
 Orlando FL 32807

Provider Number: 028554400
 Date: 04/01/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>291.39</u>	<u>304.61</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>332.77</u>	<u>345.98</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (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) 04/2013 to 04/2013

028554400

Provider Name: **Coletta Drive Group Home**
 Provider Number: 28554400
 Audit Status: Unaudited [3]
 Date: 4/1/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,044	0	2,044
2. Operating Expenses Component			
A. Administration			128,781
B. Plant Operation			31,222
C. Laundry			421
D. Housekeeping			2,666
E. Operating Expense Component & Per Diem	79.7896	0.0000	163,090
3. Resident Care			
A. Dietary			23,539
B. Other			0
C. Nursing			15,817
D. Resident Care & Per Diem	19.2544	0.0000	39,356
4. Prop Exp & Per Diem	20.7715	0.0000	42,457
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,533.00		1,533.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	247,738.00		247,738.00
5. Direct Care Expense Per Diem	121.2025		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,044		2,044
2. Additional Services	115,451		115,451
3. Additional Services Exp & Per Diem	56.4829		
D. Medicaid Per Diem Cost			
1. Operating Component	79.7896		163,090
2. Resident Care Component	196.9398		402,545
3. Property Cost Component	20.7715		42,457
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	297.5010		608,092



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028554400 - 2013/04

RI: 304.61

NM: 345.98

Coletta Drive Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.182	177.629	254.811	77.182		77.182
2. Inflate Line 1 by Inflation Factor 1.02283750	78.944	181.686	260.630	78.945		78.945
3. Line 1 x 1.400 x Inflation Factor 1.03197250	79.650	183.309	262.958	79.650		79.650
4. Current Period Cost	79.790	196.940	276.729	79.790	224.301	304.090
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)	79.650	183.309	262.958	79.650	224.301	303.950
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)	79.650	183.309	262.958	79.650	224.301	303.950
12. Plus: Property Rate Component			20.772			20.772
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			283.730			324.722
15. Prospective Rate: Line 11 x Inflation (1.03377628)	82.340	189.500	271.840	82.340	231.877	314.217
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	82.340	189.500	271.840	82.340	231.877	314.217
19. Property Rate Component			20.772			20.772
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			292.61			334.99
23. Medicaid Days		2,044			0	
24. Resident Days		2,044			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.68			4.18
28. Less Rate Freeze Amount (0.012163%)			3.75			4.26
29. Final Per Diem After Adjustments			304.61			345.98



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

028555200 - 2013/04
RI:214.10 / NM:236.45

Gulfview
 2603 State Avenue
 Panama City FL 32405

Provider Number: 028555200
 Date: 03/13/2013
 FYE: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>211.49</u>	<u>214.10</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>233.51</u>	<u>236.45</u>	<u>04/01/2013</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) 10/2012 to 04/2013

028555200

Provider Name: **Gulfview**
 Provider Number: 28555200
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2013
 Cost Report: 01/01/2011 - 12/31/2011
 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	1,610	421	2,031
2. Operating Expenses Component			
A. Administration			99,370
B. Plant Operation			18,006
C. Laundry			0
D. Housekeeping			2,844
E. Operating Expense Component & Per Diem	59.1925	59.1925	120,220
3. Resident Care			
A. Dietary			10,279
B. Other			0
C. Nursing			17,941
D. Resident Care & Per Diem	13.8946	13.8946	28,220
4. Prop Exp & Per Diem	19.2161	19.2161	39,028
5. ROE/Use Per Diem	0.8484	0.8484	1,723
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,207.50	421.00	1,628.50
3. Staffing Percent	74.1479889	25.8520111	100.00
4. Allocation of Direct Care	102,676.43	35,798.57	138,475.00
5. Direct Care Expense Per Diem	63.7742	85.0322	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,610	421	2,031
2. Additional Services	45,804	11,978	57,782
3. Additional Services Exp & Per Diem	28.4497	28.4513	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	59.1925	59.1925	120,220
2. Resident Care Component	106.1185	127.3782	224,477
3. Property Cost Component	19.2161	19.2161	39,028
4. ROE/Use Allow Component	0.8484	0.8484	1,723
5 Total Cost Per Diem	185.3755	206.6352	385,448



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028555200 - 2013/04

RI: 214.10

NM: 236.45

Gulfview

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2011	12/31/2011	Unaudited [3]	201204
Prior Cost Report	01/01/2010	12/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	64.263	113.609	177.872	64.263	139.466	203.728
2. Inflate Line 1 by Inflation Factor 1.02277820	65.726	116.197	181.923	65.726	142.642	208.369
3. Line 1 x 1.400 x Inflation Factor 1.03188948	66.312	117.232	183.544	66.312	143.913	210.225
4. Current Period Cost	59.193	106.118	165.311	59.193	127.378	186.571
5. Incentive Basis (line 3 - line 4)	7.119	11.114		7.119	16.535	
6. Allowed Current Period Costs (Min of line 3 or 4)	59.193	106.118	165.311	59.193	127.378	186.571
7. Incentive Line 5 x Oper 50% Res 50%	3.560	5.557	9.116	3.560	8.268	11.827
8. Incentive - Line 4 x Oper 10% Res 3%	5.919	3.184	9.103	5.919	3.821	9.741
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.560	3.184	6.743	3.560	3.821	7.381
10. Final Incentive	3.560	3.184	6.743	3.560	3.821	7.381
11. Current Period Base: (line 6 + line 10)	62.752	109.302	172.054	62.752	131.200	193.952
12. Plus: Property Rate Component			19.216			19.216
13. Plus: ROE/Use Rate			0.848			0.848
14. Total Current Period Base			192.119			214.016
15. Prospective Rate: Line 11 x Inflation (1.04519487)	65.588	114.242	179.830	65.588	137.129	202.717
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	65.588	114.242	179.830	65.588	137.129	202.717
19. Property Rate Component			19.216			19.216
20. ROE Component + ROE Interim Component			0.848			0.848
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			199.89			222.78
23. Medicaid Days		1,610			421	
24. Resident Days		1,610			421	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.58			2.85
28. Less Rate Freeze Amount (0.012163%)			2.64			2.91
29. Final Per Diem After Adjustments			214.10			236.45



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

028557900 - 2013/04
RI:234.52 / NM:0.00

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

Provider Number: 028557900
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.66</u>	<u>234.52</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028557900

Provider Name: **Sunrise 148th Court**
 Provider Number: 28557900
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			58,383
B. Plant Operation			25,606
C. Laundry			1,341
D. Housekeeping			1,822
E. Operating Expense Component & Per Diem	39.6867	0.0000	87,152
3. Resident Care			
A. Dietary			14,535
B. Other			60,953
C. Nursing			2,894
D. Resident Care & Per Diem	35.6931	0.0000	78,382
4. Prop Exp & Per Diem	16.2067	0.0000	35,590
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	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	242,247.00		242,247.00
5. Direct Care Expense Per Diem	110.3128		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	12,579		12,579
3. Additional Services Exp & Per Diem	5.7281		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	39.6867		87,152
2. Resident Care Component	151.7341		333,208
3. Property Cost Component	16.2067		35,590
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	207.6275		455,950



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028557900 - 2013/04

RI: 234.52

NM: 0.00

Sunrise 148th Court

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.951	155.125	198.076			
2. Inflate Line 1 by Inflation Factor 1.02283750	43.932	158.667	202.599			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	44.324	160.085	204.409			
4. Current Period Cost	39.687	151.734	191.421			
5. Incentive Basis (line 3 - line 4)	4.637	8.351		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.687	151.734	191.421			
7. Incentive Line 5 x Oper 50% Res 50%	2.319	4.175	6.494	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.969	4.552	8.521	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.319	4.175	6.494	2.319	0.000	2.319
10. Final Incentive	2.319	4.175	6.494	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.005	155.909	197.915	0.000	0.000	0.000
12. Plus: Property Rate Component			16.207			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			214.121			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	43.424	161.175	204.600	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	43.424	161.175	204.600	0.000	0.000	0.000
19. Property Rate Component			16.207			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			220.81			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.83			
28. Less Rate Freeze Amount (0.012163%)			2.89			0.00
29. Final Per Diem After Adjustments			234.52			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 - 2013/04
RI:221.50 / NM:0.00

Sunrise Oakmont
 19420 W. Oakmont Drive
 Miami Lakes FL 33015


Provider Number: 028558700
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>222.81</u>	<u>221.50</u>	<u>04/01/2013</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	<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 (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) 04/2013 to 04/2013

028558700

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,193	0	2,193
2. Operating Expenses Component			
A. Administration			56,086
B. Plant Operation			24,137
C. Laundry			1,684
D. Housekeeping			2,368
E. Operating Expense Component & Per Diem	38.4291	0.0000	84,275
3. Resident Care			
A. Dietary			23,186
B. Other			41,376
C. Nursing			158
D. Resident Care & Per Diem	29.5121	0.0000	64,720
4. Prop Exp & Per Diem	18.9056	0.0000	41,460
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	1,644.75		1,644.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	244,861.00		244,861.00
5. Direct Care Expense Per Diem	111.6557		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,193		2,193
2. Additional Services	584		584
3. Additional Services Exp & Per Diem	0.2663		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	38.4291		84,275
2. Resident Care Component	141.4341		310,165
3. Property Cost Component	18.9056		41,460
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	198.7688		435,900



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028558700 - 2013/04
RI: 221.50
NM: 0.00

Sunrise Oakmont

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	43.955	136.158	180.113			
2. Inflate Line 1 by Inflation Factor 1.02283750	44.959	139.268	184.226			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	45.360	140.511	185.872			
4. Current Period Cost	38.429	141.434	179.863			
5. Incentive Basis (line 3 - line 4)	6.931	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	38.429	140.511	178.940			
7. Incentive Line 5 x Oper 50% Res 50%	3.466	0.000	3.466	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.843	0.000	3.843	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.466	0.000	3.466	3.466	0.000	3.466
10. Final Incentive	3.466	0.000	3.466	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.895	140.511	182.406	0.000	0.000	0.000
12. Plus: Property Rate Component			18.906			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			201.312			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	43.310	145.257	188.567	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	43.310	145.257	188.567	0.000	0.000	0.000
19. Property Rate Component			18.906			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			207.47			0.00
23. Medicaid Days		2,193			0	
24. Resident Days		2,193			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.67			
28. Less Rate Freeze Amount (0.012163%)			2.73			0.00
29. Final Per Diem After Adjustments			221.50			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 - 2013/04
RI:216.82 / NM:0.00

