



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

**000169300 - 2012/10**  
**RI:240.94 / NM:0.00**

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

Provider Number: 000169300  
 Date: 12/04/2012  
 FYE: 11/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	235.89	240.94	10/01/2012
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_  
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\_\_\_\_\_ 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 10/2012

000169300

Provider Name: **St. Augustine Center for Living**  
 Provider Number: 00169300  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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>B. Direct Care Expense</b>			
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		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	21,806		21,806
2. Additional Services	346,072		346,072
3. Additional Services Exp & Per Diem	15.8705		
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5 Total Cost Per Diem</b>	<b>219.0980</b>		<b>4,777,652</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>000169300 - 2012/10</b>
<b>RI: 240.94</b>
<b>NM: 0.00</b>

**St. Augustine Center for Living**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 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 1.02506737	45.787	150.310	196.097			
3. Line 1 x 1.400 x Inflation Factor 1.03509432	46.235	151.780	198.015			
4. Current Period Cost	45.176	148.662	193.838			
5. Incentive Basis (line 3 - line 4)	1.059	3.118		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	1.559	2.089	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	1.559	2.089	0.000	0.000	0.000
10. Final Incentive	0.530	1.559	2.089	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	45.705	150.221	195.926	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			221.187			0.000
15. Prospective Rate: Line 11 x Inflation (1.03574431)	47.339	155.591	202.930	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	47.339	155.591	202.930	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
<b>22. Final Per Diem</b>			<b>228.19</b>			<b>0.00</b>
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 (1.66%) (*Based on Bed Days)			4.41			
28. Less Rate Freeze Amount (0.009335%)			2.27			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>240.94</b>			<b>0.00</b>



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

<b>001069500 - 2012/10</b>
<b>RI:356.21 / NM:415.52</b>

**Minor North**  
 85609 Miner Road  
 Yulee FL 32097

Provider Number: 001069500  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>340.46</u>	<u>356.21</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>408.41</u>	<u>415.52</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 Care Ctrs of Nassau, LLC  
 \_\_\_\_\_  
 95146 Hendricks Road  
 \_\_\_\_\_  
 Fernandina Beach FL 32034  
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\_\_\_\_\_ 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 10/2012

001069500

Provider Name: **Minor North**  
 Provider Number: 01069500  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

001069500 - 2012/10

RI: 356.21

NM: 415.52

**Minor North**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	109.018	146.885	255.903	109.018	212.604	321.622
2. Inflate Line 1 by Inflation Factor 1.02052096	111.255	149.900	261.155	111.255	216.967	328.222
3. Line 1 x 1.400 x Inflation Factor 1.02872935	112.150	151.105	263.255	112.150	218.712	330.862
4. Current Period Cost	123.722	154.106	277.829	123.722	229.556	353.279
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	112.150	151.105	263.255	112.150	218.712	330.862
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	112.150	151.105	263.255	112.150	218.712	330.862
12. Plus: Property Rate Component			58.277			58.277
13. Plus: ROE/Use Rate			2.662			2.662
14. Total Current Period Base			324.194			391.801
15. Prospective Rate: Line 11 x Inflation (1.04779762)	117.510	158.328	275.838	117.510	229.166	346.676
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	117.510	158.328	275.838	117.510	229.166	346.676
19. Property Rate Component			58.277			58.277
20. ROE Component + ROE Interim Component			2.662			2.662
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>336.78</b>			<b>407.62</b>
23. Medicaid Days			0		8,760	
24. Resident Days			0		8,760	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			7.61
28. Less Rate Freeze Amount (0.009335%)			0.00			3.92
<b>29. Final Per Diem After Adjustments</b>			<b>356.21</b>			<b>415.52</b>



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

**001071000 - 2012/10**  
**RI:363.10 / NM:440.71**

**Minor South**  
 85474 Miner Road  
 Yulee FL 32097

Provider Number: 001071000  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

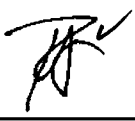
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>356.74</u>	<u>363.10</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>433.25</u>	<u>440.71</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 Care Ctrs of Nassau, LLC  
 \_\_\_\_\_  
 95146 Hendricks Road  
 \_\_\_\_\_  
 Fernandina Beach FL 32034  
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\_\_\_\_\_ 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 10/2012

**001071000**

Provider Name: **Minor South**  
 Provider Number: 01071000  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

001071000 - 2012/10

RI: 363.10

NM: 440.71

Minor South

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	101.231	172.069	273.300	101.231	244.146	345.377
2. Inflate Line 1 by Inflation Factor 1.02052096	103.308	175.600	278.908	103.308	249.156	352.464
3. Line 1 x 1.400 x Inflation Factor 1.02872935	104.139	177.012	281.152	104.139	251.160	355.299
4. Current Period Cost	121.706	173.056	294.763	121.706	252.986	374.693
5. Incentive Basis (line 3 - line 4)	0.000	3.956		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	104.139	173.056	277.196	104.139	251.160	355.299
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.978	1.978	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.192	5.192	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.978	1.978	0.000	0.000	0.000
10. Final Incentive	0.000	1.978	1.978	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	104.139	175.034	279.174	104.139	251.160	355.299
12. Plus: Property Rate Component			58.499			58.499
13. Plus: ROE/Use Rate			2.731			2.731
14. Total Current Period Base			340.404			416.530
15. Prospective Rate: Line 11 x Inflation (1.04779762)	109.117	183.401	292.517	109.117	263.165	372.282
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	109.117	183.401	292.517	109.117	263.165	372.282
19. Property Rate Component			58.499			58.499
20. ROE Component + ROE Interim Component			2.731			2.731
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>353.75</b>			<b>433.51</b>
23. Medicaid Days		730			8,003	
24. Resident Days		730			8,003	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.65			8.07
28. Less Rate Freeze Amount (0.009335%)			3.42			4.15
<b>29. Final Per Diem After Adjustments</b>			<b>363.10</b>			<b>440.71</b>



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

<b>028000300 - 2012/10</b>
<b>RI:279.62 / NM:0.00</b>

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

Provider Number: 028000300  
 Date: 12/04/2012  
 FYE: 12/31/2010  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>273.98</u>	<u>279.62</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (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 10/2012

**028000300**

Provider Name: **Sandy Park Development Center**  
 Provider Number: 28000300  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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
<b>B. Direct Care Expense</b>			
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		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	23,062		23,062
2. Additional Services	308,797		308,797
3. Additional Services Exp & Per Diem	13.3899		
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5 Total Cost Per Diem</b>	<b>252.5161</b>		<b>5,823,526</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028000300 - 2012/10

RI: 279.62

NM: 0.00

**Sandy Park Development Center**

Ownership:Private[3]

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

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	57.690	173.974	231.664			
2. Inflate Line 1 by Inflation Factor 1.01978293	58.831	177.416	236.247			
3. Line 1 x 1.400 x Inflation Factor 1.02769611	59.287	178.793	238.080			
4. Current Period Cost	56.677	177.581	234.258			
5. Incentive Basis (line 3 - line 4)	2.610	1.212		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	56.677	177.581	234.258			
7. Incentive Line 5 x Oper 50% Res 50%	1.305	0.606	1.911	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	5.668	5.327	10.995	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.305	0.606	1.911	0.000	0.000	0.000
10. Final Incentive	1.305	0.606	1.911	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	57.982	178.187	236.169	0.000	0.000	0.000
12. Plus: Property Rate Component			18.258			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			254.427			0.000
15. Prospective Rate: Line 11 x Inflation (1.05725448)	61.302	188.389	249.691	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	61.302	188.389	249.691	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
<b>22. Final Per Diem</b>			<b>267.95</b>			<b>0.00</b>
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 (1.66%) (*Based on Bed Days)			5.12			
28. Less Rate Freeze Amount (0.009335%)			2.63			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>279.62</b>			<b>0.00</b>



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

<b>028018601 - 2012/10</b>
<b>RI:319.34 / NM:412.82</b>

**ST PETERSBURG CLUSTER**

1101 102nd Avenue North  
 St. Petersburg FL 33716

Provider Number: 028018601  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>314.51</u>	<u>319.34</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>407.16</u>	<u>412.82</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (29)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

028018601

Provider Name: **ST PETERSBURG CLUSTER**  
 Provider Number: 28018601  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028018601 - 2012/10**

**RI: 319.34**

**NM: 412.82**

**ST PETERSBURG CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 02/08/2012 - 03/21/2012 Days Eligible: 141 of 183

Eligibility factor :77.05%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	80.889	200.528	281.417	80.889	292.376	373.266
2. Inflate Line 1 by Inflation Factor 1.02082679	82.574	204.704	287.278	82.574	298.466	381.040
3. Line 1 x 1.400 x Inflation Factor 1.02915750	83.248	206.375	289.623	83.248	300.901	384.149
4. Current Period Cost	81.718	195.601	277.319	81.718	285.805	367.523
5. Incentive Basis (line 3 - line 4)	1.530	10.774		1.530	15.097	
6. Allowed Current Period Costs (Min of line 3 or 4)	81.718	195.601	277.319	81.718	285.805	367.523
7. Incentive Line 5 x Oper 50% Res 50%	0.765	5.387	6.152	0.765	7.548	8.313
8. Incentive - Line 4 x Oper 10% Res 3%	8.172	5.868	14.040	8.172	8.574	16.746
9. Incentive - Min of Line 7,8 x Eligibility factor 77.05%	0.589	4.150	4.740	0.589	5.816	6.405
10. Final Incentive	0.589	4.150	4.740	0.589	5.816	6.405
11. Current Period Base: (line 6 + line 10)	82.307	199.752	282.059	82.307	291.621	373.928
12. Plus: Property Rate Component			11.530			11.530
13. Plus: ROE/Use Rate			2.275			2.275
14. Total Current Period Base			295.864			387.733
15. Prospective Rate: Line 11 x Inflation (1.04576476)	86.074	208.893	294.967	86.074	304.966	391.041
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.074	208.893	294.967	86.074	304.966	391.041
19. Property Rate Component			11.530			11.530
20. ROE Component + ROE Interim Component			2.275			2.275
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>308.77</b>			<b>404.85</b>
23. Medicaid Days		365			8,224	
24. Resident Days		365			8,224	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.85			7.56
28. Less Rate Freeze Amount (0.009335%)			3.01			3.89
<b>29. Final Per Diem After Adjustments</b>			<b>319.34</b>			<b>412.82</b>



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

<b>028019401 - 2012/10</b>
<b>RI:438.08 / NM:543.94</b>

**LAUREL HILL CLUSTER**  
 2011 Laurel Hill Cluster  
 Orlando FL 32818

Provider Number: 028019401  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>414.78</u>	<u>438.08</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>519.55</u>	<u>543.94</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (7)  
 Home Office:  
 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) 10/2011 to 10/2012

**028019401**

Provider Name: **LAUREL HILL CLUSTER**  
 Provider Number: 28019401  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028019401 - 2012/10**

**RI: 438.08**

**NM: 543.94**

**LAUREL HILL CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	107.971	259.288	367.259	107.971	361.338	469.309
2. Inflate Line 1 by Inflation Factor 1.02052096	110.187	264.609	374.796	110.187	368.753	478.940
3. Line 1 x 1.400 x Inflation Factor 1.02872935	111.073	266.737	377.810	111.073	371.719	482.792
4. Current Period Cost	127.299	260.447	387.747	127.299	363.954	491.254
5. Incentive Basis (line 3 - line 4)	0.000	6.290		0.000	7.765	
6. Allowed Current Period Costs (Min of line 3 or 4)	111.073	260.447	371.520	111.073	363.954	475.027
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.145	3.145	0.000	3.883	3.883
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	7.813	7.813	0.000	10.919	10.919
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.145	3.145	0.000	3.883	3.883
10. Final Incentive	0.000	3.145	3.145	0.000	3.883	3.883
11. Current Period Base: (line 6 + line 10)	111.073	263.592	374.665	111.073	367.837	478.910
12. Plus: Property Rate Component			18.699			18.699
13. Plus: ROE/Use Rate			3.415			3.415
14. Total Current Period Base			396.779			501.024
15. Prospective Rate: Line 11 x Inflation (1.04779762)	116.382	276.191	392.573	116.382	385.419	501.801
16. Interim Rate Component: *	3.512	0.000	3.512	3.512	11.730	15.242
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	119.894	276.191	396.085	119.894	397.149	517.043
19. Property Rate Component			18.699			18.699
20. ROE Component + ROE Interim Component			3.415			3.415
21. Plus :Property Interim Rate Component *			0.446			0.445
<b>22. Final Per Diem</b>			<b>418.65</b>			<b>539.60</b>
23. Medicaid Days			0		8,126	
24. Resident Days			0		8,574	
25. Medicaid Utilization		NA			94.77%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			9.97
28. Less Rate Freeze Amount (0.009335%)			0.00			5.13
<b>29. Final Per Diem After Adjustments</b>			<b>438.08</b>			<b>543.94</b>

\* See Attachment

**IRR#237 - Laurel Hill Cluster - Provider #0280194-01**  
**Cost Settlement Interim Rate Analysis - ICF/DD Plan Section IV.G.**  
**Effective Date 9/1/2011 - Rate Semester 10/1/2012**

<b>Residential/Institutional (Level of Care 7)</b>						
Residential/Institutional IRR Effective 9/1/2011	\$ 12.39	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
<b>Description</b>						
<b>Prospective Rate (Line 15)</b>		116.382	276.191	18.699	3.415	414.69
Prospective Rate w/o ROE		116.382	276.191	18.699	0.000	411.27
Allocation %		28.342%	68.061%	3.598%	0.000%	100%
Allocation of IRR		3.512	0.000	0.446	0.000	3.96
<b>Final Per Diem (Line 22)</b>		<b>119.894</b>	<b>276.191</b>	<b>19.145</b>	<b>3.415</b>	<b>418.64</b>
L22. Final Per Diem Rate - LOC 7		<b>418.64</b>				
L26. Less Rate Cut 2.7%		0.00				
L27. Plus: Quality Assessment - Medicaid Share		19.43				
L28. Less Rate Freeze Amount 0.009335%		0.00				
<b>L29. Final Per Diem After Adjustments</b>		<b>438.07</b>				
<b>Non - Ambulatory/Medical (Level of Care 8, 9)</b>						
Non-Ambulatory/Medical IRR Effective 9/1/2011	\$ 15.68	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
<b>Description</b>						
<b>Prospective Rate (Line 15)</b>		116.382	385.419	18.699	3.415	523.92
Prospective Rate w/o ROE		116.382	385.419	18.699	0.000	520.50
Allocation %		22.354%	74.809%	2.838%	0.000%	100%
Allocation of IRR		3.512	11.730	0.445	0.000	15.69
<b>Final Per Diem (Line 22)</b>		<b>119.894</b>	<b>397.149</b>	<b>19.144</b>	<b>3.415</b>	<b>539.60</b>
L22. Final Per Diem Rate - LOC 8, 9		<b>539.60</b>				
L26. Less Cut 2.7%		9.97				
L27. Plus: Quality Assessment - Medicaid Share		19.43				
L28. Less Rate Freeze Amount 0.009335		5.13				
<b>L29. Final Per Diem After Adjustments</b>		<b>543.93</b>				



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

<b>028020801 - 2012/10</b>
<b>RI:301.52 / NM:399.98</b>

**MCCAULEY CLUSTER**  
 1385 McCauley Road  
 Tallahassee FL 32308

Provider Number: 028020801  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>294.93</u>	<u>301.52</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>391.69</u>	<u>399.98</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

**028020801**

Provider Name: **MCCAULEY CLUSTER**  
 Provider Number: 28020801  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028020801 - 2012/10

RI: 301.52

NM: 399.98

**MCCAULEY CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	64.568	200.042	264.611	64.568	295.038	359.606
2. Inflate Line 1 by Inflation Factor 1.02082679	65.913	204.209	270.122	65.913	301.183	367.096
3. Line 1 x 1.400 x Inflation Factor 1.02915750	66.451	205.875	272.326	66.451	303.641	370.091
4. Current Period Cost	67.899	189.679	257.578	67.899	283.626	351.525
5. Incentive Basis (line 3 - line 4)	0.000	16.196		0.000	20.014	
6. Allowed Current Period Costs (Min of line 3 or 4)	66.451	189.679	256.130	66.451	283.626	350.077
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.098	8.098	0.000	10.007	10.007
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.690	5.690	0.000	8.509	8.509
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.690	5.690	0.000	8.509	8.509
10. Final Incentive	0.000	5.690	5.690	0.000	8.509	8.509
11. Current Period Base: (line 6 + line 10)	66.451	195.370	261.821	66.451	292.135	358.586
12. Plus: Property Rate Component			15.009			15.009
13. Plus: ROE/Use Rate			1.645			1.645
14. Total Current Period Base			278.475			375.240
15. Prospective Rate: Line 11 x Inflation (1.04576476)	69.492	204.311	273.803	69.492	305.505	374.996
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	69.492	204.311	273.803	69.492	305.505	374.996
19. Property Rate Component			15.009			15.009
20. ROE Component + ROE Interim Component			1.645			1.645
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>290.46</b>			<b>391.65</b>
23. Medicaid Days		867			7,500	
24. Resident Days		867			7,500	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.52			7.33
28. Less Rate Freeze Amount (0.009335%)			2.84			3.77
<b>29. Final Per Diem After Adjustments</b>			<b>301.52</b>			<b>399.98</b>



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

<b>028028301 - 2012/10</b>
<b>RI:318.63 / NM:400.00</b>

**GREENTREE COURT CLUSTER**

2160 Green Tree Court  
 Bartow FL 33830

Provider Number: 028028301  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>312.46</u>	<u>318.63</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>392.68</u>	<u>400.00</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (14)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



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

028028301

Provider Name: **GREENTREE COURT CLUSTER**  
 Provider Number: 28028301  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028028301 - 2012/10**

**RI: 318.63**

**NM: 400.00**

**GREENTREE COURT CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 03/07/2012 - 04/16/2012 Days Eligible: 158 of 183

Eligibility factor :86.34%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.381	189.504	266.885	77.381	267.210	344.591
2. Inflate Line 1 by Inflation Factor 1.02082679	78.992	193.451	272.443	78.992	272.776	351.768
3. Line 1 x 1.400 x Inflation Factor 1.02915750	79.637	195.030	274.667	79.637	275.002	354.639
4. Current Period Cost	83.484	196.763	280.247	83.484	275.892	359.376
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.637	195.030	274.667	79.637	275.002	354.639
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 86.34%	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)	79.637	195.030	274.667	79.637	275.002	354.639
12. Plus: Property Rate Component			19.918			19.918
13. Plus: ROE/Use Rate			0.880			0.880
14. Total Current Period Base			295.465			375.437
15. Prospective Rate: Line 11 x Inflation (1.04576476)	83.282	203.955	287.237	83.282	287.587	370.869
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.282	203.955	287.237	83.282	287.587	370.869
19. Property Rate Component			19.918			19.918
20. ROE Component + ROE Interim Component			0.880			0.880
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>308.04</b>			<b>391.67</b>
23. Medicaid Days			49			8,002
24. Resident Days			49			8,002
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.84			7.33
28. Less Rate Freeze Amount (0.009335%)			3.00			3.77
<b>29. Final Per Diem After Adjustments</b>			<b>318.63</b>			<b>400.00</b>