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

Provider Number: 028559500
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>240.29</u>	<u>216.82</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028559500

Provider Name: **Sunrise 53rd Ct.**
 Provider Number: 28559500
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,145	0	2,145
2. Operating Expenses Component			
A. Administration			55,634
B. Plant Operation			24,424
C. Laundry			1,630
D. Housekeeping			1,734
E. Operating Expense Component & Per Diem	38,8914	0.0000	83,422
3. Resident Care			
A. Dietary			20,732
B. Other			41,356
C. Nursing			6,913
D. Resident Care & Per Diem	32.1683	0.0000	69,001
4. Prop Exp & Per Diem	17.5818	0.0000	37,713
5. ROE/Use Per Diem	0.0886	0.0000	190
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,608.75		1,608.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	207,497.00		207,497.00
5. Direct Care Expense Per Diem	96.7352		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,145		2,145
2. Additional Services	7,579		7,579
3. Additional Services Exp & Per Diem	3.5333		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	38.8914		83,422
2. Resident Care Component	132.4368		284,077
3. Property Cost Component	17.5818		37,713
4. ROE/Use Allow Component	0.0886		190
5 Total Cost Per Diem	188.9986		405,402



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028559500 - 2013/04
RI: 216.82
NM: 0.00

Sunrise 53rd Ct.

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.774	153.904	198.678			
2. Inflate Line 1 by Inflation Factor 1.02283750	45.796	157.419	203.216			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	46.205	158.825	205.031			
4. Current Period Cost	38.891	132.437	171.328			
5. Incentive Basis (line 3 - line 4)	7.314	26.388		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	38.891	132.437	171.328			
7. Incentive Line 5 x Oper 50% Res 50%	3.657	13.194	16.851	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.889	3.973	7.862	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.657	3.973	7.630	3.657	0.000	3.657
10. Final Incentive	3.657	3.973	7.630	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.548	136.410	178.958	0.000	0.000	0.000
12. Plus: Property Rate Component			17.582			0.000
13. Plus: ROE/Use Rate			0.089			0.000
14. Total Current Period Base			196.629			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	43.986	141.017	185.003	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	43.986	141.017	185.003	0.000	0.000	0.000
19. Property Rate Component			17.582			0.000
20. ROE Component + ROE Interim Component			0.089			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			202.67			0.00
23. Medicaid Days		2,145				0
24. Resident Days		2,145				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.62			
28. Less Rate Freeze Amount (0.012163%)			2.67			0.00
29. Final Per Diem After Adjustments			216.82			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 - 2013/04
RI:221.65 / NM:0.00

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

Provider Number: 028560900
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>249.92</u>	<u>221.65</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>298.94</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) 04/2013 to 04/2013

028560900

Provider Name: **Sunrise 55th Court**
 Provider Number: 28560900
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,071	0	2,071
2. Operating Expenses Component			
A. Administration			58,854
B. Plant Operation			20,511
C. Laundry			1,345
D. Housekeeping			1,770
E. Operating Expense Component & Per Diem	39.8262	0.0000	82,480
3. Resident Care			
A. Dietary			20,477
B. Other			40,434
C. Nursing			-6,932
D. Resident Care & Per Diem	26.0642	0.0000	53,979
4. Prop Exp & Per Diem	10.9903	0.0000	22,761
5. ROE/Use Per Diem	0.1371	0.0000	284
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,553.25		1,553.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	235,506.00		235,506.00
5. Direct Care Expense Per Diem	113.7161		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,071		2,071
2. Additional Services	4,614		4,614
3. Additional Services Exp & Per Diem	2.2279		
D. Medicaid Per Diem Cost			
1. Operating Component	39.8262		82,480
2. Resident Care Component	142.0082		294,099
3. Property Cost Component	10.9903		22,761
4. ROE/Use Allow Component	0.1371		284
5 Total Cost Per Diem	192.9619		399,624



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028560900 - 2013/04
RI: 221.65
NM: 0.00

Sunrise 55th Court

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	47.225	163.470	210.695			
2. Inflate Line 1 by Inflation Factor 1.02283750	48.303	167.203	215.506			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	48.735	168.696	217.431			
4. Current Period Cost	39.826	142.008	181.834			
5. Incentive Basis (line 3 - line 4)	8.908	26.688		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.826	142.008	181.834			
7. Incentive Line 5 x Oper 50% Res 50%	4.454	13.344	17.798	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.983	4.260	8.243	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.983	4.260	8.243	3.983	0.000	3.983
10. Final Incentive	3.983	4.260	8.243	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.809	146.268	190.077	0.000	0.000	0.000
12. Plus: Property Rate Component			10.990			0.000
13. Plus: ROE/Use Rate			0.137			0.000
14. Total Current Period Base			201.205			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	45.288	151.209	196.497	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	45.288	151.209	196.497	0.000	0.000	0.000
19. Property Rate Component			10.990			0.000
20. ROE Component + ROE Interim Component			0.137			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			207.62			0.00
23. Medicaid Days		2,071				0
24. Resident Days		2,071				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.68			
28. Less Rate Freeze Amount (0.012163%)			2.73			0.00
29. Final Per Diem After Adjustments			221.65			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

028561700 - 2013/04
RI:237.31 / NM:0.00

Sunrise Wentworth
 18711 Wentworth Drive
 Miami Lakes FL 33015

Provider Number: 028561700
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.99</u>	<u>237.31</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028561700

Provider Name: **Sunrise Wentworth**
 Provider Number: 28561700
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			57,978
B. Plant Operation			21,427
C. Laundry			1,414
D. Housekeeping			1,388
E. Operating Expense Component & Per Diem	37.4349	0.0000	82,207
3. Resident Care			
A. Dietary			21,091
B. Other			44,927
C. Nursing			349
D. Resident Care & Per Diem	30.2218	0.0000	66,367
4. Prop Exp & Per Diem	16.1166	0.0000	35,392
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	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	289,690.00		289,690.00
5. Direct Care Expense Per Diem	131.9171		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	4,480		4,480
3. Additional Services Exp & Per Diem	2.0401		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	37.4349		82,207
2. Resident Care Component	164.1790		360,537
3. Property Cost Component	16.1166		35,392
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	217.7304		478,136



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028561700 - 2013/04

RI: 237.31

NM: 0.00

Sunrise Wentworth

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.337	155.741	197.079			
2. Inflate Line 1 by Inflation Factor 1.02283750	42.282	159.298	201.580			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	42.659	160.721	203.380			
4. Current Period Cost	37.435	164.179	201.614			
5. Incentive Basis (line 3 - line 4)	5.224	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	37.435	160.721	198.156			
7. Incentive Line 5 x Oper 50% Res 50%	2.612	0.000	2.612	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.743	0.000	3.743	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.612	0.000	2.612	2.612	0.000	2.612
10. Final Incentive	2.612	0.000	2.612	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	40.047	160.721	200.768	0.000	0.000	0.000
12. Plus: Property Rate Component			16.117			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			216.884			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	41.400	166.149	207.549	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	41.400	166.149	207.549	0.000	0.000	0.000
19. Property Rate Component			16.117			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			223.67			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.86			
28. Less Rate Freeze Amount (0.012163%)			2.92			0.00
29. Final Per Diem After Adjustments			237.31			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 - 2013/04
RI:302.06 / NM:0.00

TUNIS STREET GROUP HOME
 4748 Tunis Street
 Jacksonville FL 32210

Provider Number: 028563300
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>331.02</u>	<u>302.06</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028563300

Provider Name: **TUNIS STREET GROUP HOME**
 Provider Number: 28563300
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,192	0	2,192
2. Operating Expenses Component			
A. Administration			120,222
B. Plant Operation			29,675
C. Laundry			1,499
D. Housekeeping			2,260
E. Operating Expense Component & Per Diem	70.0985	0.0000	153,656
3. Resident Care			
A. Dietary			20,787
B. Other			0
C. Nursing			39,657
D. Resident Care & Per Diem	27.5748	0.0000	60,444
4. Prop Exp & Per Diem	15.8239	0.0000	34,686
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	1,644.00		1,644.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	219,861.00		219,861.00
5. Direct Care Expense Per Diem	100.3016		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,192		2,192
2. Additional Services	120,020		120,020
3. Additional Services Exp & Per Diem	54.7536		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.0985		153,656
2. Resident Care Component	182.6300		400,325
3. Property Cost Component	15.8239		34,686
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	268.5525		588,667



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028563300 - 2013/04

RI: 302.06

NM: 0.00

TUNIS STREET GROUP HOME

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.870	207.494	290.364			
2. Inflate Line 1 by Inflation Factor 1.02283750	84.762	212.233	296.995			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	85.519	214.128	299.647			
4. Current Period Cost	70.099	182.630	252.729			
5. Incentive Basis (line 3 - line 4)	15.421	31.498		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.099	182.630	252.729			
7. Incentive Line 5 x Oper 50% Res 50%	7.710	15.749	23.459	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.010	5.479	12.489	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.010	5.479	12.489	7.010	0.000	7.010
10. Final Incentive	7.010	5.479	12.489	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	77.108	188.109	265.217	0.000	0.000	0.000
12. Plus: Property Rate Component			15.824			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			281.041			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	79.713	194.463	274.175	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	79.713	194.463	274.175	0.000	0.000	0.000
19. Property Rate Component			15.824			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			290.00			0.00
23. Medicaid Days		2,192			0	
24. Resident Days		2,192			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.65			
28. Less Rate Freeze Amount (0.012163%)			3.72			0.00
29. Final Per Diem After Adjustments			302.06			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 - 2013/04
RI:307.48 / NM:374.99