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

<b>028029101 - 2012/10</b>
<b>RI:340.17 / NM:446.60</b>

**MAHAN CLUSTER**  
 2034 Mahan Drive  
 Tallahassee FL 32308

Provider Number: 028029101  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>333.73</u>	<u>340.17</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>438.66</u>	<u>446.60</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 Sunrise Community  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

028029101

Provider Name: **MAHAN CLUSTER**  
 Provider Number: 28029101  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028029101 - 2012/10</b>
<b>RI: 340.17</b>
<b>NM: 446.60</b>

**MAHAN CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	69.821	214.107	283.928	69.821	315.742	385.563
2. Inflate Line 1 by Inflation Factor 1.02082679	71.275	218.566	289.842	71.275	322.318	393.593
3. Line 1 x 1.400 x Inflation Factor 1.02915750	71.857	220.350	292.207	71.857	324.948	396.805
4. Current Period Cost	87.937	242.869	330.806	87.937	354.387	442.325
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.857	220.350	292.207	71.857	324.948	396.805
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	71.857	220.350	292.207	71.857	324.948	396.805
12. Plus: Property Rate Component			21.954			21.954
13. Plus: ROE/Use Rate			2.639			2.639
14. Total Current Period Base			316.801			421.399
15. Prospective Rate: Line 11 x Inflation (1.04576476)	75.145	230.434	305.580	75.145	339.820	414.965
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.145	230.434	305.580	75.145	339.820	414.965
19. Property Rate Component			21.954			21.954
20. ROE Component + ROE Interim Component			2.639			2.639
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>330.17</b>			<b>439.56</b>
23. Medicaid Days		629			5,102	
24. Resident Days		629			5,102	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.23			8.18
28. Less Rate Freeze Amount (0.009335%)			3.21			4.21
<b>29. Final Per Diem After Adjustments</b>			<b>340.17</b>			<b>446.60</b>



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

**028030501 - 2012/10**  
**RI:234.40 / NM:282.52**

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

Provider Number: 028030501  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>223.00</u>	<u>234.40</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>276.68</u>	<u>282.52</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

For Information only - No Change in rate



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

028030501

Provider Name: LAKE CITY CLUSTER  
 Provider Number: 28030501  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028030501 - 2012/10**

**RI: 234.40**

**NM: 282.52**

**LAKE CITY CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.420	123.889	196.309	72.420	175.881	248.301
2. Inflate Line 1 by Inflation Factor 1.02082679	73.928	126.470	200.398	73.928	179.544	253.473
3. Line 1 x 1.400 x Inflation Factor 1.02915750	74.532	127.502	202.033	74.532	181.010	255.541
4. Current Period Cost	77.916	128.494	206.410	77.916	181.674	259.590
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.532	127.502	202.033	74.532	181.010	255.541
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	74.532	127.502	202.033	74.532	181.010	255.541
12. Plus: Property Rate Component			3.690			3.690
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			205.723			259.231
15. Prospective Rate: Line 11 x Inflation (1.04576476)	77.942	133.337	211.279	77.942	189.293	267.236
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.942	133.337	211.279	77.942	189.293	267.236
19. Property Rate Component			3.690			3.690
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>214.97</b>			<b>270.93</b>
23. Medicaid Days			0			8,253
24. Resident Days			0			8,253
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			5.18
28. Less Rate Freeze Amount (0.009335%)			0.00			2.66
<b>29. Final Per Diem After Adjustments</b>			<b>234.40</b>			<b>282.52</b>



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

**028031301 - 2012/10**  
**RI:360.89 / NM:456.09**

**BAYSHORE CLUSTER**

2059 Lisenby Avenue  
 Panama City FL 32405

Provider Number: 028031301  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>354.17</u>	<u>360.89</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>448.03</u>	<u>456.09</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (2)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate





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

**028031301**

Provider Name: **BAYSHORE CLUSTER**  
 Provider Number: 28031301  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028031301 - 2012/10**

**RI: 360.89**

**NM: 456.09**

**BAYSHORE CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.633	230.700	308.333	77.633	324.581	402.214
2. Inflate Line 1 by Inflation Factor 1.02082679	79.250	235.504	314.755	79.250	331.341	410.591
3. Line 1 x 1.400 x Inflation Factor 1.02915750	79.897	237.426	317.323	79.897	334.045	413.942
4. Current Period Cost	76.113	231.100	307.212	76.113	321.602	397.715
5. Incentive Basis (line 3 - line 4)	3.784	6.327		3.784	12.443	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.113	231.100	307.212	76.113	321.602	397.715
7. Incentive Line 5 x Oper 50% Res 50%	1.892	3.163	5.055	1.892	6.221	8.114
8. Incentive - Line 4 x Oper 10% Res 3%	7.611	6.933	14.544	7.611	9.648	17.259
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.892	3.163	5.055	1.892	6.221	8.114
10. Final Incentive	1.892	3.163	5.055	1.892	6.221	8.114
11. Current Period Base: (line 6 + line 10)	78.005	234.263	312.268	78.005	327.824	405.828
12. Plus: Property Rate Component			22.942			22.942
13. Plus: ROE/Use Rate			1.972			1.972
14. Total Current Period Base			337.181			430.742
15. Prospective Rate: Line 11 x Inflation (1.04576476)	81.575	244.984	326.559	81.575	342.826	424.401
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.575	244.984	326.559	81.575	342.826	424.401
19. Property Rate Component			22.942			22.942
20. ROE Component + ROE Interim Component			1.972			1.972
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>351.47</b>			<b>449.31</b>
23. Medicaid Days			0			7,178
24. Resident Days			0			7,178
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.61			8.36
28. Less Rate Freeze Amount (0.009335%)			3.40			4.30
<b>29. Final Per Diem After Adjustments</b>			<b>360.89</b>			<b>456.09</b>



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

**028032101 - 2012/10**  
**RI:245.52 / NM:289.93**

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

Provider Number: 028032101  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>235.26</u>	<u>245.52</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>285.57</u>	<u>289.93</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (3)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

**028032101**

Provider Name: **GAINESVILLE 39TH AVE CLUSTER**  
 Provider Number: 28032101  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028032101 - 2012/10**

**RI: 245.52**

**NM: 289.93**

**GAINESVILLE 39TH AVE CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.318	136.254	206.572	70.318	185.022	255.340
2. Inflate Line 1 by Inflation Factor 1.02082679	71.782	139.092	210.874	71.782	188.876	260.658
3. Line 1 x 1.400 x Inflation Factor 1.02915750	72.368	140.227	212.595	72.368	190.417	262.785
4. Current Period Cost	70.565	137.601	208.166	70.565	187.727	258.291
5. Incentive Basis (line 3 - line 4)	1.803	2.626		1.803	2.690	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.565	137.601	208.166	70.565	187.727	258.291
7. Incentive Line 5 x Oper 50% Res 50%	0.902	1.313	2.214	0.902	1.345	2.247
8. Incentive - Line 4 x Oper 10% Res 3%	7.056	4.128	11.184	7.056	5.632	12.688
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.902	1.313	2.214	0.902	1.345	2.247
10. Final Incentive	0.902	1.313	2.214	0.902	1.345	2.247
11. Current Period Base: (line 6 + line 10)	71.466	138.914	210.380	71.466	189.072	260.538
12. Plus: Property Rate Component			6.085			6.085
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			216.465			266.623
15. Prospective Rate: Line 11 x Inflation (1.04576476)	74.737	145.271	220.008	74.737	197.725	272.462
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.737	145.271	220.008	74.737	197.725	272.462
19. Property Rate Component			6.085			6.085
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>226.09</b>			<b>278.55</b>
23. Medicaid Days			0			8,413
24. Resident Days			0			8,413
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			5.31
28. Less Rate Freeze Amount (0.009335%)			0.00			2.73
<b>29. Final Per Diem After Adjustments</b>			<b>245.52</b>			<b>289.93</b>



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

<b>028035600 - 2012/10</b>
<b>RI:290.62 / NM:443.10</b>

**PARC CENTER APARTMENTS**

3190 75th Street North  
 St. Petersburg FL 33170

Provider Number: 028035600  
 Date: 12/04/2012  
 FYE: 09/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>283.46</u>	<u>290.62</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>434.26</u>	<u>443.10</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

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 10/2012

**028035600**

Provider Name: **PARC CENTER APARTMENTS**  
 Provider Number: 28035600  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028035600 - 2012/10**

**RI: 290.62**

**NM: 443.10**

**PARC CENTER APARTMENTS**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 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:	54.889	201.228	256.117	54.889	344.530	399.419
2. Inflate Line 1 by Inflation Factor 1.02179895	56.086	205.614	261.700	56.086	352.040	408.126
3. Line 1 x 1.400 x Inflation Factor 1.03051853	56.564	207.369	263.933	56.564	355.044	411.609
4. Current Period Cost	54.752	195.140	249.892	54.752	348.374	403.125
5. Incentive Basis (line 3 - line 4)	1.813	12.228		1.813	6.671	
6. Allowed Current Period Costs (Min of line 3 or 4)	54.752	195.140	249.892	54.752	348.374	403.125
7. Incentive Line 5 x Oper 50% Res 50%	0.906	6.114	7.021	0.906	3.335	4.242
8. Incentive - Line 4 x Oper 10% Res 3%	5.475	5.854	11.329	5.475	10.451	15.926
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.906	5.854	6.760	0.906	3.335	4.242
10. Final Incentive	0.906	5.854	6.760	0.906	3.335	4.242
11. Current Period Base: (line 6 + line 10)	55.658	200.994	256.652	55.658	351.709	407.367
12. Plus: Property Rate Component			10.831			10.831
13. Plus: ROE/Use Rate			1.564			1.564
14. Total Current Period Base			269.047			419.762
15. Prospective Rate: Line 11 x Inflation (1.03977609)	57.872	208.989	266.861	57.872	365.699	423.570
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	57.872	208.989	266.861	57.872	365.699	423.570
19. Property Rate Component			10.831			10.831
20. ROE Component + ROE Interim Component			1.564			1.564
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>279.26</b>			<b>435.97</b>
23. Medicaid Days		13,720			3,285	
24. Resident Days		13,720			3,285	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.32			8.12
28. Less Rate Freeze Amount (0.009335%)			2.74			4.18
<b>29. Final Per Diem After Adjustments</b>			<b>290.62</b>			<b>443.10</b>





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

**028036401 - 2012/10**  
**RI:443.94 / NM:560.56**

**SKIPPER ROAD CLUSTER**

2611 E. Bearss Avenue  
 Tampa FL 33613

Provider Number: 028036401  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>424.62</u>	<u>443.94</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>536.71</u>	<u>560.56</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

P.O. Box 1300  
Apopka FL 327041300

\_\_\_\_\_ For Information only - No Change in rate



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

028036401

Provider Name: **SKIPPER ROAD CLUSTER**  
 Provider Number: 28036401  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028036401 - 2012/10**

**RI: 443.94**

**NM: 560.56**

**SKIPPER ROAD CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	101.702	263.875	365.577	101.702	376.603	478.306
2. Inflate Line 1 by Inflation Factor 1.02052096 *	110.965	269.290	380.255	110.965	411.005	521.970
3. Line 1 x 1.400 x Inflation Factor 1.02872935 *	111.800	271.456	383.256	111.800	414.096	525.896
4. Current Period Cost	118.466	265.988	384.454	118.466	383.366	501.832
5. Incentive Basis (line 3 - line 4)	0.000	5.468		0.000	30.730	
6. Allowed Current Period Costs (Min of line 3 or 4)	111.800	265.988	377.788	111.800	383.366	495.166
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.734	2.734	0.000	15.365	15.365
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	7.980	7.980	0.000	11.501	11.501
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.734	2.734	0.000	11.501	11.501
10. Final Incentive	0.000	2.734	2.734	0.000	11.501	11.501
11. Current Period Base: (line 6 + line 10)	111.800	268.722	380.522	111.800	394.867	506.667
12. Plus: Property Rate Component			21.011			21.011
13. Plus: ROE/Use Rate			4.263			4.263
14. Total Current Period Base			405.797			531.942
15. Prospective Rate: Line 11 x Inflation (1.04779762)	117.144	281.566	398.710	117.144	413.741	530.885
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	117.144	281.566	398.710	117.144	413.741	530.885
19. Property Rate Component			21.011			21.011
20. ROE Component + ROE Interim Component			4.263			4.263
21. Plus :Property Interim Rate Component *			0.525			0.525
<b>22. Final Per Diem</b>			<b>424.51</b>			<b>556.68</b>
23. Medicaid Days			0		7,682	
24. Resident Days			0		7,682	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			10.27
28. Less Rate Freeze Amount (0.009335%)			0.00			5.28
<b>29. Final Per Diem After Adjustments</b>			<b>443.94</b>			<b>560.56</b>

\* See Attachment

**ICF/MR-DD**

**Interim Rate Calculation (L1 L2 L3) - @ 10/1/2012 Rate Semester**

**Skipper Road Cluster/Provider #0280364-01**  
**Adjustment to Prior Period Cost (L1, L2, L3)**  
**Vacancy IRR #229 - Effective 12/1/2010**  
**Status: COST SETTLEMENT**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>B</b> <b>@ 10/1/2012</b> Residential Institutional	<b>(L1)</b> Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2012	<b>(L2)</b> Inflate Col 8 By Factor <b>1.02052096</b> IRR @ 10/1/2012 (Col. 9)	<b>(L3)</b> Factor in Col 10 X 1.400 X Col 8 <b>1.02872935</b> IRR @ 10/1/2012 (Col. 9)
Operating Resident Care	101.7020 263.8750	7.176 0.000	110.965 269.290	111.800 271.456
<b>Total</b>	<b>365.577</b>	<b>7.176</b>	<b>380.255</b>	<b>383.256</b>
N-A/Medical				
Operating Resident Care	101.7020 376.6030	7.176 26.673	110.965 411.004	111.800 414.096
<b>Total</b>	<b>478.305</b>	<b>33.849</b>	<b>521.969</b>	<b>525.895</b>

updated 04/19/2012

Skipper Road Cluster Provider #0280364-01 Cost Settlement - IRR #229 Effective - 12/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 10/1/2012 RS							
	Calculation of L4				Residential/Institutional		Non-Ambulatory Medical	
	Operating	Resident Care	Total		Operating	Resident Care	Total	
A. Current Period Cost	114.878	265.988	380.866		114.878	370.030	484.907	
B. Cost Settlement for IRR Effective 12/1/2010	7.176	0.000	7.176		7.176	26.673	33.849	
C. Prorated CS IRR eff 12/1/2010 - 6/12 of IRR comp.	3.588	0.000	3.588		3.588	13.337	16.925	
D. Grossed Up Current Period (Line A plus Line C)	<b>118.466</b>	<b>265.988</b>	<b>384.454</b>		<b>118.466</b>	<b>383.366</b>	<b>501.832</b>	

PROPERTY COMPONENT	
Calculation of L21 - 6/12 of IRR comp.	
Property Interim Rate Component	1.051
Grossed Up Property Interim Rate Component	<b>0.526</b>



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**028037201 - 2012/10**  
**RI:303.50 / NM:378.97**

**PEMBROKE PINES CLUSTER**

871 S.W. Douglas Road  
 Pembroke Pines FL 33025

Provider Number: 028037201  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>289.33</u>	<u>303.50</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>371.82</u>	<u>378.97</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (10)

Home Office:

ANN STORCK CENTER

1790 SW 43RD WAY

FT. LAUDERDALE FL 33317

\_\_\_\_\_ For Information only - No Change in rate



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

**028037201**

Provider Name: **PEMBROKE PINES CLUSTER**  
 Provider Number: 28037201  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028037201 - 2012/10</b>
<b>RI: 303.50</b>
<b>NM: 378.97</b>

**PEMBROKE PINES CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	64.776	196.926	261.703	64.776	277.357	342.133
2. Inflate Line 1 by Inflation Factor 1.02082679	66.125	201.028	267.153	66.125	283.134	349.259
3. Line 1 x 1.400 x Inflation Factor 1.02915750	66.665	202.668	269.333	66.665	285.444	352.109
4. Current Period Cost	66.046	192.826	258.872	66.046	274.505	340.551
5. Incentive Basis (line 3 - line 4)	0.619	9.842		0.619	10.939	
6. Allowed Current Period Costs (Min of line 3 or 4)	66.046	192.826	258.872	66.046	274.505	340.551
7. Incentive Line 5 x Oper 50% Res 50%	0.309	4.921	5.231	0.309	5.470	5.779
8. Incentive - Line 4 x Oper 10% Res 3%	6.605	5.785	12.389	6.605	8.235	14.840
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.309	4.921	5.231	0.309	5.470	5.779
10. Final Incentive	0.309	4.921	5.231	0.309	5.470	5.779
11. Current Period Base: (line 6 + line 10)	66.355	197.747	264.103	66.355	279.975	346.330
12. Plus: Property Rate Component			7.879			7.879
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			271.982			354.209
15. Prospective Rate: Line 11 x Inflation (1.04576476)	69.392	206.797	276.189	69.392	292.788	362.180
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	69.392	206.797	276.189	69.392	292.788	362.180
19. Property Rate Component			7.879			7.879
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>284.07</b>			<b>370.06</b>
23. Medicaid Days			0			8,621
24. Resident Days			0			8,621
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			6.94
28. Less Rate Freeze Amount (0.009335%)			0.00			3.57
<b>29. Final Per Diem After Adjustments</b>			<b>303.50</b>			<b>378.97</b>





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

**028038101 - 2012/10**  
**RI:233.63 / NM:278.31**

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

Provider Number: 028038101  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>222.28</u>	<u>233.63</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>272.55</u>	<u>278.31</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

For Information only - No Change in rate



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

**028038101**

Provider Name: **OCALA CLUSTER**  
 Provider Number: 28038101  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028038101 - 2012/10</b>
<b>RI: 233.63</b>
<b>NM: 278.31</b>

**OCALA CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.780	125.457	201.236	75.780	176.016	251.796
2. Inflate Line 1 by Inflation Factor 1.02082679	77.358	128.069	205.427	77.358	179.682	257.040
3. Line 1 x 1.400 x Inflation Factor 1.02915750	77.989	129.115	207.104	77.989	181.148	259.138
4. Current Period Cost	72.107	122.391	194.499	72.107	170.741	242.848
5. Incentive Basis (line 3 - line 4)	5.882	6.723		5.882	10.407	
6. Allowed Current Period Costs (Min of line 3 or 4)	72.107	122.391	194.499	72.107	170.741	242.848
7. Incentive Line 5 x Oper 50% Res 50%	2.941	3.362	6.303	2.941	5.204	8.145
8. Incentive - Line 4 x Oper 10% Res 3%	7.211	3.672	10.882	7.211	5.122	12.333
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.941	3.362	6.303	2.941	5.122	8.063
10. Final Incentive	2.941	3.362	6.303	2.941	5.122	8.063
11. Current Period Base: (line 6 + line 10)	75.048	125.753	200.801	75.048	175.863	250.912
12. Plus: Property Rate Component			4.212			4.212
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			205.013			255.123
15. Prospective Rate: Line 11 x Inflation (1.04576476)	78.483	131.508	209.991	78.483	183.912	262.394
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.483	131.508	209.991	78.483	183.912	262.394
19. Property Rate Component			4.212			4.212
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>214.20</b>			<b>266.61</b>
23. Medicaid Days			0			8,760
24. Resident Days			0			8,760
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			5.10
28. Less Rate Freeze Amount (0.009335%)			0.00			2.62
<b>29. Final Per Diem After Adjustments</b>			<b>233.63</b>			<b>278.31</b>