LAKEVIEW COURT
 920 W. Kennedy Blvd
 Orlando FL 32810


Provider Number: 028565000
 Date: 03/13/2013
 FYE: 11/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>303.61</u>	<u>307.48</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>370.15</u>	<u>374.99</u>	<u>04/01/2013</u>

Rate Type:			
<u> </u>	Interim	<u> X </u>	Prospective
<u> </u>	Total Interim	<u> </u>	<u> X </u> Total Prospective
<u> </u>	Interim Component	<u> </u>	<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 (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) 10/2012 to 04/2013

028565000

Provider Name: **LAKEVIEW COURT**
 Provider Number: 28565000
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2013
 Cost Report: 12/01/2010 - 11/30/2011
 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	12,108	10,727	22,835
2. Operating Expenses Component			
A. Administration			1,226,040
B. Plant Operation			425,857
C. Laundry			41,811
D. Housekeeping			21,373
E. Operating Expense Component & Per Diem	75.1076	75.1076	1,715,081
3. Resident Care			
A. Dietary			550,337
B. Other			58,553
C. Nursing			689,030
D. Resident Care & Per Diem	56.8391	56.8391	1,297,920
4. Prop Exp & Per Diem	26.9747	26.9747	615,967
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,054.00	10,727.00	16,781.00
3. Staffing Percent	36.0765151	63.9234849	100.00
4. Allocation of Direct Care	799,578.96	1,416,763.04	2,216,342.00
5. Direct Care Expense Per Diem	66.0372	132.0745	
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,108	10,727	22,835
2. Additional Services	695,095	615,813	1,310,908
3. Additional Services Exp & Per Diem	57.4079	57.4078	
D. Medicaid Per Diem Cost			
1. Operating Component	75.1076	75.1076	1,715,081
2. Resident Care Component	180.2842	246.3213	4,825,170
3. Property Cost Component	26.9747	26.9747	615,967
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	282.3665	348.4036	7,156,218



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028565000 - 2013/04

RI: 307.48

NM: 374.99

LAKEVIEW COURT

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 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]	201204
Prior Cost Report	12/01/2009	11/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.914	176.769	249.684	72.914	240.781	313.696
2. Inflate Line 1 by Inflation Factor 1.02246439	74.552	180.740	255.293	74.552	246.190	320.743
3. Line 1 x 1.400 x Inflation Factor 1.03145014	75.208	182.329	257.536	75.208	248.354	323.561
4. Current Period Cost	75.108	180.284	255.392	75.108	246.321	321.429
5. Incentive Basis (line 3 - line 4)	0.100	2.044		0.100	2.033	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.108	180.284	255.392	75.108	246.321	321.429
7. Incentive Line 5 x Oper 50% Res 50%	0.050	1.022	1.072	0.050	1.016	1.066
8. Incentive - Line 4 x Oper 10% Res 3%	7.511	5.409	12.919	7.511	7.390	14.900
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.050	1.022	1.072	0.050	1.016	1.066
10. Final Incentive	0.050	1.022	1.072	0.050	1.016	1.066
11. Current Period Base: (line 6 + line 10)	75.158	181.306	256.464	75.158	247.338	322.495
12. Plus: Property Rate Component			26.975			26.975
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			283.439			349.470
15. Prospective Rate: Line 11 x Inflation (1.04722466)	78.707	189.868	268.575	78.707	259.018	337.725
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	78.707	189.868	268.575	78.707	259.018	337.725
19. Property Rate Component			26.975			26.975
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			295.55			364.70
23. Medicaid Days		12,108			10,727	
24. Resident Days		12,108			10,727	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.71			4.53
28. Less Rate Freeze Amount (0.012163%)			3.79			4.62
29. Final Per Diem After Adjustments			307.48			374.99



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

028566800 - 2013/04
RI:310.53 / NM:367.06

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

Provider Number: 028566800
 Date: 03/13/2013
 FYE: 11/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>306.63</u>	<u>310.53</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>362.36</u>	<u>367.06</u>	<u>04/01/2013</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) 10/2012 to 04/2013

028566800

Provider Name: **WASHINGTON SQUARE**
 Provider Number: 28566800
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2013
 Cost Report: 12/01/2010 - 11/30/2011
 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	19,087	23,102
2. Operating Expenses Component			
A. Administration			1,310,793
B. Plant Operation			359,492
C. Laundry			36,700
D. Housekeeping			24,601
E. Operating Expense Component & Per Diem	74.9539	74.9539	1,731,586
3. Resident Care			
A. Dietary			605,218
B. Other			53,428
C. Nursing			853,630
D. Resident Care & Per Diem	65.4608	65.4608	1,512,276
4. Prop Exp & Per Diem	28.6573	28.6573	662,042
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	2,007.50	19,087.00	21,094.50
3. Staffing Percent	9.5166987	90.4833013	100.00
4. Allocation of Direct Care	215,214.53	2,046,226.47	2,261,441.00
5. Direct Care Expense Per Diem	53.6026	107.2052	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,015	19,087	23,102
2. Additional Services	238,723	1,134,871	1,373,594
3. Additional Services Exp & Per Diem	59.4578	59.4578	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	74.9539	74.9539	1,731,586
2. Resident Care Component	178.5212	232.1239	5,147,311
3. Property Cost Component	28.6573	28.6573	662,042
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	282.1325	335.7352	7,540,939



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028566800 - 2013/04

RI: 310.53

NM: 367.06

WASHINGTON SQUARE

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 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]	201204
Prior Cost Report	12/01/2009	11/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.699	179.510	254.208	74.699	234.763	309.462
2. Inflate Line 1 by Inflation Factor 1.02246439	76.377	183.542	259.919	76.377	240.037	316.414
3. Line 1 x 1.400 x Inflation Factor 1.03145014	77.048	185.156	262.203	77.048	242.147	319.194
4. Current Period Cost	74.954	178.521	253.475	74.954	232.124	307.078
5. Incentive Basis (line 3 - line 4)	2.094	6.634		2.094	10.023	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.954	178.521	253.475	74.954	232.124	307.078
7. Incentive Line 5 x Oper 50% Res 50%	1.047	3.317	4.364	1.047	5.011	6.058
8. Incentive - Line 4 x Oper 10% Res 3%	7.495	5.356	12.851	7.495	6.964	14.459
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.047	3.317	4.364	1.047	5.011	6.058
10. Final Incentive	1.047	3.317	4.364	1.047	5.011	6.058
11. Current Period Base: (line 6 + line 10)	76.001	181.838	257.839	76.001	237.135	313.136
12. Plus: Property Rate Component			28.657			28.657
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			286.497			341.793
15. Prospective Rate: Line 11 x Inflation (1.04722466)	79.590	190.426	270.016	79.590	248.334	327.924
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	79.590	190.426	270.016	79.590	248.334	327.924
19. Property Rate Component			28.657			28.657
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			298.67			356.58
23. Medicaid Days		4,015			19,087	
24. Resident Days		4,015			19,087	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.75			4.43
28. Less Rate Freeze Amount (0.012163%)			3.82			4.52
29. Final Per Diem After Adjustments			310.53			367.06



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

028567600 - 2013/04
RI:296.64 / NM:350.37

HOWELL BRANCH COURT
 3664 Howell Branch Road
 Winter Park FL 32792

Provider Number: 028567600
 Date: 03/13/2013
 FYE: 11/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>292.75</u>	<u>296.64</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>345.71</u>	<u>350.37</u>	<u>04/01/2013</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) 10/2012 to 04/2013

028567600

Provider Name: **HOWELL BRANCH COURT**
 Provider Number: 28567600
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2013
 Cost Report: 12/01/2010 - 11/30/2011
 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	2,834	20,023	22,857
2. Operating Expenses Component			
A. Administration			1,224,340
B. Plant Operation			350,540
C. Laundry			36,098
D. Housekeeping			23,296
E. Operating Expense Component & Per Diem	71.4999	71.4999	1,634,274
3. Resident Care			
A. Dietary			540,149
B. Other			65,665
C. Nursing			786,475
D. Resident Care & Per Diem	60.9130	60.9130	1,392,289
4. Prop Exp & Per Diem	27.5330	27.5330	629,321
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,417.00	20,023.00	21,440.00
3. Staffing Percent	6.6091418	93.3908582	100.00
4. Allocation of Direct Care	151,926.26	2,146,802.74	2,298,729.00
5. Direct Care Expense Per Diem	53.6084	107.2168	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,834	20,023	22,857
2. Additional Services	165,710	1,170,778	1,336,488
3. Additional Services Exp & Per Diem	58.4721	58.4717	
D. Medicaid Per Diem Cost			
1. Operating Component	71.4999	71.4999	1,634,274
2. Resident Care Component	172.9936	226.6015	5,027,506
3. Property Cost Component	27.5330	27.5330	629,321
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	272.0265	325.6344	7,291,101



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028567600 - 2013/04

RI: 296.64

NM: 350.37

HOWELL BRANCH COURT

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 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]	201204
Prior Cost Report	12/01/2009	11/30/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.456	168.202	238.658	70.456	218.917	289.373
2. Inflate Line 1 by Inflation Factor 1.02246439	72.038	171.981	244.019	72.038	223.835	295.873
3. Line 1 x 1.400 x Inflation Factor 1.03145014	72.672	173.492	246.164	72.672	225.802	298.473
4. Current Period Cost	71.500	172.994	244.493	71.500	226.602	298.101
5. Incentive Basis (line 3 - line 4)	1.172	0.499		1.172	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.500	172.994	244.493	71.500	225.802	297.302
7. Incentive Line 5 x Oper 50% Res 50%	0.586	0.249	0.835	0.586	0.000	0.586
8. Incentive - Line 4 x Oper 10% Res 3%	7.150	5.190	12.340	7.150	0.000	7.150
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.586	0.249	0.835	0.586	0.000	0.586
10. Final Incentive	0.586	0.249	0.835	0.586	0.000	0.586
11. Current Period Base: (line 6 + line 10)	72.086	173.243	245.329	72.086	225.802	297.888
12. Plus: Property Rate Component			27.533			27.533
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			272.862			325.421
15. Prospective Rate: Line 11 x Inflation (1.04722466)	75.490	181.424	256.914	75.490	236.465	311.955
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	75.490	181.424	256.914	75.490	236.465	311.955
19. Property Rate Component			27.533			27.533
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			284.45			339.49
23. Medicaid Days		2,834			20,023	
24. Resident Days		2,834			20,023	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.58			4.23
28. Less Rate Freeze Amount (0.012163%)			3.65			4.31
29. Final Per Diem After Adjustments			296.64			350.37