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

**028040201 - 2012/10**  
**RI:421.75 / NM:553.10**

**WILLIAMS ROAD CLUSTER**  
 1923 Sarah Louise Drive  
 Brandon FL 33510

Provider Number: 028040201  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>417.09</u>	<u>421.75</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>543.62</u>	<u>553.10</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

**Distribution:**  
 Contract Management  
 DPODS - DCF (29)  
 Home Office:  
 Quest Inc  
 \_\_\_\_\_  
 P.O. Box 1300  
 \_\_\_\_\_  
 Apopka FL 327041300  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

**028040201**

Provider Name: **WILLIAMS ROAD CLUSTER**  
 Provider Number: 28040201  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028040201 - 2012/10**

**RI: 421.75**

**NM: 553.10**

**WILLIAMS ROAD CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	100.907	257.463	358.370	100.907	379.017	479.925
2. Inflate Line 1 by Inflation Factor 1.02052096 *	108.603	262.746	371.349	108.603	407.917	516.520
3. Line 1 x 1.400 x Inflation Factor 1.02872935 *	109.431	264.860	374.291	109.431	411.028	520.459
4. Current Period Cost	112.166	267.449	379.614	112.166	382.227	494.392
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	28.801	
6. Allowed Current Period Costs (Min of line 3 or 4)	109.431	264.860	374.291	109.431	382.227	491.658
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	14.401	14.401
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	11.467	11.467
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	11.467	11.467
10. Final Incentive	0.000	0.000	0.000	0.000	11.467	11.467
11. Current Period Base: (line 6 + line 10)	109.431	264.860	374.291	109.431	393.694	503.125
12. Plus: Property Rate Component			17.281			17.281
13. Plus: ROE/Use Rate			3.919			3.919
14. Total Current Period Base			395.491			524.325
15. Prospective Rate: Line 11 x Inflation (1.04779762)	114.662	277.519	392.181	114.662	412.511	527.173
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	114.662	277.519	392.181	114.662	412.511	527.173
19. Property Rate Component			17.281			17.281
20. ROE Component + ROE Interim Component			3.919			3.919
21. Plus :Property Interim Rate Component *			0.638			0.638
<b>22. Final Per Diem</b>			<b>414.02</b>			<b>549.01</b>
23. Medicaid Days			0		8,061	
24. Resident Days			0		8,061	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			7.73			10.13
28. Less Rate Freeze Amount (0.009335%)			3.97			5.21
<b>29. Final Per Diem After Adjustments</b>			<b>421.75</b>			<b>553.10</b>

\* See Attachment

**ICF/MR-DD**

**Interim Rate Calculation (L1 L2 L3) - @ 10/1/2012 Rate Semester**

**Williams Road Cluster/Provider #0280402-01**  
**Adjustment to Prior Period Cost (L1, L2, L3)**  
**Vacancy IRR #230 - Effective 1/1/2011**  
**Status: COST SETTLEMENT**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>B</b> <b>@ 10/1/2012</b> Residential Institutional	<b>(L1)</b> Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2012	<b>(L2)</b> Inflate Col 8 By Factor <b>1.02052096</b> IRR @ 10/1/2012 (Col. 9)	<b>(L3)</b> Factor in Col 10 X 1.400 X Col 8 <b>1.02872935</b> IRR @ 10/1/2012 (Col. 9)
Operating Resident Care	100.9070 257.4630	5.625 0.000	108.603 262.746	109.431 264.860
<b>Total</b>	<b>358.370</b>	<b>5.625</b>	<b>371.349</b>	<b>374.291</b>
N-A/Medical				
Operating Resident Care	100.9070 379.0170	5.625 21.122	108.603 407.917	109.431 411.028
<b>Total</b>	<b>479.924</b>	<b>26.747</b>	<b>516.520</b>	<b>520.459</b>

updated 04/19/2012

<b>Williams Road Cluster Provider #0280402-01</b>		<b>ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 10/1/2012 RS</b>					
<b>Cost Settlement - IRR #230 Effective - 1/1/2011</b>		<b>Residential/Institutional</b>		<b>Non-Ambulatory Medical</b>			
<b>Calculation of L4</b>		<b>Operating</b>	<b>Resident Care</b>	<b>Operating</b>	<b>Resident Care</b>	<b>Total</b>	<b>Total</b>
A. Current Period Cost		108.885	267.449	108.885	369.906	478.791	
B. Cost Settlement for IRR Effective 1/1/2011		5.625	0.000	5.625	21.122	26.747	
C. Prorated CS IRR eff 1/1/2011 - 7/12 of IRR comp.		3.281	0.000	3.281	12.321	15.602	
D. Grossed Up Current Period (Line A plus Line C)		<b>112.166</b>	<b>267.449</b>	<b>112.166</b>	<b>382.227</b>	<b>494.393</b>	

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





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

**028041101 - 2012/10**  
**RI:371.06 / NM:447.73**

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

Provider Number: 028041101  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>354.57</u>	<u>371.06</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>440.03</u>	<u>447.73</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue  
Miami FL 33125

For Information only - No Change in rate



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

028041101

Provider Name: **MCP 80th Street**  
 Provider Number: 28041101  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028041101 - 2012/10

RI: 371.06

NM: 447.73

MCP 80th Street

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.863	200.202	282.065	81.863	282.979	364.841
2. Inflate Line 1 by Inflation Factor 1.02082679	83.568	204.372	287.939	83.568	288.872	372.440
3. Line 1 x 1.400 x Inflation Factor 1.02915750	84.249	206.039	290.289	84.249	291.230	375.479
4. Current Period Cost	85.482	211.194	296.676	85.482	294.319	379.802
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	84.249	206.039	290.289	84.249	291.230	375.479
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)	84.249	206.039	290.289	84.249	291.230	375.479
12. Plus: Property Rate Component			46.948			46.948
13. Plus: ROE/Use Rate			1.110			1.110
14. Total Current Period Base			338.347			423.537
15. Prospective Rate: Line 11 x Inflation (1.04576476)	88.105	215.469	303.574	88.105	304.558	392.663
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	88.105	215.469	303.574	88.105	304.558	392.663
19. Property Rate Component			46.948			46.948
20. ROE Component + ROE Interim Component			1.110			1.110
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>351.63</b>			<b>440.72</b>
23. Medicaid Days			0			8,675
24. Resident Days			0			8,675
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			8.20
28. Less Rate Freeze Amount (0.009335%)			0.00			4.22
<b>29. Final Per Diem After Adjustments</b>			<b>371.06</b>			<b>447.73</b>



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

**028045301 - 2012/10**  
**RI:391.12 / NM:466.45**

**MCP Braddock**  
 14400 SW 32nd Street  
 Miami, FL 33175

Provider Number: 028045301  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>373.81</u>	<u>391.12</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>458.48</u>	<u>466.45</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue  
Miami, Fl

\_\_\_\_\_ For Information only - No Change in rate



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

028045301

Provider Name: **MCP Braddock**  
 Provider Number: 28045301  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028045301 - 2012/10**  
**RI: 391.12**  
**NM: 466.45**

**MCP Braddock**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.951	225.855	305.806	79.951	308.390	388.341
2. Inflate Line 1 by Inflation Factor 1.02082679	81.616	230.559	312.175	81.616	314.813	396.429
3. Line 1 x 1.400 x Inflation Factor 1.02915750	82.282	232.441	314.723	82.282	317.382	399.664
4. Current Period Cost	86.242	223.078	309.320	86.242	306.953	393.194
5. Incentive Basis (line 3 - line 4)	0.000	9.362		0.000	10.429	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.282	223.078	305.360	82.282	306.953	389.235
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.681	4.681	0.000	5.215	5.215
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.692	6.692	0.000	9.209	9.209
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.681	4.681	0.000	5.215	5.215
10. Final Incentive	0.000	4.681	4.681	0.000	5.215	5.215
11. Current Period Base: (line 6 + line 10)	82.282	227.759	310.042	82.282	312.167	394.450
12. Plus: Property Rate Component			46.638			46.638
13. Plus: ROE/Use Rate			0.826			0.826
14. Total Current Period Base			357.506			441.914
15. Prospective Rate: Line 11 x Inflation (1.04576476)	86.048	238.183	324.231	86.048	326.454	412.502
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.048	238.183	324.231	86.048	326.454	412.502
19. Property Rate Component			46.638			46.638
20. ROE Component + ROE Interim Component			0.826			0.826
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>371.69</b>			<b>459.97</b>
23. Medicaid Days			0			8,726
24. Resident Days			0			8,726
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			8.55
28. Less Rate Freeze Amount (0.009335%)			0.00			4.40
<b>29. Final Per Diem After Adjustments</b>			<b>391.12</b>			<b>466.45</b>



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

**028046101 - 2012/10**  
**RI:386.73 / NM:464.30**

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

Provider Number: 028046101  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>369.60</u>	<u>386.73</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>456.36</u>	<u>464.30</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue  
Miami FL 33125

For Information only - No Change in rate



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

028046101

Provider Name: **MCP 2nd Street**  
 Provider Number: 28046101  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028046101 - 2012/10**

**RI: 386.73**

**NM: 464.30**

**MCP 2nd Street**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	80.550	219.462	300.012	80.550	304.631	385.181
2. Inflate Line 1 by Inflation Factor 1.02082679	82.227	224.033	306.260	82.227	310.975	393.203
3. Line 1 x 1.400 x Inflation Factor 1.02915750	82.898	225.861	308.759	82.898	313.513	396.411
4. Current Period Cost	84.343	220.141	304.483	84.343	305.473	389.816
5. Incentive Basis (line 3 - line 4)	0.000	5.720		0.000	8.040	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.898	220.141	303.039	82.898	305.473	388.371
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.860	2.860	0.000	4.020	4.020
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.604	6.604	0.000	9.164	9.164
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.860	2.860	0.000	4.020	4.020
10. Final Incentive	0.000	2.860	2.860	0.000	4.020	4.020
11. Current Period Base: (line 6 + line 10)	82.898	223.001	305.899	82.898	309.493	392.391
12. Plus: Property Rate Component			46.497			46.497
13. Plus: ROE/Use Rate			0.907			0.907
14. Total Current Period Base			353.304			439.796
15. Prospective Rate: Line 11 x Inflation (1.04576476)	86.692	233.206	319.898	86.692	323.657	410.349
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.692	233.206	319.898	86.692	323.657	410.349
19. Property Rate Component			46.497			46.497
20. ROE Component + ROE Interim Component			0.907			0.907
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>367.30</b>			<b>457.75</b>
23. Medicaid Days			0			8,709
24. Resident Days			0			8,709
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			8.51
28. Less Rate Freeze Amount (0.009335%)			0.00			4.38
<b>29. Final Per Diem After Adjustments</b>			<b>386.73</b>			<b>464.30</b>



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

**028048801 - 2012/10**  
**RI:368.75 / NM:444.86**

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

Provider Number: 028048801  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	352.37	368.75	10/01/2012
#8 Non-Ambulatory & #9 Medical	437.22	444.86	10/01/2012

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

**Distribution:**  
 Contract Management  
 DPODS - DCF (11)  
 Home Office:  
 UCP Of Miami  
 \_\_\_\_\_  
 1411 N.W. 14th Avenue  
 \_\_\_\_\_  
 Miami FL 33125  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

**028048801**

Provider Name: **MCP Sunset**  
 Provider Number: 28048801  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028048801 - 2012/10**

**RI: 368.75**

**NM: 444.86**

**MCP Sunset**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	80.650	197.087	277.737	80.650	282.599	363.249
2. Inflate Line 1 by Inflation Factor 1.02082679	82.330	201.192	283.522	82.330	288.484	370.815
3. Line 1 x 1.400 x Inflation Factor 1.02915750	83.002	202.833	285.835	83.002	290.839	373.841
4. Current Period Cost	85.001	202.975	287.976	85.001	283.990	368.991
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	6.849	
6. Allowed Current Period Costs (Min of line 3 or 4)	83.002	202.833	285.835	83.002	283.990	366.992
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	3.424	3.424
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	8.520	8.520
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	3.424	3.424
10. Final Incentive	0.000	0.000	0.000	0.000	3.424	3.424
11. Current Period Base: (line 6 + line 10)	83.002	202.833	285.835	83.002	287.414	370.416
12. Plus: Property Rate Component			49.508			49.508
13. Plus: ROE/Use Rate			0.891			0.891
14. Total Current Period Base			336.235			420.816
15. Prospective Rate: Line 11 x Inflation (1.04576476)	86.801	212.116	298.917	86.801	300.568	387.368
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.801	212.116	298.917	86.801	300.568	387.368
19. Property Rate Component			49.508			49.508
20. ROE Component + ROE Interim Component			0.891			0.891
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>349.32</b>			<b>437.77</b>
23. Medicaid Days			0		8,523	
24. Resident Days			0		8,523	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			8.15
28. Less Rate Freeze Amount (0.009335%)			0.00			4.19
<b>29. Final Per Diem After Adjustments</b>			<b>368.75</b>			<b>444.86</b>



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

**028049601 - 2012/10**  
**RI:308.46 / NM:410.42**

**DORCHESTER CLUSTER**

3201 Ginger Drive  
 Tallahassee FL 32308

Provider Number: 028049601  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>302.41</u>	<u>308.46</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>402.93</u>	<u>410.42</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (2)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



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

028049601

Provider Name: **DORCHESTER CLUSTER**  
 Provider Number: 28049601  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028049601 - 2012/10

RI: 308.46

NM: 410.42

**DORCHESTER CLUSTER**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.533	202.822	273.355	70.533	303.438	373.971
2. Inflate Line 1 by Inflation Factor 1.02082679	72.002	207.046	279.048	72.002	309.758	381.759
3. Line 1 x 1.400 x Inflation Factor 1.02915750	72.589	208.736	281.325	72.589	312.285	384.875
4. Current Period Cost	70.016	190.493	260.510	70.016	287.774	357.791
5. Incentive Basis (line 3 - line 4)	2.573	18.242		2.573	24.511	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.016	190.493	260.510	70.016	287.774	357.791
7. Incentive Line 5 x Oper 50% Res 50%	1.287	9.121	10.408	1.287	12.256	13.542
8. Incentive - Line 4 x Oper 10% Res 3%	7.002	5.715	12.716	7.002	8.633	15.635
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.287	5.715	7.001	1.287	8.633	9.920
10. Final Incentive	1.287	5.715	7.001	1.287	8.633	9.920
11. Current Period Base: (line 6 + line 10)	71.303	196.208	267.511	71.303	296.407	367.710
12. Plus: Property Rate Component			16.376			16.376
13. Plus: ROE/Use Rate			1.461			1.461
14. Total Current Period Base			285.348			385.547
15. Prospective Rate: Line 11 x Inflation (1.04576476)	74.566	205.188	279.754	74.566	309.972	384.539
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.566	205.188	279.754	74.566	309.972	384.539
19. Property Rate Component			16.376			16.376
20. ROE Component + ROE Interim Component			1.461			1.461
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>297.59</b>			<b>402.38</b>
23. Medicaid Days			757			7,751
24. Resident Days			757			7,751
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.65			7.52
28. Less Rate Freeze Amount (0.009335%)			2.91			3.87
<b>29. Final Per Diem After Adjustments</b>			<b>308.46</b>			<b>410.42</b>



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

**028054200 - 2012/10**  
**RI:329.26 / NM:0.00**

**SUFFRIDGE DRIVE GROUP HOME**

27566 Suffridge Drive  
 Bonita Springs FL 34135

Provider Number: 028054200  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	322.87	329.26	10/01/2012
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
 Louisville KY 40223

For Information only - No Change in rate





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

**028054200**

Provider Name: **SUFFRIDGE DRIVE GROUP HOME**  
 Provider Number: 28054200  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028054200 - 2012/10**

**RI: 329.26**

**NM: 0.00**

**SUFFRIDGE DRIVE GROUP HOME**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.226	213.366	297.592			
2. Inflate Line 1 by Inflation Factor 1.02082679	85.980	217.810	303.790			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	86.682	219.588	306.269			
4. Current Period Cost	76.525	204.609	281.134			
5. Incentive Basis (line 3 - line 4)	10.157	14.979		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.525	204.609	281.134			
7. Incentive Line 5 x Oper 50% Res 50%	5.078	7.489	12.568	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.653	6.138	13.791	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.078	6.138	11.217	0.000	0.000	0.000
10. Final Incentive	5.078	6.138	11.217	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	81.603	210.747	292.350	0.000	0.000	0.000
12. Plus: Property Rate Component			13.237			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			305.587			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	85.338	220.392	305.730	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.338	220.392	305.730	0.000	0.000	0.000
19. Property Rate Component			13.237			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>318.97</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.03			
28. Less Rate Freeze Amount (0.009335%)			3.10			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>329.26</b>			<b>0.00</b>



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

**028056900 - 2012/10**  
**RI:346.77 / NM:0.00**

**ROSEWOOD GROUP HOME**  
 71 Rosewood Avenue  
 Ormand Beach FL 32174

Provider Number: 028056900  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>340.21</u>	<u>346.77</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (12)  
 Home Office:  
 Res-Care  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

028056900

Provider Name: **ROSEWOOD GROUP HOME**  
 Provider Number: 28056900  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028056900 - 2012/10

RI: 346.77

NM: 0.00

**ROSEWOOD GROUP HOME**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.099	212.641	293.740			
2. Inflate Line 1 by Inflation Factor 1.02082679	82.788	217.070	299.858			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	83.463	218.841	302.305			
4. Current Period Cost	100.283	230.226	330.509			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	83.463	218.841	302.305			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	83.463	218.841	302.305	0.000	0.000	0.000
12. Plus: Property Rate Component			20.826			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			323.131			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	87.283	228.857	316.139	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	87.283	228.857	316.139	0.000	0.000	0.000
19. Property Rate Component			20.826			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>336.97</b>			<b>0.00</b>
23. Medicaid Days		1,495			0	
24. Resident Days		1,495			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.35			
28. Less Rate Freeze Amount (0.009335%)			3.27			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>346.77</b>			<b>0.00</b>



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

**028057700 - 2012/10**  
**RI:284.62 / NM:0.00**

**PLAZA OVAL GROUP HOME**  
 247 Plaza Oval  
 Casselberry FL 32707

Provider Number: 028057700  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>278.87</u>	<u>284.62</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