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

028568400 - 2013/04
RI:239.77 / NM:0.00

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

Provider Number: 028568400
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>251.76</u>	<u>239.77</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028568400

Provider Name: **Sunrise 157th Terrace**
 Provider Number: 28568400
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			61,010
B. Plant Operation			25,777
C. Laundry			1,000
D. Housekeeping			1,178
E. Operating Expense Component & Per Diem	40.5123	0.0000	88,965
3. Resident Care			
A. Dietary			15,117
B. Other			54,878
C. Nursing			2,426
D. Resident Care & Per Diem	32.9786	0.0000	72,421
4. Prop Exp & Per Diem	10.1034	0.0000	22,187
5. ROE/Use Per Diem	1.1621	0.0000	2,552
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	265,714.00		265,714.00
5. Direct Care Expense Per Diem	120.9991		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	13,843		13,843
3. Additional Services Exp & Per Diem	6.3037		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	40.5123		88,965
2. Resident Care Component	160.2814		351,978
3. Property Cost Component	10.1034		22,187
4. ROE/Use Allow Component	1.1621		2,552
5 Total Cost Per Diem	212.0592		465,682



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028568400 - 2013/04

RI: 239.77

NM: 0.00

Sunrise 157th Terrace

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	43.710	172.548	216.258			
2. Inflate Line 1 by Inflation Factor 1.02283750	44.708	176.489	221.197			
3. Line 1 x 1.400 x Inflation Factor 1.03197250	45.108	178.065	223.173			
4. Current Period Cost	40.512	160.281	200.794			
5. Incentive Basis (line 3 - line 4)	4.595	17.784		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.512	160.281	200.794			
7. Incentive Line 5 x Oper 50% Res 50%	2.298	8.892	11.190	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.051	4.808	8.860	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.298	4.808	7.106	2.298	0.000	2.298
10. Final Incentive	2.298	4.808	7.106	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.810	165.090	207.900	0.000	0.000	0.000
12. Plus: Property Rate Component			10.103			0.000
13. Plus: ROE/Use Rate			1.162			0.000
14. Total Current Period Base			219.165			0.000
15. Prospective Rate: Line 11 x Inflation (1.03377628)	44.256	170.666	214.922	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	44.256	170.666	214.922	0.000	0.000	0.000
19. Property Rate Component			10.103			0.000
20. ROE Component + ROE Interim Component			1.162			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			226.19			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			2.89			
28. Less Rate Freeze Amount (0.012163%)			2.95			0.00
29. Final Per Diem After Adjustments			239.77			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 - 2013/04
RI:288.09 / NM:331.98

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

Provider Number: 028569200
 Date: 03/13/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>292.46</u>	<u>288.09</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>337.40</u>	<u>331.98</u>	<u>04/01/2013</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) 04/2013 to 04/2013

028569200

Provider Name: **Sunrise 145th St. Group Home**
 Provider Number: 28569200
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 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	366	1,830	2,196
2. Operating Expenses Component			
A. Administration			81,107
B. Plant Operation			42,591
C. Laundry			1,484
D. Housekeeping			2,182
E. Operating Expense Component & Per Diem	57.9982	57.9982	127,364
3. Resident Care			
A. Dietary			15,777
B. Other			46,002
C. Nursing			8,765
D. Resident Care & Per Diem	32.1239	32.1239	70,544
4. Prop Exp & Per Diem	27.0556	27.0556	59,414
5. ROE/Use Per Diem	1.7345	1.7345	3,809
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	274.50	1,830.00	2,104.50
3. Staffing Percent	13.0434783	86.9565217	100.00
4. Allocation of Direct Care	46,362.52	309,083.48	355,446.00
5. Direct Care Expense Per Diem	126.6736	168.8981	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	366	1,830	2,196
2. Additional Services	5,560	27,797	33,357
3. Additional Services Exp & Per Diem	15.1913	15.1896	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	57.9982	57.9982	127,364
2. Resident Care Component	173.9887	216.2116	459,347
3. Property Cost Component	27.0556	27.0556	59,414
4. ROE/Use Allow Component	1.7345	1.7345	3,809
5 Total Cost Per Diem	260.7769	302.9998	649,934



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

028569200 - 2013/04
RI: 288.09
NM: 331.98

Sunrise 145th St. Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2011	06/30/2012	Unaudited [3]	201210
Prior Cost Report	07/01/2010	06/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	59.345	179.982	239.327	59.345	224.147	283.492
2. Inflate Line 1 by Inflation Factor 1.02283750	60.700	184.093	244.793	60.700	229.266	289.967
3. Line 1 x 1.400 x Inflation Factor 1.03197250	61.243	185.737	246.979	61.243	231.314	292.556
4. Current Period Cost	57.998	173.989	231.987	57.998	216.212	274.210
5. Incentive Basis (line 3 - line 4)	3.244	11.748		3.244	15.102	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.998	173.989	231.987	57.998	216.212	274.210
7. Incentive Line 5 x Oper 50% Res 50%	1.622	5.874	7.496	1.622	7.551	9.173
8. Incentive - Line 4 x Oper 10% Res 3%	5.800	5.220	11.019	5.800	6.486	12.286
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.622	5.220	6.842	1.622	6.486	8.109
10. Final Incentive	1.622	5.220	6.842	1.622	6.486	8.109
11. Current Period Base: (line 6 + line 10)	59.620	179.208	238.829	59.620	222.698	282.318
12. Plus: Property Rate Component			27.056			27.056
13. Plus: ROE/Use Rate			1.735			1.735
14. Total Current Period Base			267.619			311.108
15. Prospective Rate: Line 11 x Inflation (1.03377628)	61.634	185.261	246.895	61.634	230.220	291.854
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	61.634	185.261	246.895	61.634	230.220	291.854
19. Property Rate Component			27.056			27.056
20. ROE Component + ROE Interim Component			1.735			1.735
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			275.69			320.64
23. Medicaid Days			366			1,830
24. Resident Days			366			1,830
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.48			4.01
28. Less Rate Freeze Amount (0.012163%)			3.55			4.09
29. Final Per Diem After Adjustments			288.09			331.98



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

031256800 - 2013/04
RI:361.37 / NM:481.95

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

Provider Number: 031256800
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>354.24</u>	<u>361.37</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>420.65</u>	<u>481.95</u>	<u>04/01/2013</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 (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) 04/2013 to 04/2013

031256800

Provider Name: **Mentor Avon Park Cluster**
 Provider Number: 31256800
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	8,284	8,284
2. Operating Expenses Component			
A. Administration			476,503
B. Plant Operation			218,840
C. Laundry			0
D. Housekeeping			114,094
E. Operating Expense Component & Per Diem	97.7109	97.7109	809,437
3. Resident Care			
A. Dietary			208,563
B. Other			0
C. Nursing			891,715
D. Resident Care & Per Diem	132.8197	132.8197	1,100,278
4. Prop Exp & Per Diem	11.4063	11.4063	94,490
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	8,284.00	8,284.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,129,269.00	1,129,269.00
5. Direct Care Expense Per Diem	68.1596	136.3193	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,284	8,284
2. Additional Services	0	137,458	137,458
3. Additional Services Exp & Per Diem	16.5932	16.5932	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	97.7109	97.7109	809,437
2. Resident Care Component	217.5725	285.7321	2,367,005
3. Property Cost Component	11.4063	11.4063	94,490
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	326.6897	394.8493	3,270,932



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031256800 - 2013/04

RI: 361.37

NM: 481.95

Mentor Avon Park Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	100.186	212.792	312.978	100.186	287.318	387.504
2. Inflate Line 1 by Inflation Factor 1.02310226 *	102.501	217.708	320.208	102.501	354.675	457.176
3. Line 1 x 1.400 x Inflation Factor 1.03234316 *	103.426	219.674	323.101	103.426	357.330	460.757
4. Current Period Cost	97.711	217.572	315.283	97.711	336.332	434.043
5. Incentive Basis (line 3 - line 4)	5.716	2.102		5.716	20.998	
6. Allowed Current Period Costs (Min of line 3 or 4)	97.711	217.572	315.283	97.711	336.332	434.043
7. Incentive Line 5 x Oper 50% Res 50%	2.858	1.051	3.909	2.858	10.499	13.357
8. Incentive - Line 4 x Oper 10% Res 3%	9.771	6.527	16.298	9.771	10.090	19.861
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.858	1.051	3.909	2.858	10.090	12.948
10. Final Incentive	2.858	1.051	3.909	2.858	10.090	12.948
11. Current Period Base: (line 6 + line 10)	100.569	218.623	319.192	100.569	346.422	446.991
12. Plus: Property Rate Component			11.406			11.406
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			330.598			458.397
15. Prospective Rate: Line 11 x Inflation (1.03551779)	104.141	226.388	330.529	104.141	358.726	462.867
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	104.141	226.388	330.529	104.141	358.726	462.867
19. Property Rate Component			11.406			11.406
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			341.94			474.27
23. Medicaid Days			0			8,284
24. Resident Days			0			8,284
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			5.82
28. Less Rate Freeze Amount (0.012163%)			0.00			5.93
29. Final Per Diem After Adjustments			361.37			481.95

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2013 Rate Semester

Mentor Avon Park Cluster/Provider #0312568-00
Adjustment to Prior Period Cost (L1, L2, L3)
Staffing IRR #241 - Effective 4/1/2012
Status: COST SETTLEMENT