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

10140 Linn Station Road  
Louisville KY 40223

For Information only - No Change in rate



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

028057700

Provider Name: **PLAZA OVAL GROUP HOME**  
 Provider Number: 28057700  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028057700 - 2012/10**

**RI: 284.62**

**NM: 0.00**

**PLAZA OVAL GROUP HOME**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.065	166.214	245.279			
2. Inflate Line 1 by Inflation Factor 1.02082679	80.711	169.676	250.387			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	81.370	171.061	252.431			
4. Current Period Cost	75.693	165.462	241.155			
5. Incentive Basis (line 3 - line 4)	5.677	5.599		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.693	165.462	241.155			
7. Incentive Line 5 x Oper 50% Res 50%	2.838	2.799	5.638	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.569	4.964	12.533	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.838	2.799	5.638	0.000	0.000	0.000
10. Final Incentive	2.838	2.799	5.638	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	78.532	168.261	246.793	0.000	0.000	0.000
12. Plus: Property Rate Component			14.995			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			261.787			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	82.126	175.962	258.087	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	82.126	175.962	258.087	0.000	0.000	0.000
19. Property Rate Component			14.995			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>273.08</b>			<b>0.00</b>
23. Medicaid Days		2,011			0	
24. Resident Days		2,011			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.21			
28. Less Rate Freeze Amount (0.009335%)			2.68			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>284.62</b>			<b>0.00</b>





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

**028059300 - 2012/10**  
**RI:246.37 / NM:0.00**

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

Provider Number: 028059300  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>241.17</u>	<u>246.37</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



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

**028059300**

Provider Name: **Sunrise 146th Place**  
 Provider Number: 28059300  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028059300 - 2012/10</b>
<b>RI: 246.37</b>
<b>NM: 0.00</b>

Sunrise 146th Place

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	46.578	161.441	208.019			
2. Inflate Line 1 by Inflation Factor 1.02082679	47.548	164.803	212.351			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	47.936	166.148	214.084			
4. Current Period Cost	42.673	160.570	203.243			
5. Incentive Basis (line 3 - line 4)	5.263	5.578		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.673	160.570	203.243			
7. Incentive Line 5 x Oper 50% Res 50%	2.632	2.789	5.421	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.267	4.817	9.084	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.632	2.789	5.421	0.000	0.000	0.000
10. Final Incentive	2.632	2.789	5.421	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	45.305	163.359	208.664	0.000	0.000	0.000
12. Plus: Property Rate Component			15.559			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			224.222			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	47.378	170.835	218.213	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	47.378	170.835	218.213	0.000	0.000	0.000
19. Property Rate Component			15.559			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>233.77</b>			<b>0.00</b>
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.51			
28. Less Rate Freeze Amount (0.009335%)			2.32			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>246.37</b>			<b>0.00</b>



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

**028060700 - 2012/10**  
**RI:311.64 / NM:348.24**

**Walnut Street Group Home**  
 102 Alexander Road  
 Starke FL 32091

Provider Number: 028060700  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>305.57</u>	<u>311.64</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>341.64</u>	<u>348.24</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate



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

028060700

Provider Name: **Walnut Street Group Home**  
 Provider Number: 28060700  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028060700 - 2012/10

RI: 311.64

NM: 348.24

**Walnut Street Group Home**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.443	192.945	276.389	83.443	229.319	312.762
2. Inflate Line 1 by Inflation Factor 1.02082679	85.181	196.964	282.145	85.181	234.095	319.276
3. Line 1 x 1.400 x Inflation Factor 1.02915750	85.876	198.571	284.447	85.876	236.006	321.882
4. Current Period Cost	77.488	182.094	259.582	77.488	217.012	294.501
5. Incentive Basis (line 3 - line 4)	8.388	16.477		8.388	18.993	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.488	182.094	259.582	77.488	217.012	294.501
7. Incentive Line 5 x Oper 50% Res 50%	4.194	8.239	12.433	4.194	9.497	13.691
8. Incentive - Line 4 x Oper 10% Res 3%	7.749	5.463	13.212	7.749	6.510	14.259
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.194	5.463	9.657	4.194	6.510	10.704
10. Final Incentive	4.194	5.463	9.657	4.194	6.510	10.704
11. Current Period Base: (line 6 + line 10)	81.682	187.557	269.239	81.682	223.523	305.205
12. Plus: Property Rate Component			19.300			19.300
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			288.539			324.505
15. Prospective Rate: Line 11 x Inflation (1.04576476)	85.420	196.140	281.561	85.420	233.752	319.173
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.420	196.140	281.561	85.420	233.752	319.173
19. Property Rate Component			19.300			19.300
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>300.86</b>			<b>338.47</b>
23. Medicaid Days		2,013			15	
24. Resident Days		2,013			15	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.71			6.38
28. Less Rate Freeze Amount (0.009335%)			2.94			3.28
<b>29. Final Per Diem After Adjustments</b>			<b>311.64</b>			<b>348.24</b>



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

**028061500 - 2012/10**  
**RI:271.86 / NM:305.88**

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

Provider Number: 028061500  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>266.36</u>	<u>271.86</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>299.90</u>	<u>305.88</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate



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

**028061500**

Provider Name: **Spring Street Group Home**  
 Provider Number: 28061500  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028061500 - 2012/10**

**RI: 271.86**

**NM: 305.88**

**Spring Street Group Home**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.499	167.811	239.310	71.499	199.659	271.157
2. Inflate Line 1 by Inflation Factor 1.02082679	72.988	171.306	244.294	72.988	203.817	276.805
3. Line 1 x 1.400 x Inflation Factor 1.02915750	73.584	172.704	246.287	73.584	205.480	279.064
4. Current Period Cost	68.365	153.165	221.531	68.365	185.623	253.988
5. Incentive Basis (line 3 - line 4)	5.218	19.538		5.218	19.857	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.365	153.165	221.531	68.365	185.623	253.988
7. Incentive Line 5 x Oper 50% Res 50%	2.609	9.769	12.378	2.609	9.929	12.538
8. Incentive - Line 4 x Oper 10% Res 3%	6.837	4.595	11.431	6.837	5.569	12.405
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.609	4.595	7.204	2.609	5.569	8.178
10. Final Incentive	2.609	4.595	7.204	2.609	5.569	8.178
11. Current Period Base: (line 6 + line 10)	70.974	157.760	228.735	70.974	191.192	262.166
12. Plus: Property Rate Component			20.769			20.769
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			249.504			282.935
15. Prospective Rate: Line 11 x Inflation (1.04576476)	74.223	164.980	239.203	74.223	199.942	274.164
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.223	164.980	239.203	74.223	199.942	274.164
19. Property Rate Component			20.769			20.769
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>259.97</b>			<b>294.93</b>
23. Medicaid Days		1,561			629	
24. Resident Days		1,561			629	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.98			5.60
28. Less Rate Freeze Amount (0.009335%)			2.56			2.88
<b>29. Final Per Diem After Adjustments</b>			<b>271.86</b>			<b>305.88</b>



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

**028062300 - 2012/10**  
**RI:258.30 / NM:302.50**

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

Provider Number: 028062300  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>252.96</u>	<u>258.30</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>296.53</u>	<u>302.50</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33170

For Information only - No Change in rate



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

**028062300**

Provider Name: **Sunrise 119th Street Group Home**  
 Provider Number: 28062300  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028062300 - 2012/10**

**RI: 258.30**

**NM: 302.50**

**Sunrise 119th Street Group Home**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	46.067	168.796	214.862	46.067	211.919	257.985
2. Inflate Line 1 by Inflation Factor 1.02082679	47.026	172.311	219.337	47.026	216.332	263.358
3. Line 1 x 1.400 x Inflation Factor 1.02915750	47.410	173.717	221.127	47.410	218.098	265.508
4. Current Period Cost	45.448	170.224	215.672	45.448	212.716	258.164
5. Incentive Basis (line 3 - line 4)	1.962	3.493		1.962	5.382	
6. Allowed Current Period Costs (Min of line 3 or 4)	45.448	170.224	215.672	45.448	212.716	258.164
7. Incentive Line 5 x Oper 50% Res 50%	0.981	1.747	2.728	0.981	2.691	3.672
8. Incentive - Line 4 x Oper 10% Res 3%	4.545	5.107	9.651	4.545	6.381	10.926
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.981	1.747	2.728	0.981	2.691	3.672
10. Final Incentive	0.981	1.747	2.728	0.981	2.691	3.672
11. Current Period Base: (line 6 + line 10)	46.429	171.971	218.399	46.429	215.407	261.836
12. Plus: Property Rate Component			17.640			17.640
13. Plus: ROE/Use Rate			0.005			0.005
14. Total Current Period Base			236.044			279.481
15. Prospective Rate: Line 11 x Inflation (1.04576476)	48.554	179.841	228.394	48.554	225.265	273.819
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.554	179.841	228.394	48.554	225.265	273.819
19. Property Rate Component			17.640			17.640
20. ROE Component + ROE Interim Component			0.005			0.005
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>246.04</b>			<b>291.46</b>
23. Medicaid Days		1,394			730	
24. Resident Days		1,394			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.73			5.54
28. Less Rate Freeze Amount (0.009335%)			2.43			2.85
<b>29. Final Per Diem After Adjustments</b>			<b>258.30</b>			<b>302.50</b>



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

**028063100 - 2012/10**  
**RI:280.94 / NM:322.69**

**Bessent Road Group Home**  
 1329 Bessent Road  
 Starke FL 32091

Provider Number: 028063100  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

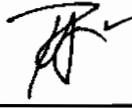
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>275.22</u>	<u>280.94</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>316.39</u>	<u>322.69</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (3)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

**028063100**

Provider Name: **Bessent Road Group Home**  
 Provider Number: 28063100  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028063100 - 2012/10**

**RI: 280.94**

**NM: 322.69**

**Bessent Road Group Home**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.017	164.091	246.108	82.017	231.120	313.138
2. Inflate Line 1 by Inflation Factor 1.02082679	83.726	167.508	251.234	83.726	235.934	319.659
3. Line 1 x 1.400 x Inflation Factor 1.02915750	84.409	168.875	253.284	84.409	237.859	322.268
4. Current Period Cost	69.762	171.313	241.075	69.762	203.795	273.557
5. Incentive Basis (line 3 - line 4)	14.647	0.000		14.647	34.064	
6. Allowed Current Period Costs (Min of line 3 or 4)	69.762	168.875	238.637	69.762	203.795	273.557
7. Incentive Line 5 x Oper 50% Res 50%	7.323	0.000	7.323	7.323	17.032	24.355
8. Incentive - Line 4 x Oper 10% Res 3%	6.976	0.000	6.976	6.976	6.114	13.090
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.976	0.000	6.976	6.976	6.114	13.090
10. Final Incentive	6.976	0.000	6.976	6.976	6.114	13.090
11. Current Period Base: (line 6 + line 10)	76.738	168.875	245.613	76.738	209.909	286.647
12. Plus: Property Rate Component			12.450			12.450
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			258.064			299.098
15. Prospective Rate: Line 11 x Inflation (1.04576476)	80.250	176.604	256.854	80.250	219.515	299.766
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.250	176.604	256.854	80.250	219.515	299.766
19. Property Rate Component			12.450			12.450
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>269.30</b>			<b>312.22</b>
23. Medicaid Days		2,170			15	
24. Resident Days		2,170			15	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.15			5.91
28. Less Rate Freeze Amount (0.009335%)			2.65			3.04
<b>29. Final Per Diem After Adjustments</b>			<b>280.94</b>			<b>322.69</b>



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

<b>028064000 - 2012/10</b>
<b>RI:274.73 / NM:304.14</b>

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

Provider Number: 028064000  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>269.17</u>	<u>274.73</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>298.17</u>	<u>304.14</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

For Information only - No Change in rate





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

**028064000**

Provider Name: **19th Street Group Home**  
 Provider Number: 28064000  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028064000 - 2012/10

RI: 274.73

NM: 304.14

**19th Street Group Home**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.432	159.354	236.786	77.432	188.691	266.123
2. Inflate Line 1 by Inflation Factor 1.02082679	79.044	162.673	241.718	79.044	192.621	271.666
3. Line 1 x 1.400 x Inflation Factor 1.02915750	79.689	164.001	243.690	79.689	194.193	273.882
4. Current Period Cost	72.607	152.490	225.097	72.607	180.556	253.163
5. Incentive Basis (line 3 - line 4)	7.082	11.511		7.082	13.637	
6. Allowed Current Period Costs (Min of line 3 or 4)	72.607	152.490	225.097	72.607	180.556	253.163
7. Incentive Line 5 x Oper 50% Res 50%	3.541	5.756	9.297	3.541	6.819	10.360
8. Incentive - Line 4 x Oper 10% Res 3%	7.261	4.575	11.835	7.261	5.417	12.677
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.541	4.575	8.116	3.541	5.417	8.958
10. Final Incentive	3.541	4.575	8.116	3.541	5.417	8.958
11. Current Period Base: (line 6 + line 10)	76.148	157.065	233.213	76.148	185.973	262.121
12. Plus: Property Rate Component			19.033			19.033
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			252.245			281.154
15. Prospective Rate: Line 11 x Inflation (1.04576476)	79.633	164.253	243.886	79.633	194.484	274.117
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.633	164.253	243.886	79.633	194.484	274.117
19. Property Rate Component			19.033			19.033
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>262.92</b>			<b>293.15</b>
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.03			5.57
28. Less Rate Freeze Amount (0.009335%)			2.59			2.87
<b>29. Final Per Diem After Adjustments</b>			<b>274.73</b>			<b>304.14</b>



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

<b>028065800 - 2012/10</b>
<b>RI:271.88 / NM:0.00</b>

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

Provider Number: 028065800  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>266.34</u>	<u>271.88</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



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

**028065800**

Provider Name: **Sunrise 22nd Street Home**  
 Provider Number: 28065800  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028065800 - 2012/10

RI: 271.88

NM: 0.00

**Sunrise 22nd Street Home**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	49.171	176.558	225.729			
2. Inflate Line 1 by Inflation Factor 1.02082679	50.195	180.236	230.430			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	50.604	181.706	232.311			
4. Current Period Cost	55.795	184.319	240.114			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	50.604	181.706	232.311			
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)	50.604	181.706	232.311	0.000	0.000	0.000
12. Plus: Property Rate Component			17.006			0.000
13. Plus: ROE/Use Rate			0.047			0.000
14. Total Current Period Base			249.363			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	52.920	190.022	242.942	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	52.920	190.022	242.942	0.000	0.000	0.000
19. Property Rate Component			17.006			0.000
20. ROE Component + ROE Interim Component			0.047			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>259.99</b>			<b>0.00</b>
23. Medicaid Days		2,099				0
24. Resident Days		2,099				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.98			
28. Less Rate Freeze Amount (0.009335%)			2.56			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>271.88</b>			<b>0.00</b>



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

**028066600 - 2012/10**  
**RI:326.36 / NM:0.00**

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

Provider Number: 028066600  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>320.05</u>	<u>326.36</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

For Information only - No Change in rate



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

028066600

Provider Name: **High Desert Court Group Home**  
 Provider Number: 28066600  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028066600 - 2012/10</b>
<b>RI: 326.36</b>
<b>NM: 0.00</b>

**High Desert Court Group Home**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	86.602	205.985	292.586			
2. Inflate Line 1 by Inflation Factor 1.02082679	88.405	210.275	298.680			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	89.127	211.991	301.117			
4. Current Period Cost	82.607	194.106	276.713			
5. Incentive Basis (line 3 - line 4)	6.520	17.884		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.607	194.106	276.713			
7. Incentive Line 5 x Oper 50% Res 50%	3.260	8.942	12.202	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.261	5.823	14.084	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.260	5.823	9.083	0.000	0.000	0.000
10. Final Incentive	3.260	5.823	9.083	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	85.867	199.929	285.796	0.000	0.000	0.000
12. Plus: Property Rate Component			17.106			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			302.902			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	89.797	209.079	298.876	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	89.797	209.079	298.876	0.000	0.000	0.000
19. Property Rate Component			17.106			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>315.98</b>			<b>0.00</b>
23. Medicaid Days		1,952			0	
24. Resident Days		1,952			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.98			
28. Less Rate Freeze Amount (0.009335%)			3.08			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>326.36</b>			<b>0.00</b>





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

<b>028067400 - 2012/10</b>
<b>RI:297.44 / NM:332.91</b>

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


Provider Number: 028067400  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>291.55</u>	<u>297.44</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>326.52</u>	<u>332.91</u>	<u>10/01/2012</u>

<b>Rate Type:</b>			
<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		

<b>Basis</b>			
<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) 04/2012 to 10/2012

028067400

Provider Name: **Frederick Avenue Group Home**  
 Provider Number: 28067400  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028067400 - 2012/10**

**RI: 297.44**

**NM: 332.91**

**Frederick Avenue Group Home**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.639	189.630	272.268	82.639	225.012	307.650
2. Inflate Line 1 by Inflation Factor 1.02082679	84.360	193.579	277.939	84.360	229.698	314.058
3. Line 1 x 1.400 x Inflation Factor 1.02915750	85.048	195.159	280.207	85.048	231.573	316.621
4. Current Period Cost	70.565	173.309	243.874	70.565	207.153	277.718
5. Incentive Basis (line 3 - line 4)	14.483	21.850		14.483	24.420	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.565	173.309	243.874	70.565	207.153	277.718
7. Incentive Line 5 x Oper 50% Res 50%	7.241	10.925	18.167	7.241	12.210	19.451
8. Incentive - Line 4 x Oper 10% Res 3%	7.057	5.199	12.256	7.057	6.215	13.271
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.057	5.199	12.256	7.057	6.215	13.271
10. Final Incentive	7.057	5.199	12.256	7.057	6.215	13.271
11. Current Period Base: (line 6 + line 10)	77.622	178.508	256.130	77.622	213.367	290.989
12. Plus: Property Rate Component			18.408			18.408
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			274.538			309.397
15. Prospective Rate: Line 11 x Inflation (1.04576476)	81.174	186.677	267.851	81.174	223.132	304.306
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.174	186.677	267.851	81.174	223.132	304.306
19. Property Rate Component			18.408			18.408
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>286.26</b>			<b>322.71</b>
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.45			6.10
28. Less Rate Freeze Amount (0.009335%)			2.80			3.14
<b>29. Final Per Diem After Adjustments</b>			<b>297.44</b>			<b>332.91</b>



Florida Agency For Health Care Administration  
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 Tallahassee, Florida 32308

**028069100 - 2012/10**  
**RI:331.23 / NM:0.00**

**Claudia Drive Group Home**  
 140 Claudia Drive  
 Jacksonville FL 32218

Provider Number: 028069100  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>325.91</u>	<u>331.23</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

For Information only - No Change in rate



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

028069100

Provider Name: **Claudia Drive Group Home**  
 Provider Number: 28069100  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028069100 - 2012/10**

**RI: 331.23**

**NM: 0.00**

**Claudia Drive Group Home**

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 02/14/2012 - 03/14/2012 Days Eligible: 154 of 183

Eligibility factor :84.15%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.731	209.091	291.822			
2. Inflate Line 1 by Inflation Factor 1.02082679	84.454	213.445	297.900			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	85.143	215.187	300.331			
4. Current Period Cost	79.157	207.533	286.690			
5. Incentive Basis (line 3 - line 4)	5.986	7.654		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.157	207.533	286.690			
7. Incentive Line 5 x Oper 50% Res 50%	2.993	3.827	6.820	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.916	6.226	14.142	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 84.15%	2.519	3.221	5.739	0.000	0.000	0.000
10. Final Incentive	2.519	3.221	5.739	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	81.676	210.754	292.430	0.000	0.000	0.000
12. Plus: Property Rate Component			15.176			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			307.606			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	85.414	220.399	305.813	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.414	220.399	305.813	0.000	0.000	0.000
19. Property Rate Component			15.176			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>320.99</b>			<b>0.00</b>
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.07			
28. Less Rate Freeze Amount (0.009335%)			3.12			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>331.23</b>			<b>0.00</b>



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

**028427100 - 2012/10**  
**RI:241.30 / NM:310.60**

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

Provider Number: 028427100  
Date: 12/04/2012  
FYE: 02/29/2012  
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	237.29	241.30	10/01/2012
#8 Non-Ambulatory & #9 Medical	305.52	310.60	10/01/2012

Rate Type:

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

Basis

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

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Distribution:

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


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230 Fern Park Boulevard  


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Fern Park Fl 32730  


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\_\_\_\_\_ 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 10/2012

**028427100**

Provider Name: **Fern Park, LLC/PHP**  
 Provider Number: 28427100  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Pridgeon, Chant  
 Rate Semester: October, 2012  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5 Total Cost Per Diem</b>	<b>220.8727</b>	<b>289.4946</b>	<b>6,405,564</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028427100 - 2012/10</b>
<b>RI: 241.30</b>
<b>NM: 310.60</b>

**Fern Park, LLC/PHP**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	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 1.02310220	61.271	135.382	196.652	61.271	204.446	265.717
3. Line 1 x 1.400 x Inflation Factor 1.03234308	61.824	136.604	198.429	61.824	206.293	268.117
4. Current Period Cost	59.704	135.058	194.762	59.704	203.680	263.384
5. Incentive Basis (line 3 - line 4)	2.120	1.546		2.120	2.612	
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%	1.060	0.773	1.833	1.060	1.306	2.366
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 100.00%	1.060	0.773	1.833	1.060	1.306	2.366
10. Final Incentive	1.060	0.773	1.833	1.060	1.306	2.366
11. Current Period Base: (line 6 + line 10)	60.764	135.831	196.595	60.764	204.986	265.751
12. Plus: Property Rate Component			25.222			25.222
13. Plus: ROE/Use Rate			0.889			0.889
14. Total Current Period Base			222.706			291.861
15. Prospective Rate: Line 11 x Inflation (1.02982261)	62.576	139.882	202.458	62.576	211.100	273.676
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.576	139.882	202.458	62.576	211.100	273.676
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
<b>22. Final Per Diem</b>			<b>228.57</b>			<b>299.79</b>
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 (1.66%) (*Based on Bed Days)			4.42			5.69
28. Less Rate Freeze Amount (0.009335%)			2.27			2.93
<b>29. Final Per Diem After Adjustments</b>			<b>241.30</b>			<b>310.60</b>



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

**028500500 - 2012/10**  
**RI:203.05 / NM:0.00**

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

Provider Number: 028500500  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>198.42</u>	<u>203.05</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

\_\_\_\_\_ For Information only - No Change in rate



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

**028500500**

Provider Name: **SUNRISE #2 NARANJA**  
 Provider Number: 28500500  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028500500 - 2012/10**

**RI: 203.05**

**NM: 0.00**

**SUNRISE #2 NARANJA**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.078	125.423	166.501			
2. Inflate Line 1 by Inflation Factor 1.02082679	41.934	128.035	169.969			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	42.276	129.080	171.356			
4. Current Period Cost	39.455	148.101	187.556			
5. Incentive Basis (line 3 - line 4)	2.821	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.455	129.080	168.535			
7. Incentive Line 5 x Oper 50% Res 50%	1.411	0.000	1.411	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.945	0.000	3.945	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.411	0.000	1.411	0.000	0.000	0.000
10. Final Incentive	1.411	0.000	1.411	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	40.865	129.080	169.945	0.000	0.000	0.000
12. Plus: Property Rate Component			10.460			0.000
13. Plus: ROE/Use Rate			1.075			0.000
14. Total Current Period Base			181.480			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	42.735	134.987	177.723	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	42.735	134.987	177.723	0.000	0.000	0.000
19. Property Rate Component			10.460			0.000
20. ROE Component + ROE Interim Component			1.075			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>189.26</b>			<b>0.00</b>
23. Medicaid Days		4,290			0	
24. Resident Days		4,290			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			3.72			
28. Less Rate Freeze Amount (0.009335%)			1.91			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>203.05</b>			<b>0.00</b>





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 10/2012

**028501300**

Provider Name: **SUNRISE MAIN FACILITY**  
 Provider Number: 28501300  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028501300 - 2012/10**

**RI: 285.43**

**NM: 358.49**

**SUNRISE MAIN FACILITY**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	60.408	182.077	242.485	60.408	251.844	312.252
2. Inflate Line 1 by Inflation Factor 1.02082679	61.666	185.869	247.536	61.666	257.089	318.755
3. Line 1 x 1.400 x Inflation Factor 1.02915750	62.170	187.386	249.556	62.170	259.187	321.357
4. Current Period Cost	68.075	189.762	257.836	68.075	266.865	334.939
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	62.170	187.386	249.556	62.170	259.187	321.357
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	62.170	187.386	249.556	62.170	259.187	321.357
12. Plus: Property Rate Component			12.041			12.041
13. Plus: ROE/Use Rate			0.900			0.900
14. Total Current Period Base			262.496			334.297
15. Prospective Rate: Line 11 x Inflation (1.04576476)	65.015	195.962	260.977	65.015	271.049	336.064
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	65.015	195.962	260.977	65.015	271.049	336.064
19. Property Rate Component			12.041			12.041
20. ROE Component + ROE Interim Component			0.900			0.900
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>273.92</b>			<b>349.00</b>
23. Medicaid Days		27,230			15,735	
24. Resident Days		27,230			15,735	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.23			6.57
28. Less Rate Freeze Amount (0.009335%)			2.69			3.38
<b>29. Final Per Diem After Adjustments</b>			<b>285.43</b>			<b>358.49</b>



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

**028505600 - 2012/10**  
**RI:281.53 / NM:421.54**

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

Provider Number: 028505600  
 Date: 12/04/2012  
 FYE: 09/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>275.80</u>	<u>281.53</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>413.84</u>	<u>421.54</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

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 10/2012

**028505600**

Provider Name: **PARC COTTAGE**  
 Provider Number: 28505600  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028505600 - 2012/10</b>
<b>RI: 281.53</b>
<b>NM: 421.54</b>

**PARC COTTAGE**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 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:	63.896	177.923	241.819	63.896	312.214	376.109
2. Inflate Line 1 by Inflation Factor 1.02179895	65.289	181.802	247.091	65.289	319.020	384.308
3. Line 1 x 1.400 x Inflation Factor 1.03051853	65.846	183.353	249.199	65.846	321.742	387.588
4. Current Period Cost	70.211	201.035	271.246	70.211	363.423	433.634
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	65.846	183.353	249.199	65.846	321.742	387.588
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	65.846	183.353	249.199	65.846	321.742	387.588
12. Plus: Property Rate Component			9.683			9.683
13. Plus: ROE/Use Rate			1.114			1.114
14. Total Current Period Base			259.996			398.384
15. Prospective Rate: Line 11 x Inflation (1.03977609)	68.465	190.646	259.111	68.465	334.540	403.004
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	68.465	190.646	259.111	68.465	334.540	403.004
19. Property Rate Component			9.683			9.683
20. ROE Component + ROE Interim Component			1.114			1.114
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>269.91</b>			<b>413.80</b>
23. Medicaid Days		3,332			2,190	
24. Resident Days		3,332			2,190	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.16			7.72
28. Less Rate Freeze Amount (0.009335%)			2.65			3.97
<b>29. Final Per Diem After Adjustments</b>			<b>281.53</b>			<b>421.54</b>



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

<b>028512900 - 2012/10</b>
<b>RI:259.91 / NM:0.00</b>

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

Provider Number: 028512900  
 Date: 12/04/2012  
 FYE: 09/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>254.56</u>	<u>259.91</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

**Rate Type:**

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

**Basis**

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

Contract Management  
 DPODS - DCF (11)  
 Home Office:

For Information only - No Change in rate



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

**028512900**

Provider Name: **MACtown, Inc.**  
 Provider Number: 28512900  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	20,125	0	20,125
2. Operating Expenses Component			
A. Administration			579,934
B. Plant Operation			88,580
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	33,218.1	0.0000	668,514
3. Resident Care			
A. Dietary			0
B. Other			0
C. Nursing			0
D. Resident Care & Per Diem	0.0000	0.0000	
4. Prop Exp & Per Diem	12,698.0	0.0000	255,547
5. ROE/Use Per Diem	0.4656	0.0000	9,370
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,062.50		10,062.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,715,619.00		3,715,619.00
5. Direct Care Expense Per Diem	184.6270		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	20,125		20,125
2. Additional Services	0		0
3. Additional Services Exp & Per Diem			
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	33,218.1		668,514
2. Resident Care Component	184,627.0		3,715,619
3. Property Cost Component	12,698.0		255,547
4. ROE/Use Allow Component	0,4656		9,370
<b>5 Total Cost Per Diem</b>	<b>231.0087</b>		<b>4,649,050</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028512900 - 2012/10</b>
<b>RI: 259.91</b>
<b>NM: 0.00</b>

**MACtown, Inc.**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 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:	32.253	179.303	211.556			
2. Inflate Line 1 by Inflation Factor 1.02179895	32.956	183.212	216.168			
3. Line 1 x 1.400 x Inflation Factor 1.03051853	33.237	184.775	218.013			
4. Current Period Cost	33.218	184.627	217.845			
5. Incentive Basis (line 3 - line 4)	0.019	0.148		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	33.218	184.627	217.845			
7. Incentive Line 5 x Oper 50% Res 50%	0.010	0.074	0.084	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.322	5.539	8.861	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.010	0.074	0.084	0.000	0.000	0.000
10. Final Incentive	0.010	0.074	0.084	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	33.228	184.701	217.929	0.000	0.000	0.000
12. Plus: Property Rate Component			12.698			0.000
13. Plus: ROE/Use Rate			0.466			0.000
14. Total Current Period Base			231.092			0.000
15. Prospective Rate: Line 11 x Inflation (1.03977609)	34.549	192.048	226.597	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	34.549	192.048	226.597	0.000	0.000	0.000
19. Property Rate Component			12.698			0.000
20. ROE Component + ROE Interim Component			0.466			0.000
21. Plus :Property Interim Rate Component *			7.930			0.000
<b>22. Final Per Diem</b>			<b>247.69</b>			<b>0.00</b>
23. Medicaid Days		20,125				0
24. Resident Days		20,125				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.76			
28. Less Rate Freeze Amount (0.009335%)			2.45			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>259.91</b>			<b>0.00</b>

\* See Attachment

**IRR #238 - MacTown, Inc. - Provider #0285129-00 Granted  
Property Interim Rate Analysis - ICF/DD Plan Section IV.G.  
Effective Date 12/1/2011 - Rate Semester 10/1/2012**

		<b>Residential/Institutional (Level of Care 7)</b>				
		Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Residential/Institutional IRR Effective 12/1/2011	\$ 7.93					
<b>Prospective Rate (Line 15)</b>		34.549	192.048	12.698	0.466	239.76
Prospective Rate w/o ROE		34.549	192.048	12.698	0.000	239.3
Allocation %		0.000%	0.000%	100.000%	0.000%	100%
Allocation of IRR		-	-	7.930	-	7.93
<b>Final Per Diem (Line 22)</b>		34.549	192.048	20.628	0.466	<b>247.69</b>
<b>L22. Final Per Diem Rate - LOC 7</b>						
L26. Less Rate Cut 2.7%	2.70000%	4.76				
L27. Plus: Quality Assessment - Medicaid Share (L2 + 19.43)		19.43				
L28. Less Rate Freeze Amount 0.009335%		2.45				
<b>L29. Final Per Diem After Adjustments</b>		<b>259.91</b>				
<b>Non - Ambulatory/Medical (Level of Care 8, 9)</b>						
		Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Non-Ambulatory/Medical IRR Effective 12/1/2011	\$ -					
<b>Prospective Rate (Line 15)</b>		0.000	0.000	0.000	0.000	0.00
Prospective Rate w/o ROE		0.000	0.000	0.000	0.000	0.00
Allocation %		0.000%	0.000%	0.000%	0.000%	0%
Allocation of IRR		-	-	-	-	-
<b>Final Per Diem (Line 22)</b>		0.000	0.000	0.000	0.000	<b>0.00</b>
<b>L22. Final Per Diem Rate - LOC 8, 9</b>						
L26. Less: Medicaid Trend Adjustment	2.70000%	0.00				
L27. Plus: Quality Assessment - Medicaid Share (L2 + 19.43)		0.00				
L28. Plus: Supplemental Rate Add-on		0.00				
<b>L29. Final Per Diem After Adjustments</b>		<b>0.00</b>				



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

<b>028513700 - 2012/10</b>
<b>RI:265.81 / NM:314.36</b>

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

Provider Number: 028513700  
 Date: 12/04/2012  
 FYE: 09/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>260.25</u>	<u>265.81</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>308.11</u>	<u>314.36</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

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 10/2012

**028513700**

Provider Name: **New Horizons of NW Florida, Inc.**  
 Provider Number: 28513700  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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





Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
ICF/MR-DD Calculation Sheet  
Rates Effective 10/01/2012 through 03/31/2013

**028513700 - 2012/10**

**RI: 265.81**

**NM: 314.36**

**New Horizons of NW Florida, Inc.**

Ownership: Private[3]

Incentive Rating: Ineligible[1] from 02/23/2012 - 03/13/2012 Days Eligible: 164 of 183

Eligibility factor :89.62%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.440	157.072	231.512	74.440	203.637	278.077
2. Inflate Line 1 by Inflation Factor 1.02179895	76.063	160.496	236.559	76.063	208.076	284.139
3. Line 1 x 1.400 x Inflation Factor 1.03051853	76.712	161.866	238.578	76.712	209.852	286.564
4. Current Period Cost	90.617	167.598	258.215	90.617	214.077	304.694
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.712	161.866	238.578	76.712	209.852	286.564
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 89.62%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	76.712	161.866	238.578	76.712	209.852	286.564
12. Plus: Property Rate Component			3.996			3.996
13. Plus: ROE/Use Rate			1.690			1.690
14. Total Current Period Base			244.264			292.250
15. Prospective Rate: Line 11 x Inflation (1.03977609)	79.763	168.304	248.067	79.763	218.199	297.962
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.763	168.304	248.067	79.763	218.199	297.962
19. Property Rate Component			3.996			3.996
20. ROE Component + ROE Interim Component			1.690			1.690
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>253.75</b>			<b>303.65</b>
23. Medicaid Days		1,947			8,850	
24. Resident Days		1,947			8,850	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.87			5.76
28. Less Rate Freeze Amount (0.009335%)			2.50			2.96
<b>29. Final Per Diem After Adjustments</b>			<b>265.81</b>			<b>314.36</b>



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

<b>028519600 - 2012/10</b>
<b>RI:318.97 / NM:0.00</b>

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

Provider Number: 028519600  
 Date: 12/04/2012  
 FYE: 09/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>312.74</u>	<u>318.97</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



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

**028519600**

Provider Name: **BARC Housing, Inc.**  
 Provider Number: 28519600  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028519600 - 2012/10</b>
<b>RI: 318.97</b>
<b>NM: 0.00</b>

**BARC Housing, Inc.**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 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:	87.065	186.609	273.674			
2. Inflate Line 1 by Inflation Factor 1.02179895	88.963	190.677	279.640			
3. Line 1 x 1.400 x Inflation Factor 1.03051853	89.722	192.304	282.026			
4. Current Period Cost	89.042	188.310	277.353			
5. Incentive Basis (line 3 - line 4)	0.680	3.994		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	89.042	188.310	277.353			
7. Incentive Line 5 x Oper 50% Res 50%	0.340	1.997	2.337	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.904	5.649	14.554	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.340	1.997	2.337	0.000	0.000	0.000
10. Final Incentive	0.340	1.997	2.337	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	89.382	190.307	279.690	0.000	0.000	0.000
12. Plus: Property Rate Component			17.119			0.000
13. Plus: ROE/Use Rate			0.455			0.000
14. Total Current Period Base			297.264			0.000
15. Prospective Rate: Line 11 x Inflation (1.03977609)	92.937	197.877	290.815	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	92.937	197.877	290.815	0.000	0.000	0.000
19. Property Rate Component			17.119			0.000
20. ROE Component + ROE Interim Component			0.455			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>308.39</b>			<b>0.00</b>
23. Medicaid Days		12,899				0
24. Resident Days		12,899				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.84			
28. Less Rate Freeze Amount (0.009335%)			3.01			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>318.97</b>			<b>0.00</b>



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

**028520000 - 2012/10**  
**RI:224.02 / NM:300.11**

**PENSACOLA DEV CTR**  
 One Villa Drive  
 Pensacola FL 32506

Provider Number: 028520000  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>219.26</u>	<u>224.02</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>294.27</u>	<u>300.11</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive  
Collierville TN 38017

For Information only - No Change in rate



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

**028520000**

Provider Name: **PENSACOLA DEV CTR**  
 Provider Number: 28520000  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028520000 - 2012/10</b>
<b>RI: 224.02</b>
<b>NM: 300.11</b>

**PENSACOLA DEV CTR**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	47.835	123.387	171.222	47.835	196.254	244.089
2. Inflate Line 1 by Inflation Factor 1.02052096	48.817	125.919	174.735	48.817	200.282	249.098
3. Line 1 x 1.400 x Inflation Factor 1.02872935	49.209	126.932	176.141	49.209	201.893	251.102
4. Current Period Cost	51.783	127.022	178.806	51.783	201.233	253.016
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.659	
6. Allowed Current Period Costs (Min of line 3 or 4)	49.209	126.932	176.141	49.209	201.233	250.442
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.330	0.330
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	6.037	6.037
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.330	0.330
10. Final Incentive	0.000	0.000	0.000	0.000	0.330	0.330
11. Current Period Base: (line 6 + line 10)	49.209	126.932	176.141	49.209	201.563	250.772
12. Plus: Property Rate Component			24.374			24.374
13. Plus: ROE/Use Rate			1.875			1.875
14. Total Current Period Base			202.390			277.021
15. Prospective Rate: Line 11 x Inflation (1.04779762)	51.561	132.999	184.560	51.561	211.197	262.758
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	51.561	132.999	184.560	51.561	211.197	262.758
19. Property Rate Component			24.374			24.374
20. ROE Component + ROE Interim Component			1.875			1.875
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>210.81</b>			<b>289.01</b>
23. Medicaid Days		9,771			12,950	
24. Resident Days		9,771			12,950	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.10			5.50
28. Less Rate Freeze Amount (0.009335%)			2.11			2.83
<b>29. Final Per Diem After Adjustments</b>			<b>224.02</b>			<b>300.11</b>