	1	2	3	4
B @ 4/1/2013 Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2013	(L2) Inflate Col 8 By Factor 1.02310226 IRR @ 4/1/2013 (Col. 9)	(L3) Factor in Col 10 X 1.400 X Col 8 1.03234316 IRR @ 4/1/2013 (Col. 9)
Operating	100.1860	0.000	102.501	103.426
Resident Care	212.7920	0.000	217.708	219.674
Total	312.978	0.000	320.208	323.101
N-A/Medical				
Operating	100.1860	0.000	102.501	103.426
Resident Care	287.3180	60.720	354.676	357.331
Total	387.504	60.720	457.176	460.757

updated 04/19/2012

Mentor Avon Park Cluster Provider #0312568-00 Cost Settlement - IRR #241 Effective - 4/1/2012	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 @ 4/1/2013 RS					
	Calculation of L4			Non-Ambulatory Medical		
	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	97.711	217.573	315.283	97.711	285.732	383.443
B. Cost Settlement for IRR Effective 4/1/2012	0.000	0.000	0.000	0.000	60.720	60.720
C. Prorated CS IRR eff 4/1/2012 - 10/12 of IRR comp.	0.000	0.000	0.000	0.000	50.600	50.600
D. Grossed Up Current Period (Line A plus Line C)	97.711	217.573	315.283	97.711	336.332	434.043

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



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 Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

031257600 - 2013/04
RI:376.37 / NM:475.35

Mentor Eagle Watch Cluster
 1725 Fifth Street
 Daytona Beach FL 32117

Provider Number: 031257600
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>373.01</u>	<u>376.37</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>469.11</u>	<u>475.35</u>	<u>04/01/2013</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

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2013 to 04/2013

031257600

Provider Name: **Mentor Eagle Watch Cluster**
 Provider Number: 31257600
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	1,711	6,801	8,512
2. Operating Expenses Component			
A. Administration			559,891
B. Plant Operation			203,034
C. Laundry			0
D. Housekeeping			100,887
E. Operating Expense Component & Per Diem	101.4817	101.4817	863,812
3. Resident Care			
A. Dietary			196,071
B. Other			0
C. Nursing			706,006
D. Resident Care & Per Diem	105.9771	105.9771	902,077
4. Prop Exp & Per Diem	9.5450	9.5450	81,247
5. ROE/Use Per Diem	0.7165	0.7165	6,099
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	855.50	6,801.00	7,656.50
3. Staffing Percent	11.1735127	88.8264873	100.00
4. Allocation of Direct Care	168,587.75	1,340,228.25	1,508,816.00
5. Direct Care Expense Per Diem	98.5317	197.0634	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,711	6,801	8,512
2. Additional Services	54,618	217,099	271,717
3. Additional Services Exp & Per Diem	31.9217	31.9216	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	101.4817	101.4817	863,812
2. Resident Care Component	236.4305	334.9621	2,682,610
3. Property Cost Component	9.5450	9.5450	81,247
4. ROE/Use Allow Component	0.7165	0.7165	6,099
5 Total Cost Per Diem	348.1737	446.7053	3,633,768



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031257600 - 2013/04

RI: 376.37

NM: 475.35

Mentor Eagle Watch Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	97.943	240.856	338.799	97.943	335.111	433.055
2. Inflate Line 1 by Inflation Factor 1.02310226	100.206	246.420	346.626	100.206	342.853	443.059
3. Line 1 x 1.400 x Inflation Factor 1.03234316	101.111	248.646	349.757	101.111	345.950	447.061
4. Current Period Cost	101.482	236.430	337.912	101.482	334.962	436.444
5. Incentive Basis (line 3 - line 4)	0.000	12.215		0.000	10.988	
6. Allowed Current Period Costs (Min of line 3 or 4)	101.111	236.430	337.541	101.111	334.962	436.073
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.108	6.108	0.000	5.494	5.494
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	7.093	7.093	0.000	10.049	10.049
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.108	6.108	0.000	5.494	5.494
10. Final Incentive	0.000	6.108	6.108	0.000	5.494	5.494
11. Current Period Base: (line 6 + line 10)	101.111	242.538	343.649	101.111	340.456	441.567
12. Plus: Property Rate Component			9.545			9.545
13. Plus: ROE/Use Rate			0.717			0.717
14. Total Current Period Base			353.911			451.829
15. Prospective Rate: Line 11 x Inflation (1.03551779)	104.702	251.153	355.855	104.702	352.548	457.250
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	104.702	251.153	355.855	104.702	352.548	457.250
19. Property Rate Component			9.545			9.545
20. ROE Component + ROE Interim Component			0.717			0.717
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			366.12			467.51
23. Medicaid Days		1,711			6,801	
24. Resident Days		1,711			6,801	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.54			5.74
28. Less Rate Freeze Amount (0.012163%)			4.63			5.85
29. Final Per Diem After Adjustments			376.37			475.35



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

031258400 - 2013/04
RI:381.40 / NM:481.92

Mentor Point West Cluster
 4550 Ricker Road
 Jacksonville FL 32231

Provider Number: 031258400
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>380.74</u>	<u>381.40</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>479.15</u>	<u>481.92</u>	<u>04/01/2013</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:
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) 04/2013 to 04/2013

031258400

Provider Name: **Mentor Point West Cluster**
 Provider Number: 31258400
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	854	7,729	8,583
2. Operating Expenses Component			
A. Administration			521,387
B. Plant Operation			250,281
C. Laundry			0
D. Housekeeping			69,338
E. Operating Expense Component & Per Diem	97,9851	97,9851	841,006
3. Resident Care			
A. Dietary			180,405
B. Other			0
C. Nursing			909,838
D. Resident Care & Per Diem	127,0235	127,0235	1,090,243
4. Prop Exp & Per Diem	12,2540	12,2540	105,176
5. ROE/Use Per Diem	0,9783	0,9783	8,397
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	427.00	7,729.00	8,156.00
3. Staffing Percent	5.2354095	94.7645905	100.00
4. Allocation of Direct Care	83,399.13	1,509,582.87	1,592,982.00
5. Direct Care Expense Per Diem	97.6571	195.3141	
C. Additional Services Expense			
1. Medicaid Inpatient Days	854	7,729	8,583
2. Additional Services	16,532	149,608	166,140
3. Additional Services Exp & Per Diem	19,3583	19,3567	
D. Medicaid Per Diem Cost			
1. Operating Component	97,9851	97,9851	841,006
2. Resident Care Component	244,0389	341,6944	2,849,365
3. Property Cost Component	12,2540	12,2540	105,176
4. ROE/Use Allow Component	0,9783	0,9783	8,397
5 Total Cost Per Diem	355.2563	452.9118	3,803,944



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031258400 - 2013/04
RI: 381.40
NM: 481.92

Mentor Point West Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	105.220	234.857	340.077	105.220	331.381	436.601
2. Inflate Line 1 by Inflation Factor 1.02310226	107.651	240.283	347.934	107.651	339.036	446.687
3. Line 1 x 1.400 x Inflation Factor 1.03234316	108.623	242.453	351.076	108.623	342.099	450.722
4. Current Period Cost	97.985	244.039	342.024	97.985	341.694	439.679
5. Incentive Basis (line 3 - line 4)	10.638	0.000		10.638	0.404	
6. Allowed Current Period Costs (Min of line 3 or 4)	97.985	242.453	340.438	97.985	341.694	439.679
7. Incentive Line 5 x Oper 50% Res 50%	5.319	0.000	5.319	5.319	0.202	5.521
8. Incentive - Line 4 x Oper 10% Res 3%	9.799	0.000	9.799	9.799	10.251	20.049
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.319	0.000	5.319	5.319	0.202	5.521
10. Final Incentive	5.319	0.000	5.319	5.319	0.202	5.521
11. Current Period Base: (line 6 + line 10)	103.304	242.453	345.757	103.304	341.896	445.201
12. Plus: Property Rate Component			12.254			12.254
13. Plus: ROE/Use Rate			0.978			0.978
14. Total Current Period Base			358.990			458.433
15. Prospective Rate: Line 11 x Inflation (1.03551779)	106.973	251.064	358.038	106.973	354.040	461.013
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	106.973	251.064	358.038	106.973	354.040	461.013
19. Property Rate Component			12.254			12.254
20. ROE Component + ROE Interim Component			0.978			0.978
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			371.27			474.25
23. Medicaid Days		854			7,729	
24. Resident Days		854			7,729	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.60			5.82
28. Less Rate Freeze Amount (0.012163%)			4.70			5.93
29. Final Per Diem After Adjustments			381.40			481.92



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

031259200 - 2013/04
RI:363.27 / NM:447.47

Mentor Hodges Cluster
 3615 Hodges Boulevard
 Jacksonville FL 32224

Provider Number: 031259200
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>360.33</u>	<u>363.27</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>443.84</u>	<u>447.47</u>	<u>04/01/2013</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) 04/2013 to 04/2013

031259200

Provider Name: **Mentor Hodges Cluster**
 Provider Number: 31259200
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	8,484	8,484
2. Operating Expenses Component			
A. Administration			495,388
B. Plant Operation			267,299
C. Laundry			0
D. Housekeeping			80,306
E. Operating Expense Component & Per Diem	99.3627	99.3627	842,993
3. Resident Care			
A. Dietary			99,825
B. Other			0
C. Nursing			908,790
D. Resident Care & Per Diem	118.8844	118.8844	1,008,615
4. Prop Exp & Per Diem	10.3561	10.3561	87,861
5. ROE/Use Per Diem	0.4723	0.4723	4,007
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,484.00	8,484.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,429,059.00	1,429,059.00
5. Direct Care Expense Per Diem	84.2208	168.4417	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,484	8,484
2. Additional Services	0	181,542	181,542
3. Additional Services Exp & Per Diem	21.3982	21.3982	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	99.3627	99.3627	842,993
2. Resident Care Component	224.5034	308.7242	2,619,216
3. Property Cost Component	10.3561	10.3561	87,861
4. ROE/Use Allow Component	0.4723	0.4723	4,007
5 Total Cost Per Diem	334.6944	418.9153	3,554,077