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

**028521800 - 2012/10**  
**RI:301.59 / NM:377.48**

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

Provider Number: 028521800  
 Date: 12/04/2012  
 FYE: 09/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>295.54</u>	<u>301.59</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>370.34</u>	<u>377.48</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (10)  
 Home Office:

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

For Information only - No Change in rate





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

**028521800**

Provider Name: **ANN STORCK CENTER**  
 Provider Number: 28521800  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5 Total Cost Per Diem</b>	<b>271.4391</b>	<b>344.2630</b>	<b>5,987,005</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028521800 - 2012/10**

**RI: 301.59**

**NM: 377.48**

**ANN STORCK CENTER**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 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 (1.03977609)	75.245	201.617	276.862	75.245	279.609	354.854
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	75.245	201.617	276.862	75.245	279.609	354.854
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
<b>22. Final Per Diem</b>			<b>290.53</b>			<b>368.52</b>
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 (1.66%) (*Based on Bed Days)			5.53			6.92
28. Less Rate Freeze Amount (0.009335%)			2.84			3.56
<b>29. Final Per Diem After Adjustments</b>			<b>301.59</b>			<b>377.48</b>



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

**028522600 - 2012/10**  
**RI:238.00 / NM:311.40**

**Tallahassee Developmental**  
455 Appleyard Drive  
Tallahassee FL 32304

Provider Number: 028522600  
Date: 12/04/2012  
FYE: 05/31/2011  
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>233.05</u>	<u>238.00</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>305.41</u>	<u>311.40</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

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

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468 Halle Park Drive  

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Collierville TN 38017  

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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 10/2012

**028522600**

Provider Name: **Tallahassee Developmental**  
Provider Number: 28522600  
Audit Status: Unaudited [3]  
Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028522600 - 2012/10</b>
<b>RI: 238.00</b>
<b>NM: 311.40</b>

**Tallahassee Developmental**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	51.425	132.458	183.884	51.425	202.441	253.866
2. Inflate Line 1 by Inflation Factor 1.02052096	52.481	135.177	187.657	52.481	206.595	259.075
3. Line 1 x 1.400 x Inflation Factor 1.02872935	52.903	136.264	189.167	52.903	208.257	261.159
4. Current Period Cost	51.597	138.459	190.056	51.597	212.238	263.834
5. Incentive Basis (line 3 - line 4)	1.306	0.000		1.306	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	51.597	136.264	187.861	51.597	208.257	259.853
7. Incentive Line 5 x Oper 50% Res 50%	0.653	0.000	0.653	0.653	0.000	0.653
8. Incentive - Line 4 x Oper 10% Res 3%	5.160	0.000	5.160	5.160	0.000	5.160
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.653	0.000	0.653	0.653	0.000	0.653
10. Final Incentive	0.653	0.000	0.653	0.653	0.000	0.653
11. Current Period Base: (line 6 + line 10)	52.250	136.264	188.514	52.250	208.257	260.506
12. Plus: Property Rate Component			25.549			25.549
13. Plus: ROE/Use Rate			2.101			2.101
14. Total Current Period Base			216.163			288.156
15. Prospective Rate: Line 11 x Inflation (1.04779762)	54.747	142.777	197.524	54.747	218.211	272.958
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	54.747	142.777	197.524	54.747	218.211	272.958
19. Property Rate Component			25.549			25.549
20. ROE Component + ROE Interim Component			2.101			2.101
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>225.17</b>			<b>300.61</b>
23. Medicaid Days		2,450			19,485	
24. Resident Days		2,450			19,485	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.36			5.71
28. Less Rate Freeze Amount (0.009335%)			2.24			2.93
<b>29. Final Per Diem After Adjustments</b>			<b>238.00</b>			<b>311.40</b>



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

**028524200 - 2012/10**  
**RI:232.55 / NM:321.34**

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

Provider Number: 028524200  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>227.66</u>	<u>232.55</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>315.19</u>	<u>321.34</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

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

468 Halle Park Drive  
Collierville TN 38017

For Information only - No Change in rate



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

**028524200**

Provider Name: **FT WALTON BCH DEVELOP CTR**  
 Provider Number: 28524200  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028524200 - 2012/10**

**RI: 232.55**

**NM: 321.34**

**FT WALTON BCH DEVELOP CTR**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	48.544	132.465	181.010	48.544	216.061	264.605
2. Inflate Line 1 by Inflation Factor 1.02052096	49.541	135.184	184.724	49.541	220.494	270.035
3. Line 1 x 1.400 x Inflation Factor 1.02872935	49.939	136.271	186.210	49.939	222.268	272.207
4. Current Period Cost	51.092	134.079	185.171	51.092	222.378	273.470
5. Incentive Basis (line 3 - line 4)	0.000	2.192		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	49.939	134.079	184.018	49.939	222.268	272.207
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.096	1.096	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.022	4.022	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.096	1.096	0.000	0.000	0.000
10. Final Incentive	0.000	1.096	1.096	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	49.939	135.175	185.114	49.939	222.268	272.207
12. Plus: Property Rate Component			23.659			23.659
13. Plus: ROE/Use Rate			1.953			1.953
14. Total Current Period Base			210.726			297.819
15. Prospective Rate: Line 11 x Inflation (1.04779762)	52.326	141.636	193.962	52.326	232.892	285.218
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	52.326	141.636	193.962	52.326	232.892	285.218
19. Property Rate Component			23.659			23.659
20. ROE Component + ROE Interim Component			1.953			1.953
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>219.57</b>			<b>310.83</b>
23. Medicaid Days		14,848			7,904	
24. Resident Days		14,848			7,904	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.26			5.89
28. Less Rate Freeze Amount (0.009335%)			2.19			3.03
<b>29. Final Per Diem After Adjustments</b>			<b>232.55</b>			<b>321.34</b>





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

**028526900 - 2012/10**  
**RI:225.52 / NM:294.02**

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

Provider Number: 028526900  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>220.76</u>	<u>225.52</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>288.30</u>	<u>294.02</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 DDMS  
 \_\_\_\_\_  
 468 Halle Park Drive  
 \_\_\_\_\_  
 Collierville TN 38017  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

**028526900**

Provider Name: **PANAMA CITY DEV CTR**  
 Provider Number: 28526900  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028526900 - 2012/10**

**RI: 225.52**

**NM: 294.02**

**PANAMA CITY DEV CTR**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	51.368	119.965	171.333	51.368	186.369	237.736
2. Inflate Line 1 by Inflation Factor 1.02052096	52.422	122.427	174.849	52.422	190.193	242.615
3. Line 1 x 1.400 x Inflation Factor 1.02872935	52.844	123.412	176.255	52.844	191.723	244.566
4. Current Period Cost	51.222	122.253	173.475	51.222	188.325	239.547
5. Incentive Basis (line 3 - line 4)	1.621	1.159		1.621	3.398	
6. Allowed Current Period Costs (Min of line 3 or 4)	51.222	122.253	173.475	51.222	188.325	239.547
7. Incentive Line 5 x Oper 50% Res 50%	0.811	0.579	1.390	0.811	1.699	2.510
8. Incentive - Line 4 x Oper 10% Res 3%	5.122	3.668	8.790	5.122	5.650	10.772
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.811	0.579	1.390	0.811	1.699	2.510
10. Final Incentive	0.811	0.579	1.390	0.811	1.699	2.510
11. Current Period Base: (line 6 + line 10)	52.033	122.832	174.865	52.033	190.024	242.057
12. Plus: Property Rate Component			27.115			27.115
13. Plus: ROE/Use Rate			2.009			2.009
14. Total Current Period Base			203.989			271.181
15. Prospective Rate: Line 11 x Inflation (1.04779762)	54.520	128.703	183.224	54.520	199.106	253.627
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	54.520	128.703	183.224	54.520	199.106	253.627
19. Property Rate Component			27.115			27.115
20. ROE Component + ROE Interim Component			2.009			2.009
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>212.35</b>			<b>282.75</b>
23. Medicaid Days			0			21,717
24. Resident Days			0			21,717
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.13			5.39
28. Less Rate Freeze Amount (0.009335%)			2.13			2.77
<b>29. Final Per Diem After Adjustments</b>			<b>225.52</b>			<b>294.02</b>



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

**028530700 - 2012/10**  
**RI:217.38 / NM:282.09**

**HILLSBOROUGH DEVELOPMENT**  
 14219 Bruce B Downs Boulevard  
 Tampa FL 33613

Provider Number: 028530700  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>212.74</u>	<u>217.38</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>276.54</u>	<u>282.09</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive  
Collierville TN 38017

For Information only - No Change in rate



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

**028530700**

Provider Name: **HILLSBOROUGH DEVELOPMENT**  
 Provider Number: 28530700  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028530700 - 2012/10**

**RI: 217.38**

**NM: 282.09**

**HILLSBOROUGH DEVELOPMENT**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	46.315	118.772	165.087	46.315	183.211	229.525
2. Inflate Line 1 by Inflation Factor 1.02052096	47.265	121.209	168.475	47.265	186.970	234.236
3. Line 1 x 1.400 x Inflation Factor 1.02872935	47.645	122.184	169.830	47.645	188.474	236.120
4. Current Period Cost	49.061	115.592	164.653	49.061	177.055	226.115
5. Incentive Basis (line 3 - line 4)	0.000	6.592		0.000	11.420	
6. Allowed Current Period Costs (Min of line 3 or 4)	47.645	115.592	163.237	47.645	177.055	224.700
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.296	3.296	0.000	5.710	5.710
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.468	3.468	0.000	5.312	5.312
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.296	3.296	0.000	5.312	5.312
10. Final Incentive	0.000	3.296	3.296	0.000	5.312	5.312
11. Current Period Base: (line 6 + line 10)	47.645	118.888	166.534	47.645	182.366	230.011
12. Plus: Property Rate Component			27.615			27.615
13. Plus: ROE/Use Rate			1.869			1.869
14. Total Current Period Base			196.018			259.496
15. Prospective Rate: Line 11 x Inflation (1.04779762)	49.923	124.571	174.493	49.923	191.083	241.005
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	49.923	124.571	174.493	49.923	191.083	241.005
19. Property Rate Component			27.615			27.615
20. ROE Component + ROE Interim Component			1.869			1.869
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>203.98</b>			<b>270.49</b>
23. Medicaid Days		5,170			17,818	
24. Resident Days		5,170			17,818	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			3.98			5.17
28. Less Rate Freeze Amount (0.009335%)			2.05			2.66
<b>29. Final Per Diem After Adjustments</b>			<b>217.38</b>			<b>282.09</b>



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

**028531500 - 2012/10**  
**RI:330.47 / NM:408.64**

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

Provider Number: 028531500  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>324.15</u>	<u>330.47</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>401.21</u>	<u>408.64</u>	<u>10/01/2012</u>

**Rate Type:**

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

**Basis**

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (10)  
 Home Office:

For Information only - No Change in rate



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

**028531500**

Provider Name: **Woodhouse, Inc**  
 Provider Number: 28531500  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028531500 - 2012/10**

**RI: 330.47**

**NM: 408.64**

**Woodhouse, Inc**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	92.198	186.894	279.093	92.198	260.402	352.601
2. Inflate Line 1 by Inflation Factor 1.02082679	94.119	190.787	284.905	94.119	265.826	359.944
3. Line 1 x 1.400 x Inflation Factor 1.02915750	94.887	192.344	287.230	94.887	267.995	362.882
4. Current Period Cost	114.068	189.088	303.156	114.068	267.077	381.145
5. Incentive Basis (line 3 - line 4)	0.000	3.255		0.000	0.918	
6. Allowed Current Period Costs (Min of line 3 or 4)	94.887	189.088	283.975	94.887	267.077	361.963
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.628	1.628	0.000	0.459	0.459
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.673	5.673	0.000	8.012	8.012
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.628	1.628	0.000	0.459	0.459
10. Final Incentive	0.000	1.628	1.628	0.000	0.459	0.459
11. Current Period Base: (line 6 + line 10)	94.887	190.716	285.603	94.887	267.536	362.423
12. Plus: Property Rate Component			19.778			19.778
13. Plus: ROE/Use Rate			1.761			1.761
14. Total Current Period Base			307.142			383.962
15. Prospective Rate: Line 11 x Inflation (1.04576476)	99.229	199.444	298.673	99.229	279.780	379.009
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	99.229	199.444	298.673	99.229	279.780	379.009
19. Property Rate Component			19.778			19.778
20. ROE Component + ROE Interim Component			1.761			1.761
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>320.21</b>			<b>400.55</b>
23. Medicaid Days		2,282			6,338	
24. Resident Days		2,282			6,338	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.05			7.49
28. Less Rate Freeze Amount (0.009335%)			3.11			3.85
<b>29. Final Per Diem After Adjustments</b>			<b>330.47</b>			<b>408.64</b>



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

**028533100 - 2012/10**  
**RI:301.49 / NM:391.24**

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

Provider Number: 028533100  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>295.63</u>	<u>301.49</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>384.10</u>	<u>391.24</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

9040 Sunset Drive Suite 70-A  
Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



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

**028533100**

Provider Name: **SUNRISE CAPE CORAL CLUS**  
 Provider Number: 28533100  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028533100 - 2012/10

RI: 301.49

NM: 391.24

**SUNRISE CAPE CORAL CLUS**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.815	174.016	250.831	76.815	259.893	336.708
2. Inflate Line 1 by Inflation Factor 1.02082679	78.415	177.641	256.055	78.415	265.306	343.721
3. Line 1 x 1.400 x Inflation Factor 1.02915750	79.055	179.090	258.145	79.055	267.471	346.526
4. Current Period Cost	74.736	172.801	247.537	74.736	260.819	335.555
5. Incentive Basis (line 3 - line 4)	4.318	6.289		4.318	6.652	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.736	172.801	247.537	74.736	260.819	335.555
7. Incentive Line 5 x Oper 50% Res 50%	2.159	3.145	5.304	2.159	3.326	5.485
8. Incentive - Line 4 x Oper 10% Res 3%	7.474	5.184	12.658	7.474	7.825	15.298
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.159	3.145	5.304	2.159	3.326	5.485
10. Final Incentive	2.159	3.145	5.304	2.159	3.326	5.485
11. Current Period Base: (line 6 + line 10)	76.895	175.946	252.841	76.895	264.145	341.040
12. Plus: Property Rate Component			21.470			21.470
13. Plus: ROE/Use Rate			4.545			4.545
14. Total Current Period Base			278.856			367.055
15. Prospective Rate: Line 11 x Inflation (1.04576476)	80.414	183.998	264.412	80.414	276.234	356.648
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.414	183.998	264.412	80.414	276.234	356.648
19. Property Rate Component			21.470			21.470
20. ROE Component + ROE Interim Component			4.545			4.545
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>290.43</b>			<b>382.66</b>
23. Medicaid Days			0		8,503	
24. Resident Days			0		8,503	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.52			7.17
28. Less Rate Freeze Amount (0.009335%)			2.84			3.69
<b>29. Final Per Diem After Adjustments</b>			<b>301.49</b>			<b>391.24</b>



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

**028535800 - 2012/10**  
**RI:223.01 / NM:246.80**

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

Provider Number: 028535800  
 Date: 12/04/2012  
 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>224.44</u>	<u>223.01</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>248.31</u>	<u>246.80</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 Residential CRF Inc.  
 \_\_\_\_\_  
 1117 Central Ave  
 \_\_\_\_\_  
 Connersville IN 47331  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

028535800

Provider Name: **Bayview - Lynn Haven**  
 Provider Number: 28535800  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Jordan, Ashleig  
 Rate Semester: October, 2012  
 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
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
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
<b><u>B. Direct Care Expense</u></b>			
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	
<b><u>C. Additional Services Expense</u></b>			
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	
<b><u>D. Medicaid Per Diem Cost</u></b>			
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
<b>5 Total Cost Per Diem</b>	<b>197.5185</b>	<b>220.5365</b>	<b>351,120</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028535800 - 2012/10**

**RI: 223.01**

**NM: 246.80**

**Bayview - Lynn Haven**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012      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 1.02272219	60.512	125.681	186.193	60.512	149.749	210.262
3. Line 1 x 1.400 x Inflation Factor 1.03181107	61.050	126.797	187.848	61.050	151.080	212.130
4. Current Period Cost	54.305	121.314	175.618	54.305	144.332	198.636
5. Incentive-Basis (line 3 - line 4)	6.746	5.484		6.746	6.748	
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%	3.373	2.742	6.115	3.373	3.374	6.747
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%	3.373	2.742	6.115	3.373	3.374	6.747
10. Final Incentive	3.373	2.742	6.115	3.373	3.374	6.747
11. Current Period Base: (line 6 + line 10)	57.677	124.055	181.733	57.677	147.706	205.383
12. Plus: Property Rate Component			20.926			20.926
13. Plus: ROE/Use Rate			0.974			0.974
14. Total Current Period Base			203.633			227.283
15. Prospective Rate: Line 11 x Inflation (1.03376507)	59.625	128.244	187.869	59.625	152.693	212.318
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	59.625	128.244	187.869	59.625	152.693	212.318
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
<b>22. Final Per Diem</b>			<b>209.77</b>			<b>234.22</b>
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 (1.66%) (*Based on Bed Days)			4.09			4.52
28. Less Rate Freeze Amount (0.009335%)			2.10			2.33
<b>29. Final Per Diem After Adjustments</b>			<b>223.01</b>			<b>246.80</b>



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

**028536600 - 2012/10**  
**RI:249.00 / NM:280.14**

**Squire Court Community Home**  
 95 Squire Court  
 Dunedin FL 34698

Provider Number: 028536600  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>243.86</u>	<u>249.00</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>274.56</u>	<u>280.14</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (29)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40222  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate





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

**028536600**

Provider Name: **Squire Court Community Home**  
 Provider Number: 28536600  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028536600 - 2012/10**

**RI: 249.00**

**NM: 280.14**

**Squire Court Community Home**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	37.545	165.888	203.432	37.545	194.570	232.115
2. Inflate Line 1 by Inflation Factor 1.02082679	38.327	169.343	207.669	38.327	198.623	236.949
3. Line 1 x 1.400 x Inflation Factor 1.02915750	38.639	170.725	209.364	38.639	200.244	238.883
4. Current Period Cost	47.777	159.748	207.525	47.777	190.042	237.819
5. Incentive Basis (line 3 - line 4)	0.000	10.976		0.000	10.202	
6. Allowed Current Period Costs (Min of line 3 or 4)	38.639	159.748	198.388	38.639	190.042	228.681
7. Incentive Line 5 x Oper 50% Res 50%	0.000	5.488	5.488	0.000	5.101	5.101
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.792	4.792	0.000	5.701	5.701
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.792	4.792	0.000	5.101	5.101
10. Final Incentive	0.000	4.792	4.792	0.000	5.101	5.101
11. Current Period Base: (line 6 + line 10)	38.639	164.541	203.180	38.639	195.143	233.782
12. Plus: Property Rate Component			15.404			15.404
13. Plus: ROE/Use Rate			8.599			8.599
14. Total Current Period Base			227.183			257.785
15. Prospective Rate: Line 11 x Inflation (1.04576476)	40.408	172.071	212.479	40.408	204.073	244.481
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	40.408	172.071	212.479	40.408	204.073	244.481
19. Property Rate Component			15.404			15.404
20. ROE Component + ROE Interim Component			8.599			8.599
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>236.48</b>			<b>268.48</b>
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.56			5.13
28. Less Rate Freeze Amount (0.009335%)			2.35			2.64
<b>29. Final Per Diem After Adjustments</b>			<b>249.00</b>			<b>280.14</b>