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031259200 - 2013/04

RI: 363.27

NM: 447.47

Mentor Hodges Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	101.640	212.574	314.214	101.640	304.033	405.673
2. Inflate Line 1 by Inflation Factor 1.02310226	103.988	217.485	321.473	103.988	311.057	415.045
3. Line 1 x 1.400 x Inflation Factor 1.03234316	104.927	219.449	324.376	104.927	313.866	418.794
4. Current Period Cost	99.363	224.503	323.866	99.363	308.724	408.087
5. Incentive Basis (line 3 - line 4)	5.565	0.000		5.565	5.142	
6. Allowed Current Period Costs (Min of line 3 or 4)	99.363	219.449	318.812	99.363	308.724	408.087
7. Incentive Line 5 x Oper 50% Res 50%	2.782	0.000	2.782	2.782	2.571	5.353
8. Incentive - Line 4 x Oper 10% Res 3%	9.936	0.000	9.936	9.936	9.262	19.198
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.782	0.000	2.782	2.782	2.571	5.353
10. Final Incentive	2.782	0.000	2.782	2.782	2.571	5.353
11. Current Period Base: (line 6 + line 10)	102.145	219.449	321.594	102.145	311.295	413.440
12. Plus: Property Rate Component			10.356			10.356
13. Plus: ROE/Use Rate			0.472			0.472
14. Total Current Period Base			332.422			424.269
15. Prospective Rate: Line 11 x Inflation (1.03551779)	105.773	227.243	333.016	105.773	322.352	428.125
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	105.773	227.243	333.016	105.773	322.352	428.125
19. Property Rate Component			10.356			10.356
20. ROE Component + ROE Interim Component			0.472			0.472
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			343.84			438.95
23. Medicaid Days			0			8,484
24. Resident Days			0			8,484
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			5.40
28. Less Rate Freeze Amount (0.012163%)			0.00			5.51
29. Final Per Diem After Adjustments			363.27			447.47



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

031260600 - 2013/04
RI:360.29 / NM:457.56

Mentor Kinkaid Cluster
 5808 Kinkaid Road
 Jacksonville FL 32244

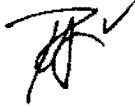
Provider Number: 031260600
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>375.41</u>	<u>360.29</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>538.30</u>	<u>457.56</u>	<u>04/01/2013</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	<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 (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) 04/2013 to 04/2013

031260600

Provider Name: **Mentor Kinkaid Cluster**
 Provider Number: 31260600
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	366	8,289	8,655
2. Operating Expenses Component			
A. Administration			489,683
B. Plant Operation			222,888
C. Laundry			0
D. Housekeeping			90,512
E. Operating Expense Component & Per Diem	92.7883	92.7883	803,083
3. Resident Care			
A. Dietary			162,357
B. Other			0
C. Nursing			714,009
D. Resident Care & Per Diem	101.2555	101.2555	876,366
4. Prop Exp & Per Diem	10.3628	10.3628	89,690
5. ROE/Use Per Diem	1.3190	1.3190	11,416
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	183.00	8,289.00	8,472.00
3. Staffing Percent	2.1600567	97.8399433	100.00
4. Allocation of Direct Care	33,530.37	1,518,760.63	1,552,291.00
5. Direct Care Expense Per Diem	91.6130	183.2260	
C. Additional Services Expense			
1. Medicaid Inpatient Days	366	8,289	8,655
2. Additional Services	9,777	221,424	231,201
3. Additional Services Exp & Per Diem	26.7131	26.7130	
D. Medicaid Per Diem Cost			
1. Operating Component	92.7883	92.7883	803,083
2. Resident Care Component	219.5816	311.1945	2,659,858
3. Property Cost Component	10.3628	10.3628	89,690
4. ROE/Use Allow Component	1.3190	1.3190	11,416
5 Total Cost Per Diem	324.0517	415.6646	3,564,047



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031260600 - 2013/04
RI: 360.29
NM: 457.56

Mentor Kinkaid Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	117.314	221.844	339.157	117.314	381.617	498.931
2. Inflate Line 1 by Inflation Factor 1.02310226	120.024	226.969	346.993	120.024	390.434	510.457
3. Line 1 x 1.400 x Inflation Factor 1.03234316	121.108	229.019	350.127	121.108	393.960	515.068
4. Current Period Cost	92.788	219.582	312.370	92.788	311.194	403.983
5. Incentive Basis (line 3 - line 4)	28.320	9.437		28.320	82.766	
6. Allowed Current Period Costs (Min of line 3 or 4)	92.788	219.582	312.370	92.788	311.194	403.983
7. Incentive Line 5 x Oper 50% Res 50%	14.160	4.719	18.878	14.160	41.383	55.543
8. Incentive - Line 4 x Oper 10% Res 3%	9.279	6.587	15.866	9.279	9.336	18.615
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.279	4.719	13.997	9.279	9.336	18.615
10. Final Incentive	9.279	4.719	13.997	9.279	9.336	18.615
11. Current Period Base: (line 6 + line 10)	102.067	224.300	326.367	102.067	320.530	422.597
12. Plus: Property Rate Component			10.363			10.363
13. Plus: ROE/Use Rate			1.319			1.319
14. Total Current Period Base			338.049			434.279
15. Prospective Rate: Line 11 x Inflation (1.03551779)	105.692	232.267	337.959	105.692	331.915	437.607
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	105.692	232.267	337.959	105.692	331.915	437.607
19. Property Rate Component			10.363			10.363
20. ROE Component + ROE Interim Component			1.319			1.319
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			349.64			449.29
23. Medicaid Days		366			8,289	
24. Resident Days		366			8,289	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.35			5.52
28. Less Rate Freeze Amount (0.012163%)			4.44			5.63
29. Final Per Diem After Adjustments			360.29			457.56



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

031261400 - 2013/04
RI:371.10 / NM:451.04

Mentor Flamingo Cluster
 1285 Flamingo Drive
 Lantana FL 33462

Provider Number: 031261400
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>380.80</u>	<u>371.10</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>464.61</u>	<u>451.04</u>	<u>04/01/2013</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) 04/2013 to 04/2013

031261400

Provider Name: **Mentor Flamingo Cluster**
 Provider Number: 31261400
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	8,582	8,582
2. Operating Expenses Component			
A. Administration			513,205
B. Plant Operation			259,769
C. Laundry			0
D. Housekeeping			93,139
E. Operating Expense Component & Per Diem	100.9220	100.9220	866,113
3. Resident Care			
A. Dietary			111,662
B. Other			0
C. Nursing			863,156
D. Resident Care & Per Diem	113.5887	113.5887	974,818
4. Prop Exp & Per Diem	11.7835	11.7835	101,126
5. ROE/Use Per Diem	1.4445	1.4445	12,397
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,582.00	8,582.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,317,810.00	1,317,810.00
5. Direct Care Expense Per Diem	76.7776	153.5551	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,582	8,582
2. Additional Services	0	254,894	254,894
3. Additional Services Exp & Per Diem	29.7010	29.7010	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	100.9220	100.9220	866,113
2. Resident Care Component	220.0672	296.8448	2,547,522
3. Property Cost Component	11.7835	11.7835	101,126
4. ROE/Use Allow Component	1.4445	1.4445	12,397
5 Total Cost Per Diem	334.2173	410.9949	3,527,158



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031261400 - 2013/04
RI: 371.10
NM: 451.04

Mentor Flamingo Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	113.231	231.518	344.749	113.231	313.729	426.960
2. Inflate Line 1 by Inflation Factor 1.02310226	115.847	236.866	352.714	115.847	320.977	436.824
3. Line 1 x 1.400 x Inflation Factor 1.03234316	116.894	239.006	355.899	116.894	323.876	440.769
4. Current Period Cost	100.922	220.067	320.989	100.922	296.845	397.767
5. Incentive Basis (line 3 - line 4)	15.972	18.939		15.972	27.031	
6. Allowed Current Period Costs (Min of line 3 or 4)	100.922	220.067	320.989	100.922	296.845	397.767
7. Incentive Line 5 x Oper 50% Res 50%	7.986	9.469	17.455	7.986	13.515	21.501
8. Incentive - Line 4 x Oper 10% Res 3%	10.092	6.602	16.694	10.092	8.905	18.998
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.986	6.602	14.588	7.986	8.905	16.891
10. Final Incentive	7.986	6.602	14.588	7.986	8.905	16.891
11. Current Period Base: (line 6 + line 10)	108.908	226.669	335.577	108.908	305.750	414.658
12. Plus: Property Rate Component			11.784			11.784
13. Plus: ROE/Use Rate			1.445			1.445
14. Total Current Period Base			348.805			427.886
15. Prospective Rate: Line 11 x Inflation (1.03551779)	112.776	234.720	347.496	112.776	316.610	429.386
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	112.776	234.720	347.496	112.776	316.610	429.386
19. Property Rate Component			11.784			11.784
20. ROE Component + ROE Interim Component			1.445			1.445
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			360.72			442.61
23. Medicaid Days			0			8,582
24. Resident Days			0			8,582
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.48			5.45
28. Less Rate Freeze Amount (0.012163%)			4.57			5.55
29. Final Per Diem After Adjustments			371.10			451.04



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

031262200 - 2013/04
RI:314.62 / NM:0.00

Mentor Barranger Group
 9513 Barranger Drive
 Pensacola FL 32514

Provider Number: 031262200
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

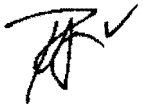
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>339.08</u>	<u>314.62</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>408.13</u>	<u>NA</u>	<u>NA</u>

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 (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) 04/2013 to 04/2013

031262200

Provider Name: **Mentor Barranger Group**
 Provider Number: 31262200
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	2,103	0	2,103
2. Operating Expenses Component			
A. Administration			80,736
B. Plant Operation			50,371
C. Laundry			0
D. Housekeeping			2,599
E. Operating Expense Component & Per Diem	63.5787	0.0000	133,706
3. Resident Care			
A. Dietary			18,424
B. Other			0
C. Nursing			36,503
D. Resident Care & Per Diem	26.1184	0.0000	54,927
4. Prop Exp & Per Diem	20.9030	0.0000	43,959
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	1,577.25		1,577.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	332,696.00		332,696.00
5. Direct Care Expense Per Diem	158.2007		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,103		2,103
2. Additional Services	25,537		25,537
3. Additional Services Exp & Per Diem	12.1431		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	63.5787		133,706
2. Resident Care Component	196.4622		413,160
3. Property Cost Component	20.9030		43,959
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	280.9439		590,825