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

<b>028537400 - 2012/10</b>
<b>RI:265.84 / NM:0.00</b>

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

Provider Number: 028537400  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>260.46</u>	<u>265.84</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (29)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40222  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

028537400

Provider Name: **BAYVIEW - SAFETY HARBOR**  
 Provider Number: 28537400  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			82,906
B. Plant Operation			23,617
C. Laundry			403
D. Housekeeping			3,194
E. Operating Expense Component & Per Diem	50.2831	0.0000	110,120
3. Resident Care			
A. Dietary			18,223
B. Other			0
C. Nursing			17,098
D. Resident Care & Per Diem	16.1283	0.0000	35,321
4. Prop Exp & Per Diem	15.4626	0.0000	33,863
5. ROE/Use Per Diem	8.5443	0.0000	18,712
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	240,143.00		240,143.00
5. Direct Care Expense Per Diem	109.6543		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	101,199		101,199
3. Additional Services Exp & Per Diem	46.2096		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	50.2831		110,120
2. Resident Care Component	171.9922		376,663
3. Property Cost Component	15.4626		33,863
4. ROE/Use Allow Component	8.5443		18,712
<b>5 Total Cost Per Diem</b>	<b>246.2822</b>		<b>539,358</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028537400 - 2012/10

RI: 265.84

NM: 0.00

**BAYVIEW - SAFETY HARBOR**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.365	180.655	222.020			
2. Inflate Line 1 by Inflation Factor 1.02082679	42.227	184.417	226.644			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	42.571	185.922	228.494			
4. Current Period Cost	50.283	171.992	222.275			
5. Incentive Basis (line 3 - line 4)	0.000	13.930		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.571	171.992	214.564			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.965	6.965	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.160	5.160	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.160	5.160	0.000	0.000	0.000
10. Final Incentive	0.000	5.160	5.160	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.571	177.152	219.723	0.000	0.000	0.000
12. Plus: Property Rate Component			15.463			0.000
13. Plus: ROE/Use Rate			8.544			0.000
14. Total Current Period Base			243.730			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	44.520	185.259	229.779	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	44.520	185.259	229.779	0.000	0.000	0.000
19. Property Rate Component			15.463			0.000
20. ROE Component + ROE Interim Component			8.544			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>253.79</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.87			
28. Less Rate Freeze Amount (0.009335%)			2.51			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>265.84</b>			<b>0.00</b>



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

<b>028539100 - 2012/10</b>
<b>RI:431.23 / NM:518.84</b>

**Hendricks**  
 95154 Hendricks Road  
 Fernandina Beach FL 32034

Provider Number: 028539100  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>391.72</u>	<u>431.23</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>477.42</u>	<u>518.84</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



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

028539100

Provider Name: **Amelia Island Properties, Inc.**  
 Provider Number: 28539100  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028539100 - 2012/10**

**RI: 431.23**

**NM: 518.84**

**Hendricks**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	124.668	217.370	342.038	124.668	317.977	442.645
2. Inflate Line 1 by Inflation Factor 1.02052096	127.226	221.831	349.057	127.226	324.502	451.728
3. Line 1 x 1.400 x Inflation Factor 1.02872935	128.250	223.615	351.864	128.250	327.112	455.362
4. Current Period Cost	132.776	200.207	332.983	132.776	283.639	416.415
5. Incentive Basis (line 3 - line 4)	0.000	23.408		0.000	43.473	
6. Allowed Current Period Costs (Min of line 3 or 4)	128.250	200.207	328.456	128.250	283.639	411.888
7. Incentive Line 5 x Oper 50% Res 50%	0.000	11.704	11.704	0.000	21.737	21.737
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.006	6.006	0.000	8.509	8.509
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.006	6.006	0.000	8.509	8.509
10. Final Incentive	0.000	6.006	6.006	0.000	8.509	8.509
11. Current Period Base: (line 6 + line 10)	128.250	206.213	334.462	128.250	292.148	420.398
12. Plus: Property Rate Component			69.380			69.380
13. Plus: ROE/Use Rate			3.933			3.933
14. Total Current Period Base			407.776			493.711
15. Prospective Rate: Line 11 x Inflation (1.04779762)	134.380	216.069	350.449	134.380	306.112	440.492
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	134.380	216.069	350.449	134.380	306.112	440.492
19. Property Rate Component			69.380			69.380
20. ROE Component + ROE Interim Component			3.933			3.933
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>423.76</b>			<b>513.81</b>
23. Medicaid Days		1,460			6,321	
24. Resident Days		1,460			6,321	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			7.90			9.51
28. Less Rate Freeze Amount (0.009335%)			4.06			4.89
<b>29. Final Per Diem After Adjustments</b>			<b>431.23</b>			<b>518.84</b>





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

**028540400 - 2012/10**  
**RI:212.13 / NM:232.75**

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

Provider Number: 028540400  
 Date: 12/04/2012  
 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>220.01</u>	<u>212.13</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>243.06</u>	<u>232.75</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 Residential CRF, Inc.  
 \_\_\_\_\_  
 1117 Central Avenue  
 \_\_\_\_\_  
 Connersville IN 47331  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

028540400

Provider Name: **Seaview CRF, Inc.**  
 Provider Number: 28540400  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Jordan, Ashleig  
 Rate Semester: October, 2012  
 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
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
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><u>B. Direct Care Expense</u></b>			
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	
<b><u>C. Additional Services Expense</u></b>			
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	
<b><u>D. Medicaid Per Diem Cost</u></b>			
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
<b>5 Total Cost Per Diem</b>	<b>185.9286</b>	<b>205.8292</b>	<b>380,854</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028540400 - 2012/10</b>
<b>RI: 212.13</b>
<b>NM: 232.75</b>

**Seaview CRF, Inc.**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012      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 1.02272219	69.708	114.163	183.872	69.708	137.399	207.107
3. Line 1 x 1.400 x Inflation Factor 1.03181107	70.328	115.178	185.506	70.328	138.620	208.948
4. Current Period Cost	63.068	104.598	167.666	63.068	124.498	187.566
5. Incentive Basis (line 3 - line 4)	7.260	10.580		7.260	14.122	
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%	3.630	5.290	8.920	3.630	7.061	10.691
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%	3.630	3.138	6.768	3.630	3.735	7.365
10. Final Incentive	3.630	3.138	6.768	3.630	3.735	7.365
11. Current Period Base: (line 6 + line 10)	66.698	107.736	174.434	66.698	128.233	194.931
12. Plus: Property Rate Component			17.559			17.559
13. Plus: ROE/Use Rate			0.703			0.703
14. Total Current Period Base			192.696			213.194
15. Prospective Rate: Line 11 x Inflation (1.03376507)	68.950	111.373	180.323	68.950	132.563	201.513
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	68.950	111.373	180.323	68.950	132.563	201.513
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
<b>22. Final Per Diem</b>			<b>198.59</b>			<b>219.78</b>
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 (1.66%) (*Based on Bed Days)			3.89			4.26
28. Less Rate Freeze Amount (0.009335%)			2.00			2.19
<b>29. Final Per Diem After Adjustments</b>			<b>212.13</b>			<b>232.75</b>



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

<b>028541200 - 2012/10</b>
<b>RI:267.03 / NM:304.22</b>

**Twin Lane Community Home**  
 2281 Twin Lane Drive  
 Dundedun FL 34698

Provider Number: 028541200  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>261.64</u>	<u>267.03</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>298.30</u>	<u>304.22</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (29)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40222  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

028541200

Provider Name: **Twin Lane Community Home**  
 Provider Number: 28541200  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			85,542
B. Plant Operation			18,420
C. Laundry			514
D. Housekeeping			2,141
E. Operating Expense Component & Per Diem	48.6836	48.6836	106,617
3. Resident Care			
A. Dietary			21,548
B. Other			0
C. Nursing			22,137
D. Resident Care & Per Diem	19.9475	19.9475	43,685
4. Prop Exp & Per Diem	15.7991	15.7991	34,600
5. ROE/Use Per Diem	8.8521	8.8521	19,386
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	194,205.79	51,788.21	245,994.00
5. Direct Care Expense Per Diem	106.4141	141.8855	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	88,415	17,688	106,103
3. Additional Services Exp & Per Diem	48.4466	48.4603	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	48.6836	48.6836	106,617
2. Resident Care Component	174.8082	210.2933	395,782
3. Property Cost Component	15.7991	15.7991	34,600
4. ROE/Use Allow Component	8.8521	8.8521	19,386
<b>5 Total Cost Per Diem</b>	<b>248.1429</b>	<b>283.6280</b>	<b>556,385</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028541200 - 2012/10</b>
<b>RI: 267.03</b>
<b>NM: 304.22</b>

**Twin Lane Community Home**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.082	186.789	225.871	39.082	221.991	261.073
2. Inflate Line 1 by Inflation Factor 1.02082679	39.896	190.680	230.575	39.896	226.615	266.511
3. Line 1 x 1.400 x Inflation Factor 1.02915750	40.221	192.236	232.457	40.221	228.464	268.685
4. Current Period Cost	48.684	174.808	223.492	48.684	210.293	258.977
5. Incentive Basis (line 3 - line 4)	0.000	17.427		0.000	18.171	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.221	174.808	215.030	40.221	210.293	250.515
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.714	8.714	0.000	9.085	9.085
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.244	5.244	0.000	6.309	6.309
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.244	5.244	0.000	6.309	6.309
10. Final Incentive	0.000	5.244	5.244	0.000	6.309	6.309
11. Current Period Base: (line 6 + line 10)	40.221	180.052	220.274	40.221	216.602	256.824
12. Plus: Property Rate Component			15.799			15.799
13. Plus: ROE/Use Rate			8.852			8.852
14. Total Current Period Base			244.925			281.475
15. Prospective Rate: Line 11 x Inflation (1.04576476)	42.062	188.292	230.355	42.062	226.515	268.577
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.062	188.292	230.355	42.062	226.515	268.577
19. Property Rate Component			15.799			15.799
20. ROE Component + ROE Interim Component			8.852			8.852
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>255.01</b>			<b>293.23</b>
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.89			5.57
28. Less Rate Freeze Amount (0.009335%)			2.52			2.87
<b>29. Final Per Diem After Adjustments</b>			<b>267.03</b>			<b>304.22</b>



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

<b>028545500 - 2012/10</b>
<b>RI:281.02 / NM:0.00</b>

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

Provider Number: 028545500  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>275.34</u>	<u>281.02</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (13)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

**028545500**

Provider Name: **Second Street Group Home**  
 Provider Number: 28545500  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			133,823
B. Plant Operation			30,976
C. Laundry			465
D. Housekeeping			2,009
E. Operating Expense Component & Per Diem	76.3804	0.0000	167,273
3. Resident Care			
A. Dietary			22,628
B. Other			0
C. Nursing			15,821
D. Resident Care & Per Diem	17.5566	0.0000	38,449
4. Prop Exp & Per Diem	16.4123	0.0000	35,943
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	235,308.00		235,308.00
5. Direct Care Expense Per Diem	107.4466		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	97,685		97,685
3. Additional Services Exp & Per Diem	44.6050		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	76.3804		167,273
2. Resident Care Component	169.6082		371,442
3. Property Cost Component	16.4123		35,943
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>262.4009</b>		<b>574,658</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028545500 - 2012/10</b>
<b>RI: 281.02</b>
<b>NM: 0.00</b>

**Second Street Group Home**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012      Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.675	160.602	235.277			
2. Inflate Line 1 by Inflation Factor 1.02082679	76.230	163.947	240.177			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	76.852	165.285	242.137			
4. Current Period Cost	76.380	169.608	245.989			
5. Incentive Basis (line 3 - line 4)	0.472	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.380	165.285	241.666			
7. Incentive Line 5 x Oper 50% Res 50%	0.236	0.000	0.236	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.638	0.000	7.638	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.236	0.000	0.236	0.000	0.000	0.000
10. Final Incentive	0.236	0.000	0.236	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	76.616	165.285	241.901	0.000	0.000	0.000
12. Plus: Property Rate Component			16.412			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			258.314			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	80.122	172.849	252.972	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.122	172.849	252.972	0.000	0.000	0.000
19. Property Rate Component			16.412			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>269.38</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.15			
28. Less Rate Freeze Amount (0.009335%)			2.65			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>281.02</b>			<b>0.00</b>



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

<b>028546300 - 2012/10</b>
<b>RI:280.33 / NM:315.40</b>

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

Provider Number: 028546300  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>274.72</u>	<u>280.33</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>309.30</u>	<u>315.40</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (13)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

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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) 04/2012 to 10/2012

028546300

Provider Name: **107th Place Home**  
Provider Number: 28546300  
Audit Status: Unaudited [3]  
Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,825	163	1,988
2. Operating Expenses Component			
A. Administration			121,004
B. Plant Operation			27,559
C. Laundry			570
D. Housekeeping			2,605
E. Operating Expense Component & Per Diem	76.3270	76.3270	151,738
3. Resident Care			
A. Dietary			21,666
B. Other			0
C. Nursing			12,240
D. Resident Care & Per Diem	17.0553	17.0553	33,906
4. Prop Exp & Per Diem	22.0050	22.0050	43,746
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	163.00	1,531.75
3. Staffing Percent	89.3585768	10.6414232	100.00
4. Allocation of Direct Care	196,303.82	23,377.18	219,681.00
5. Direct Care Expense Per Diem	107.5637	143.4183	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,825	163	1,988
2. Additional Services	71,524	6,388	77,912
3. Additional Services Exp & Per Diem	39.1912	39.1902	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	76.3270	76.3270	151,738
2. Resident Care Component	163.8103	199.6638	331,499
3. Property Cost Component	22.0050	22.0050	43,746
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>262.1423</b>	<b>297.9958</b>	<b>526,983</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028546300 - 2012/10

RI: 280.33

NM: 315.40

**107th Place Home**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.339	154.440	229.780	75.339	187.936	263.276
2. Inflate Line 1 by Inflation Factor 1.02082679	76.908	157.657	234.565	76.908	191.850	268.759
3. Line 1 x 1.400 x Inflation Factor 1.02915750	77.536	158.943	236.480	77.536	193.416	270.952
4. Current Period Cost	76.327	163.810	240.137	76.327	199.664	275.991
5. Incentive Basis (line 3 - line 4)	1.209	0.000		1.209	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.327	158.943	235.270	76.327	193.416	269.743
7. Incentive Line 5 x Oper 50% Res 50%	0.605	0.000	0.605	0.605	0.000	0.605
8. Incentive - Line 4 x Oper 10% Res 3%	7.633	0.000	7.633	7.633	0.000	7.633
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.605	0.000	0.605	0.605	0.000	0.605
10. Final Incentive	0.605	0.000	0.605	0.605	0.000	0.605
11. Current Period Base: (line 6 + line 10)	76.932	158.943	235.875	76.932	193.416	270.347
12. Plus: Property Rate Component			22.005			22.005
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			257.880			292.352
15. Prospective Rate: Line 11 x Inflation (1.04576476)	80.452	166.217	246.670	80.452	202.267	282.720
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	80.452	166.217	246.670	80.452	202.267	282.720
19. Property Rate Component			22.005			22.005
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>268.67</b>			<b>304.72</b>
23. Medicaid Days		1,825			163	
24. Resident Days		1,825			163	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.14			5.78
28. Less Rate Freeze Amount (0.009335%)			2.64			2.97
<b>29. Final Per Diem After Adjustments</b>			<b>280.33</b>			<b>315.40</b>



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

<b>028547100 - 2012/10</b>
<b>RI:230.92 / NM:0.00</b>

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

Provider Number: 028547100  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>225.97</u>	<u>230.92</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



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

028547100

Provider Name: **Sunrise Group Home #17**  
 Provider Number: 28547100  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			68,748
B. Plant Operation			25,544
C. Laundry			1,107
D. Housekeeping			1,932
E. Operating Expense Component & Per Diem	44.4434	0.0000	97,331
3. Resident Care			
A. Dietary			22,210
B. Other			49,533
C. Nursing			-483
D. Resident Care & Per Diem	32.5388	0.0000	71,260
4. Prop Exp & Per Diem	19.0046	0.0000	41,620
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	249,168.00		249,168.00
5. Direct Care Expense Per Diem	113.7753		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	241		241
3. Additional Services Exp & Per Diem	0.1100		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	44.4434		97,331
2. Resident Care Component	146.4242		320,669
3. Property Cost Component	19.0046		41,620
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>209.8721</b>		<b>459,620</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028547100 - 2012/10</b>
<b>RI: 230.92</b>
<b>NM: 0.00</b>

**Sunrise Group Home #17**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012      Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.063	145.191	186.254			
2. Inflate Line 1 by Inflation Factor 1.02082679	41.918	148.215	190.133			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	42.260	149.424	191.685			
4. Current Period Cost	44.443	146.424	190.868			
5. Incentive Basis (line 3 - line 4)	0.000	3.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.260	146.424	188.684			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.500	1.500	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.393	4.393	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.500	1.500	0.000	0.000	0.000
10. Final Incentive	0.000	1.500	1.500	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.260	147.924	190.185	0.000	0.000	0.000
12. Plus: Property Rate Component			19.005			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			209.189			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	44.194	154.694	198.888	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	44.194	154.694	198.888	0.000	0.000	0.000
19. Property Rate Component			19.005			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>217.89</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.23			
28. Less Rate Freeze Amount (0.009335%)			2.18			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>230.92</b>			<b>0.00</b>



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

**028548000 - 2012/10**  
**RI:219.99 / NM:256.00**

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

Provider Number: 028548000  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>214.94</u>	<u>219.99</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>250.39</u>	<u>256.00</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate





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

028548000

Provider Name: **Sunrise Group Home #16**  
 Provider Number: 28548000  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,669	513	2,182
2. Operating Expenses Component			
A. Administration			62,915
B. Plant Operation			22,295
C. Laundry			728
D. Housekeeping			2,517
E. Operating Expense Component & Per Diem	40.5385	40.5385	88,455
3. Resident Care			
A. Dietary			17,277
B. Other			38,816
C. Nursing			1,872
D. Resident Care & Per Diem	26.5651	26.5651	57,965
4. Prop Exp & Per Diem	21.3744	21.3744	46,639
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,251.75	513.00	1,764.75
3. Staffing Percent	70.9307267	29.0692733	100.00
4. Allocation of Direct Care	172,055.25	70,512.75	242,568.00
5. Direct Care Expense Per Diem	103.0888	137.4518	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,669	513	2,182
2. Additional Services	3,745	1,152	4,897
3. Additional Services Exp & Per Diem	2.2439	2.2456	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	40.5385	40.5385	88,455
2. Resident Care Component	131.8978	166.2625	305,430
3. Property Cost Component	21.3744	21.3744	46,639
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>193.8107</b>	<b>228.1754</b>	<b>440,524</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028548000 - 2012/10