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031262200 - 2013/04

RI: 314.62

NM: 0.00

Mentor Barranger Group

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.920	211.984	293.904			
2. Inflate Line 1 by Inflation Factor 1.02310226	83.813	216.881	300.694			
3. Line 1 x 1.400 x Inflation Factor 1.03234316	84.570	218.840	303.410			
4. Current Period Cost	63.579	196.462	260.041			
5. Incentive Basis (line 3 - line 4)	20.991	22.378		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	63.579	196.462	260.041			
7. Incentive Line 5 x Oper 50% Res 50%	10.496	11.189	21.684	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.358	5.894	12.252	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.358	5.894	12.252	6.358	0.000	6.358
10. Final Incentive	6.358	5.894	12.252	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	69.937	202.356	272.293	0.000	0.000	0.000
12. Plus: Property Rate Component			20.903			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			293.196			0.000
15. Prospective Rate: Line 11 x Inflation (1.03551779)	72.421	209.543	281.964	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	72.421	209.543	281.964	0.000	0.000	0.000
19. Property Rate Component			20.903			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			302.87			0.00
23. Medicaid Days		2,103				0
24. Resident Days		2,103				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.80			
28. Less Rate Freeze Amount (0.012163%)			3.87			0.00
29. Final Per Diem After Adjustments			314.62			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

031263100 - 2013/04
RI:287.69 / NM:0.00

Mentor Greenridge Group Home
 222 Greenridge Road
 Pensacola FL 32514

Provider Number: 031263100
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>293.78</u>	<u>287.69</u>	<u>04/01/2013</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 (1)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 04/2013

031263100

Provider Name: **Mentor Greenridge Group Home**
 Provider Number: 31263100
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			79,335
B. Plant Operation			53,017
C. Laundry			0
D. Housekeeping			3,159
E. Operating Expense Component & Per Diem	61.7081	0.0000	135,511
3. Resident Care			
A. Dietary			18,266
B. Other			0
C. Nursing			22,595
D. Resident Care & Per Diem	18.6070	0.0000	40,861
4. Prop Exp & Per Diem	15.1944	0.0000	33,367
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	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	326,913.00		326,913.00
5. Direct Care Expense Per Diem	148.8675		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	24,276		24,276
3. Additional Services Exp & Per Diem	11.0546		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	61.7081		135,511
2. Resident Care Component	178.5291		392,050
3. Property Cost Component	15.1944		33,367
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	255.4317		560,928



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031263100 - 2013/04
RI: 287.69
NM: 0.00

Mentor Greenridge Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.264	182.599	253.863			
2. Inflate Line 1 by Inflation Factor 1.02310226	72.911	186.817	259.728			
3. Line 1 x 1.400 x Inflation Factor 1.03234316	73.569	188.505	262.074			
4. Current Period Cost	61.708	178.529	240.237			
5. Incentive Basis (line 3 - line 4)	11.861	9.975		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	61.708	178.529	240.237			
7. Incentive Line 5 x Oper 50% Res 50%	5.931	4.988	10.918	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.171	5.356	11.527	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.931	4.988	10.918	5.931	0.000	5.931
10. Final Incentive	5.931	4.988	10.918	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	67.639	183.517	251.156	0.000	0.000	0.000
12. Plus: Property Rate Component			15.194			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			266.350			0.000
15. Prospective Rate: Line 11 x Inflation (1.03551779)	70.041	190.035	260.076	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	70.041	190.035	260.076	0.000	0.000	0.000
19. Property Rate Component			15.194			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			275.27			0.00
23. Medicaid Days		2,196				0
24. Resident Days		2,196				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.47			
28. Less Rate Freeze Amount (0.012163%)			3.54			0.00
29. Final Per Diem After Adjustments			287.69			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 - 2013/04
RI:358.24 / NM:476.39

Mentor Pensacola Cluster
 9460 S. University Parkway
 Pensacola FL 32514


Provider Number: 031264900
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>355.46</u>	<u>358.24</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>423.87</u>	<u>476.39</u>	<u>04/01/2013</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 (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) 04/2013 to 04/2013

031264900

Provider Name: **Mentor Pensacola Cluster**
 Provider Number: 31264900
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	8,540	8,540
2. Operating Expenses Component			
A. Administration			475,687
B. Plant Operation			331,863
C. Laundry			0
D. Housekeeping			108,038
E. Operating Expense Component & Per Diem	107.2117	107.2117	915,588
3. Resident Care			
A. Dietary			137,248
B. Other			0
C. Nursing			818,922
D. Resident Care & Per Diem	111.9637	111.9637	956,170
4. Prop Exp & Per Diem	8.7260	8.7260	74,520
5. ROE/Use Per Diem	0.6423	0.6423	5,485
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,540.00	8,540.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,256,000.00	1,256,000.00
5. Direct Care Expense Per Diem	73.5363	147.0726	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,540	8,540
2. Additional Services	0	170,249	170,249
3. Additional Services Exp & Per Diem	19.9355	19.9355	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	107.2117	107.2117	915,588
2. Resident Care Component	205.4355	278.9718	2,382,419
3. Property Cost Component	8.7260	8.7260	74,520
4. ROE/Use Allow Component	0.6423	0.6423	5,485
5 Total Cost Per Diem	322.0155	395.5518	3,378,012



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031264900 - 2013/04
RI: 358.24
NM: 476.39

Mentor Pensacola Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	103.327	210.700	314.026	103.327	287.214	390.541
2. Inflate Line 1 by Inflation Factor 1.02310226 *	105.714	215.567	321.281	105.714	365.439	471.153
3. Line 1 x 1.400 x Inflation Factor 1.03234316 *	106.669	217.514	324.183	106.669	368.093	474.762
4. Current Period Cost	107.212	205.435	312.647	107.212	326.979	434.191
5. Incentive Basis (line 3 - line 4)	0.000	12.079		0.000	41.114	
6. Allowed Current Period Costs (Min of line 3 or 4)	106.669	205.435	312.104	106.669	326.979	433.648
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.039	6.039	0.000	20.557	20.557
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.163	6.163	0.000	9.809	9.809
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.039	6.039	0.000	9.809	9.809
10. Final Incentive	0.000	6.039	6.039	0.000	9.809	9.809
11. Current Period Base: (line 6 + line 10)	106.669	211.475	318.144	106.669	336.789	443.457
12. Plus: Property Rate Component			8.726			8.726
13. Plus: ROE/Use Rate			0.642			0.642
14. Total Current Period Base			327.512			452.826
15. Prospective Rate: Line 11 x Inflation (1.03551779)	110.457	218.986	329.443	110.457	348.751	459.208
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	110.457	218.986	329.443	110.457	348.751	459.208
19. Property Rate Component			8.726			8.726
20. ROE Component + ROE Interim Component			0.642			0.642
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			338.81			468.58
23. Medicaid Days			0		8,540	
24. Resident Days			0		8,540	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			0.00			5.75
28. Less Rate Freeze Amount (0.012163%)			0.00			5.87
29. Final Per Diem After Adjustments			358.24			476.39

* See Attachment



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

031265700 - 2013/04
RI:362.07 / NM:0.00

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

Provider Number: 031265700
 Date: 03/28/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>376.57</u>	<u>362.07</u>	<u>04/01/2013</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 (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) 04/2013 to 04/2013

031265700

Provider Name: **Mentor Caprona Group Home**
 Provider Number: 31265700
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			91,731
B. Plant Operation			68,352
C. Laundry			0
D. Housekeeping			3,749
E. Operating Expense Component & Per Diem	74.6047	0.0000	163,832
3. Resident Care			
A. Dietary			27,305
B. Other			0
C. Nursing			55,855
D. Resident Care & Per Diem	37.8689	0.0000	83,160
4. Prop Exp & Per Diem	24.8638	0.0000	54,601
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	383,994.00		383,994.00
5. Direct Care Expense Per Diem	174.8607		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	33,829		33,829
3. Additional Services Exp & Per Diem	15.4048		
D. Medicaid Per Diem Cost			
1. Operating Component	74.6047		163,832
2. Resident Care Component	228.1343		500,983
3. Property Cost Component	24.8638		54,601
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	327.6029		719,416



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031265700 - 2013/04
RI: 362.07
NM: 0.00

Mentor Caprona Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.538	241.102	324.640			
2. Inflate Line 1 by Inflation Factor 1.02310226	85.468	246.672	332.140			
3. Line 1 x 1.400 x Inflation Factor 1.03234316	86.240	248.900	335.140			
4. Current Period Cost	74.605	228.134	302.739			
5. Incentive Basis (line 3 - line 4)	11.635	20.766		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.605	228.134	302.739			
7. Incentive Line 5 x Oper 50% Res 50%	5.818	10.383	16.200	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.460	6.844	14.305	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.818	6.844	12.662	5.818	0.000	5.818
10. Final Incentive	5.818	6.844	12.662	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	80.422	234.978	315.401	0.000	0.000	0.000
12. Plus: Property Rate Component			24.864			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			340.264			0.000
15. Prospective Rate: Line 11 x Inflation (1.03551779)	83.279	243.324	326.603	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	83.279	243.324	326.603	0.000	0.000	0.000
19. Property Rate Component			24.864			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			351.47			0.00
23. Medicaid Days			2,196			0
24. Resident Days			2,196			0
25. Medicaid Utilization			100.00%			NA
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.37			
28. Less Rate Freeze Amount (0.012163%)			4.46			0.00
29. Final Per Diem After Adjustments			362.07			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

031266500 - 2013/04
RI:251.31 / NM:293.44

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

Provider Number: 031266500
Date: 03/13/2013
FYE: 05/31/2012
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>288.13</u>	<u>251.31</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>334.48</u>	<u>293.44</u>	<u>04/01/2013</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) 04/2013 to 04/2013

031266500

Provider Name: **Mentor Rich Street Group**
 Provider Number: 31266500
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	1,525	671	2,196
2. Operating Expenses Component			
A. Administration			66,160
B. Plant Operation			25,359
C. Laundry			0
D. Housekeeping			5,424
E. Operating Expense Component & Per Diem	44.1453	44.1453	96,943
3. Resident Care			
A. Dietary			22,347
B. Other			0
C. Nursing			18,601
D. Resident Care & Per Diem	18.6466	18.6466	40,948
4. Prop Exp & Per Diem	20.0314	20.0314	43,989
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,143.75	671.00	1,814.75
3. Staffing Percent	63.0252101	36.9747899	100.00
4. Allocation of Direct Care	185,139.08	108,614.92	293,754.00
5. Direct Care Expense Per Diem	121.4027	161.8702	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,525	671	2,196
2. Additional Services	26,187	11,524	37,711
3. Additional Services Exp & Per Diem	17.1718	17.1744	
D. Medicaid Per Diem Cost			
1. Operating Component	44.1453	44.1453	96,943
2. Resident Care Component	157.2211	197.6912	372,413
3. Property Cost Component	20.0314	20.0314	43,989
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	221.3978	261.8679	513,345



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031266500 - 2013/04
RI: 251.31
NM: 293.44

Mentor Rich Street Group

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	65.864	178.590	244.454	65.864	224.045	289.910
2. Inflate Line 1 by Inflation Factor 1.02310226	67.386	182.716	250.102	67.386	229.221	296.607
3. Line 1 x 1.400 x Inflation Factor 1.03234316	67.995	184.366	252.361	67.995	231.291	299.286
4. Current Period Cost	44.145	157.221	201.366	44.145	197.691	241.836
5. Incentive Basis (line 3 - line 4)	23.849	27.145		23.849	33.600	
6. Allowed Current Period Costs (Min of line 3 or 4)	44.145	157.221	201.366	44.145	197.691	241.836
7. Incentive Line 5 x Oper 50% Res 50%	11.925	13.572	25.497	11.925	16.800	28.725
8. Incentive - Line 4 x Oper 10% Res 3%	4.415	4.717	9.131	4.415	5.931	10.345
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.415	4.717	9.131	4.415	5.931	10.345
10. Final Incentive	4.415	4.717	9.131	4.415	5.931	10.345
11. Current Period Base: (line 6 + line 10)	48.560	161.938	210.498	48.560	203.622	252.182
12. Plus: Property Rate Component			20.031			20.031
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			230.529			272.213
15. Prospective Rate: Line 11 x Inflation (1.03551779)	50.285	167.689	217.974	50.285	210.854	261.139
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	50.285	167.689	217.974	50.285	210.854	261.139
19. Property Rate Component			20.031			20.031
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			238.01			281.17
23. Medicaid Days		1,525			671	
24. Resident Days		1,525			671	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.03			3.54
28. Less Rate Freeze Amount (0.012163%)			3.09			3.61
29. Final Per Diem After Adjustments			251.31			293.44



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

031267300 - 2013/04
RI:328.22 / NM:401.99

Mentor Sandpiper Cluster
 1000 East 14th Street
 Stuart FL 34996

Provider Number: 031267300
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>349.22</u>	<u>328.22</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>428.71</u>	<u>401.99</u>	<u>04/01/2013</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) 04/2013 to 04/2013

031267300

Provider Name: **Mentor Sandpiper Cluster**
 Provider Number: 31267300
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	1,533	6,981	8,514
2. Operating Expenses Component			
A. Administration			450,015
B. Plant Operation			226,040
C. Laundry			0
D. Housekeeping			113,716
E. Operating Expense Component & Per Diem	92.7615	92.7615	789,771
3. Resident Care			
A. Dietary			171,053
B. Other			0
C. Nursing			701,324
D. Resident Care & Per Diem	102.4638	102.4638	872,377
4. Prop Exp & Per Diem	12.2088	12.2088	103,946
5. ROE/Use Per Diem	1.0247	1.0247	8,724
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	766.50	6,981.00	7,747.50
3. Staffing Percent	9.8935140	90.1064860	100.00
4. Allocation of Direct Care	108,611.00	989,189.00	1,097,800.00
5. Direct Care Expense Per Diem	70.8487	141.6973	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,533	6,981	8,514
2. Additional Services	28,806	131,179	159,985
3. Additional Services Exp & Per Diem	18.7906	18.7909	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	92.7615	92.7615	789,771
2. Resident Care Component	192.1031	262.9520	2,130,162
3. Property Cost Component	12.2088	12.2088	103,946
4. ROE/Use Allow Component	1.0247	1.0247	8,724
5 Total Cost Per Diem	298.0980	368.9470	3,032,603



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031267300 - 2013/04
RI: 328.22
NM: 401.99

Mentor Sandpiper Cluster

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	94.740	219.655	314.395	94.740	297.623	392.363
2. Inflate Line 1 by Inflation Factor 1.02310226	96.929	224.730	321.659	96.929	304.499	401.428
3. Line 1 x 1.400 x Inflation Factor 1.03234316	97.804	226.760	324.564	97.804	307.249	405.054
4. Current Period Cost	92.761	192.103	284.865	92.761	262.952	355.713
5. Incentive Basis (line 3 - line 4)	5.043	34.656		5.043	44.297	
6. Allowed Current Period Costs (Min of line 3 or 4)	92.761	192.103	284.865	92.761	262.952	355.713
7. Incentive Line 5 x Oper 50% Res 50%	2.521	17.328	19.850	2.521	22.149	24.670
8. Incentive - Line 4 x Oper 10% Res 3%	9.276	5.763	15.039	9.276	7.889	17.165
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.521	5.763	8.285	2.521	7.889	10.410
10. Final Incentive	2.521	5.763	8.285	2.521	7.889	10.410
11. Current Period Base: (line 6 + line 10)	95.283	197.866	293.149	95.283	270.841	366.123
12. Plus: Property Rate Component			12.209			12.209
13. Plus: ROE/Use Rate			1.025			1.025
14. Total Current Period Base			306.383			379.357
15. Prospective Rate: Line 11 x Inflation (1.03551779)	98.667	204.894	303.561	98.667	280.460	379.127
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	98.667	204.894	303.561	98.667	280.460	379.127
19. Property Rate Component			12.209			12.209
20. ROE Component + ROE Interim Component			1.025			1.025
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			316.79			392.36
23. Medicaid Days		1,533			6,981	
24. Resident Days		1,533			6,981	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.10%) (*Based on Bed Days)			3.96			4.85
28. Less Rate Freeze Amount (0.012163%)			4.04			4.95
29. Final Per Diem After Adjustments			328.22			401.99



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

031345900 - 2013/04
RI:360.67 / NM:0.00

New Horizons Village
 1275 N. Rainbow Loop
 Lecanto FL 32661

Provider Number: 031345900
 Date: 03/13/2013
 FYE: 05/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>382.20</u>	<u>360.67</u>	<u>04/01/2013</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) 04/2013 to 04/2013

031345900

Provider Name: **New Horizons Village**
 Provider Number: 31345900
 Audit Status: Unaudited [3]
 Date: 3/13/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 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	17,406	0	17,406
2. Operating Expenses Component			
A. Administration			981,690
B. Plant Operation			350,767
C. Laundry			40,406
D. Housekeeping			299,062
E. Operating Expense Component & Per Diem	96.0545	0.0000	1,671,925
3. Resident Care			
A. Dietary			449,407
B. Other			0
C. Nursing			536,238
D. Resident Care & Per Diem	56.6267	0.0000	985,645
4. Prop Exp & Per Diem	29.7635	0.0000	518,064
5. ROE/Use Per Diem	0.9045	0.0000	15,743
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	8,703.00		8,703.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,114,978.00		2,114,978.00
5. Direct Care Expense Per Diem	121.5086		
C. Additional Services Expense			
1. Medicaid Inpatient Days	17,406		17,406
2. Additional Services	417,026		417,026
3. Additional Services Exp & Per Diem	23.9587		
D. Medicaid Per Diem Cost			
1. Operating Component	96.0545		1,671,925
2. Resident Care Component	202.0940		3,517,649
3. Property Cost Component	29.7635		518,064
4. ROE/Use Allow Component	0.9045		15,743
5 Total Cost Per Diem	328.8166		5,723,381



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2013 through 09/30/2013

031345900 - 2013/04

RI: 360.67

NM: 0.00

New Horizons Village

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2012 - 09/30/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2011	05/31/2012	Unaudited [3]	201210
Prior Cost Report	06/01/2010	05/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	101.177	221.993	323.170			
2. Inflate Line 1 by Inflation Factor 1.02310226	103.514	227.122	330.636			
3. Line 1 x 1.400 x Inflation Factor 1.03234316	104.449	229.173	333.623			
4. Current Period Cost	96.055	202.094	298.149			
5. Incentive Basis (line 3 - line 4)	8.395	27.079		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	96.055	202.094	298.149			
7. Incentive Line 5 x Oper 50% Res 50%	4.197	13.540	17.737	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	9.605	6.063	15.668	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.197	6.063	10.260	4.197	0.000	4.197
10. Final Incentive	4.197	6.063	10.260	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	100.252	208.157	308.409	0.000	0.000	0.000
12. Plus: Property Rate Component			29.764			0.000
13. Plus: ROE/Use Rate			0.904			0.000
14. Total Current Period Base			339.077			0.000
15. Prospective Rate: Line 11 x Inflation (1.03551779)	103.813	215.550	319.363	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	103.813	215.550	319.363	0.000	0.000	0.000
19. Property Rate Component			29.764			0.000
20. ROE Component + ROE Interim Component			0.904			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			350.03			0.00
23. Medicaid Days		17,406				0
24. Resident Days		17,406				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.10%) (*Based on Bed Days)			4.35			
28. Less Rate Freeze Amount (0.012163%)			4.44			0.00
29. Final Per Diem After Adjustments			360.67			0.00