RI: 219.99

NM: 256.00

**Sunrise Group Home #16**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.914	151.472	192.386	40.914	193.286	234.201
2. Inflate Line 1 by Inflation Factor 1.02082679	41.767	154.626	196.393	41.767	197.312	239.079
3. Line 1 x 1.400 x Inflation Factor 1.02915750	42.107	155.888	197.996	42.107	198.922	241.030
4. Current Period Cost	40.538	131.898	172.436	40.538	166.262	206.801
5. Incentive Basis (line 3 - line 4)	1.569	23.990		1.569	32.660	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.538	131.898	172.436	40.538	166.262	206.801
7. Incentive Line 5 x Oper 50% Res 50%	0.784	11.995	12.780	0.784	16.330	17.114
8. Incentive - Line 4 x Oper 10% Res 3%	4.054	3.957	8.011	4.054	4.988	9.042
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.784	3.957	4.741	0.784	4.988	5.772
10. Final Incentive	0.784	3.957	4.741	0.784	4.988	5.772
11. Current Period Base: (line 6 + line 10)	41.323	135.855	177.178	41.323	171.250	212.573
12. Plus: Property Rate Component			21.374			21.374
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			198.552			233.948
15. Prospective Rate: Line 11 x Inflation (1.04576476)	43.214	142.072	185.286	43.214	179.088	222.302
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.214	142.072	185.286	43.214	179.088	222.302
19. Property Rate Component			21.374			21.374
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>206.66</b>			<b>243.68</b>
23. Medicaid Days		1,669			513	
24. Resident Days		1,669			513	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.03			4.69
28. Less Rate Freeze Amount (0.009335%)			2.07			2.41
<b>29. Final Per Diem After Adjustments</b>			<b>219.99</b>			<b>256.00</b>



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

<b>028552800 - 2012/10</b>
<b>RI:195.49 / NM:227.91</b>

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

Provider Number: 028552800  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>190.98</u>	<u>195.49</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>222.93</u>	<u>227.91</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (8)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

028552800

Provider Name: **Sunrise Group Home #12**  
 Provider Number: 28552800  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			85,957
B. Plant Operation			22,558
C. Laundry			238
D. Housekeeping			1,697
E. Operating Expense Component & Per Diem	50.4338	50.4338	110,450
3. Resident Care			
A. Dietary			12,537
B. Other			32,106
C. Nursing			0
D. Resident Care & Per Diem	20.3849	20.3849	44,643
4. Prop Exp & Per Diem	12.1507	12.1507	26,610
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	135,464.40	90,309.60	225,774.00
5. Direct Care Expense Per Diem	92.7838	123.7118	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	5,830	2,915	8,745
3. Additional Services Exp & Per Diem	3.9932	3.9932	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	50.4338	50.4338	110,450
2. Resident Care Component	117.1619	148.0899	279,162
3. Property Cost Component	12.1507	12.1507	26,610
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>179.7464</b>	<b>210.6743</b>	<b>416,222</b>



Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
ICF/MR-DD Calculation Sheet  
Rates Effective 10/01/2012 through 03/31/2013

<b>028552800 - 2012/10</b>
<b>RI: 195.49</b>
<b>NM: 227.91</b>

**Sunrise Group Home #12**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.078	144.634	184.712	40.078	183.883	223.961
2. Inflate Line 1 by Inflation Factor 1.02082679	40.913	147.646	188.559	40.913	187.713	228.626
3. Line 1 x 1.400 x Inflation Factor 1.02915750	41.247	148.851	190.098	41.247	189.245	230.491
4. Current Period Cost	50.434	117.162	167.596	50.434	148.090	198.524
5. Incentive Basis (line 3 - line 4)	0.000	31.689		0.000	41.155	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.247	117.162	158.409	41.247	148.090	189.337
7. Incentive Line 5 x Oper 50% Res 50%	0.000	15.845	15.845	0.000	20.577	20.577
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.515	3.515	0.000	4.443	4.443
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.515	3.515	0.000	4.443	4.443
10. Final Incentive	0.000	3.515	3.515	0.000	4.443	4.443
11. Current Period Base: (line 6 + line 10)	41.247	120.677	161.923	41.247	152.533	193.779
12. Plus: Property Rate Component			12.151			12.151
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			174.074			205.930
15. Prospective Rate: Line 11 x Inflation (1.04576476)	43.134	126.200	169.334	43.134	159.513	202.647
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.134	126.200	169.334	43.134	159.513	202.647
19. Property Rate Component			12.151			12.151
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>181.48</b>			<b>214.80</b>
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			3.58			4.18
28. Less Rate Freeze Amount (0.009335%)			1.84			2.15
<b>29. Final Per Diem After Adjustments</b>			<b>195.49</b>			<b>227.91</b>



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

<b>028553600 - 2012/10</b>
<b>RI:296.70 / NM:341.45</b>

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

Provider Number: 028553600  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>290.86</u>	<u>296.70</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>334.97</u>	<u>341.45</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (29)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

028553600

Provider Name: **Sunrise Group Home #13**  
 Provider Number: 28553600  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,814	365	2,179
2. Operating Expenses Component			
A. Administration			136,949
B. Plant Operation			16,386
C. Laundry			757
D. Housekeeping			1,767
E. Operating Expense Component & Per Diem	71.5278	71.5278	155,859
3. Resident Care			
A. Dietary			14,223
B. Other			49,901
C. Nursing			0
D. Resident Care & Per Diem	29.4282	29.4282	64,124
4. Prop Exp & Per Diem	21.1202	21.1202	46,021
5. ROE/Use Per Diem	0.7664	0.7664	1,670
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,360.50	365.00	1,725.50
3. Staffing Percent	78.8467111	21.1532889	100.00
4. Allocation of Direct Care	232,477.95	62,370.05	294,848.00
5. Direct Care Expense Per Diem	128.1576	170.8768	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,814	365	2,179
2. Additional Services	37,583	7,563	45,146
3. Additional Services Exp & Per Diem	20.7183	20.7205	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	71.5278	71.5278	155,859
2. Resident Care Component	178.3041	221.0256	404,118
3. Property Cost Component	21.1202	21.1202	46,021
4. ROE/Use Allow Component	0.7664	0.7664	1,670
<b>5 Total Cost Per Diem</b>	<b>271.7185</b>	<b>314.4400</b>	<b>607,668</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028553600 - 2012/10**

**RI: 296.70**

**NM: 341.45**

**Sunrise Group Home #13**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.019	180.580	248.599	68.019	224.533	292.552
2. Inflate Line 1 by Inflation Factor 1.02082679	69.436	184.341	253.777	69.436	229.209	298.645
3. Line 1 x 1.400 x Inflation Factor 1.02915750	70.003	185.845	255.848	70.003	231.079	301.082
4. Current Period Cost	71.528	178.304	249.832	71.528	221.026	292.553
5. Incentive Basis (line 3 - line 4)	0.000	7.541		0.000	10.054	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.003	178.304	248.307	70.003	221.026	291.028
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.770	3.770	0.000	5.027	5.027
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.349	5.349	0.000	6.631	6.631
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.770	3.770	0.000	5.027	5.027
10. Final Incentive	0.000	3.770	3.770	0.000	5.027	5.027
11. Current Period Base: (line 6 + line 10)	70.003	182.074	252.077	70.003	226.053	296.055
12. Plus: Property Rate Component			21.120			21.120
13. Plus: ROE/Use Rate			0.766			0.766
14. Total Current Period Base			273.964			317.942
15. Prospective Rate: Line 11 x Inflation (1.04576476)	73.206	190.407	263.613	73.206	236.398	309.604
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.206	190.407	263.613	73.206	236.398	309.604
19. Property Rate Component			21.120			21.120
20. ROE Component + ROE Interim Component			0.766			0.766
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>285.50</b>			<b>331.49</b>
23. Medicaid Days		1,814			365	
24. Resident Days		1,814			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.44			6.26
28. Less Rate Freeze Amount (0.009335%)			2.80			3.22
<b>29. Final Per Diem After Adjustments</b>			<b>296.70</b>			<b>341.45</b>





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

<b>028554400 - 2012/10</b>
<b>RI:291.39 / NM:0.00</b>

**Coletta Drive Group Home**  
 1604 Coletta Drive  
 Orlando FL 32807

Provider Number: 028554400  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>285.53</u>	<u>291.39</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (7)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40222  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

028554400

Provider Name: **Coletta Drive Group Home**  
 Provider Number: 28554400  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			128,479
B. Plant Operation			29,242
C. Laundry			429
D. Housekeeping			3,545
E. Operating Expense Component & Per Diem	73.8333	0.0000	161,695
3. Resident Care			
A. Dietary			21,278
B. Other			0
C. Nursing			43,097
D. Resident Care & Per Diem	29.3950	0.0000	64,375
4. Prop Exp & Per Diem	13.5753	0.0000	29,730
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	237,531.00		237,531.00
5. Direct Care Expense Per Diem	108.4616		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	103,945		103,945
3. Additional Services Exp & Per Diem	47.4635		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	73.8333		161,695
2. Resident Care Component	185.3201		405,851
3. Property Cost Component	13.5753		29,730
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>272.7288</b>		<b>597,276</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028554400 - 2012/10</b>
<b>RI: 291.39</b>
<b>NM: 0.00</b>

**Coletta Drive Group Home**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.249	172.597	250.846			
2. Inflate Line 1 by Inflation Factor 1.02082679	79.878	176.191	256.070			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	80.530	177.629	258.160			
4. Current Period Cost	73.833	185.320	259.153			
5. Incentive Basis (line 3 - line 4)	6.697	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.833	177.629	251.463			
7. Incentive Line 5 x Oper 50% Res 50%	3.348	0.000	3.348	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.383	0.000	7.383	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.348	0.000	3.348	0.000	0.000	0.000
10. Final Incentive	3.348	0.000	3.348	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	77.182	177.629	254.811	0.000	0.000	0.000
12. Plus: Property Rate Component			13.575			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			268.386			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	80.714	185.758	266.473	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.714	185.758	266.473	0.000	0.000	0.000
19. Property Rate Component			13.575			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>280.05</b>			<b>0.00</b>
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.34			
28. Less Rate Freeze Amount (0.009335%)			2.75			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>291.39</b>			<b>0.00</b>



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

<b>028555200 - 2012/10</b>
<b>RI:211.49 / NM:233.51</b>

**Gulfview**  
 2603 State Avenue  
 Panama City FL 32405

Provider Number: 028555200  
 Date: 12/04/2012  
 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>218.76</u>	<u>211.49</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>244.98</u>	<u>233.51</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 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 10/2012

028555200

Provider Name: **Gulfview**  
 Provider Number: 28555200  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Jordan, Ashleig  
 Rate Semester: October, 2012  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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
<b>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5 Total Cost Per Diem</b>	<b>185.3755</b>	<b>206.6352</b>	<b>385,448</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028555200 - 2012/10

RI: 211.49

NM: 233.51

**Gulfview**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 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 1.02272219	65.723	116.191	181.913	65.723	142.635	208.357
3. Line 1 x 1.400 x Inflation Factor 1.03181107	66.307	117.223	183.530	66.307	143.902	210.209
4. Current Period Cost	59.193	106.118	165.311	59.193	127.378	186.571
5. Incentive Basis (line 3 - line 4)	7.114	11.105		7.114	16.524	
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%	3.557	5.552	9.109	3.557	8.262	11.819
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%	3.557	3.184	6.741	3.557	3.821	7.378
10. Final Incentive	3.557	3.184	6.741	3.557	3.821	7.378
11. Current Period Base: (line 6 + line 10)	62.750	109.302	172.052	62.750	131.200	193.949
12. Plus: Property Rate Component			19.216			19.216
13. Plus: ROE/Use Rate			0.848			0.848
14. Total Current Period Base			192.116			214.014
15. Prospective Rate: Line 11 x Inflation (1.03376507)	64.868	112.993	177.861	64.868	135.629	200.498
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	64.868	112.993	177.861	64.868	135.629	200.498
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
<b>22. Final Per Diem</b>			<b>197.93</b>			<b>220.56</b>
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 (1.66%) (*Based on Bed Days)			3.87			4.28
28. Less Rate Freeze Amount (0.009335%)			1.99			2.20
<b>29. Final Per Diem After Adjustments</b>			<b>211.49</b>			<b>233.51</b>



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

<b>028557900 - 2012/10</b>
<b>RI:237.66 / NM:0.00</b>

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

Provider Number: 028557900  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>232.61</u>	<u>237.66</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



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

**028557900**

Provider Name: **Sunrise 148th Court**  
 Provider Number: 28557900  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			64,472
B. Plant Operation			22,588
C. Laundry			973
D. Housekeeping			2,141
E. Operating Expense Component & Per Diem	41.1753	0.0000	90,174
3. Resident Care			
A. Dietary			18,988
B. Other			60,096
C. Nursing			1,374
D. Resident Care & Per Diem	36.7388	0.0000	80,458
4. Prop Exp & Per Diem	17.6868	0.0000	38,734
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	269,788.00		269,788.00
5. Direct Care Expense Per Diem	123.1909		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	8,905		8,905
3. Additional Services Exp & Per Diem	4.0662		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	41.1753		90,174
2. Resident Care Component	163.9959		359,151
3. Property Cost Component	17.6868		38,734
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>222.8580</b>		<b>488,059</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028557900 - 2012/10</b>
<b>RI: 237.66</b>
<b>NM: 0.00</b>

**Sunrise 148th Court**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	43.459	150.730	194.189			
2. Inflate Line 1 by Inflation Factor 1.02082679	44.365	153.869	198.234			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	44.727	155.125	199.851			
4. Current Period Cost	41.175	163.996	205.171			
5. Incentive Basis (line 3 - line 4)	3.551	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.175	155.125	196.300			
7. Incentive Line 5 x Oper 50% Res 50%	1.776	0.000	1.776	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.118	0.000	4.118	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.776	0.000	1.776	0.000	0.000	0.000
10. Final Incentive	1.776	0.000	1.776	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.951	155.125	198.076	0.000	0.000	0.000
12. Plus: Property Rate Component			17.687			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			215.763			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	44.917	162.224	207.141	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	44.917	162.224	207.141	0.000	0.000	0.000
19. Property Rate Component			17.687			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>224.83</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.35			
28. Less Rate Freeze Amount (0.009335%)			2.24			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>237.66</b>			<b>0.00</b>



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

<b>028558700 - 2012/10</b>
<b>RI:222.81 / NM:0.00</b>

**Sunrise Oakmont**  
 19420 W. Oakmont Drive  
 Miami Lakes FL 33015

Provider Number: 028558700  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>218.00</u>	<u>222.81</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



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

028558700

Provider Name: **Sunrise Oakmont**  
 Provider Number: 28558700  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			70,110
B. Plant Operation			23,821
C. Laundry			1,769
D. Housekeeping			4,115
E. Operating Expense Component & Per Diem	45.5776	0.0000	99,815
3. Resident Care			
A. Dietary			23,359
B. Other			50,471
C. Nursing			321
D. Resident Care & Per Diem	33.8589	0.0000	74,151
4. Prop Exp & Per Diem	21.2009	0.0000	46,430
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	276,957.00		276,957.00
5. Direct Care Expense Per Diem	126.4644		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	1,942		1,942
3. Additional Services Exp & Per Diem	0.8868		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	45.5776		99,815
2. Resident Care Component	161.2100		353,050
3. Property Cost Component	21.2009		46,430
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>227.9886</b>		<b>499,295</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028558700 - 2012/10

RI: 222.81

NM: 0.00

**Sunrise Oakmont**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.710	132.300	175.010			
2. Inflate Line 1 by Inflation Factor 1.02082679	43.599	135.056	178.655			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	43.955	136.158	180.113			
4. Current Period Cost	45.578	161.210	206.788			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.955	136.158	180.113			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.955	136.158	180.113	0.000	0.000	0.000
12. Plus: Property Rate Component			21.201			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			201.314			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	45.967	142.389	188.356	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	45.967	142.389	188.356	0.000	0.000	0.000
19. Property Rate Component			21.201			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>209.56</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.08			
28. Less Rate Freeze Amount (0.009335%)			2.10			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>222.81</b>			<b>0.00</b>



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

<b>028559500 - 2012/10</b>
<b>RI:240.29 / NM:0.00</b>

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

Provider Number: 028559500  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>235.22</u>	<u>240.29</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



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

**028559500**

Provider Name: **Sunrise 53rd Ct.**  
 Provider Number: 28559500  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,122	0	2,122
2. Operating Expenses Component			
A. Administration			67,732
B. Plant Operation			21,359
C. Laundry			2,293
D. Housekeeping			1,937
E. Operating Expense Component & Per Diem	43.9779	0.0000	93,321
3. Resident Care			
A. Dietary			21,024
B. Other			47,486
C. Nursing			8,393
D. Resident Care & Per Diem	36.2408	0.0000	76,903
4. Prop Exp & Per Diem	19.7074	0.0000	41,819
5. ROE/Use Per Diem	0.0462	0.0000	98
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,591.50		1,591.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	234,313.00		234,313.00
5. Direct Care Expense Per Diem	110.4208		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,122		2,122
2. Additional Services	5,857		5,857
3. Additional Services Exp & Per Diem	2,7601		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	43.9779		93,321
2. Resident Care Component	149.4218		317,073
3. Property Cost Component	19.7074		41,819
4. ROE/Use Allow Component	0.0462		98
<b>5 Total Cost Per Diem</b>	<b>213.1532</b>		<b>452,311</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028559500 - 2012/10</b>
<b>RI: 240.29</b>
<b>NM: 0.00</b>

**Sunrise 53rd Ct.**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012      Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.279	155.946	200.225			
2. Inflate Line 1 by Inflation Factor 1.02082679	45.201	159.194	204.395			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	45.570	160.493	206.063			
4. Current Period Cost	43.978	149.422	193.400			
5. Incentive Basis (line 3 - line 4)	1.592	11.071		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.978	149.422	193.400			
7. Incentive Line 5 x Oper 50% Res 50%	0.796	5.535	6.332	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.398	4.483	8.880	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.796	4.483	5.279	0.000	0.000	0.000
10. Final Incentive	0.796	4.483	5.279	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	44.774	153.904	198.678	0.000	0.000	0.000
12. Plus: Property Rate Component			19.707			0.000
13. Plus: ROE/Use Rate			0.046			0.000
14. Total Current Period Base			218.432			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	46.823	160.948	207.771	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	46.823	160.948	207.771	0.000	0.000	0.000
19. Property Rate Component			19.707			0.000
20. ROE Component + ROE Interim Component			0.046			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>227.52</b>			<b>0.00</b>
23. Medicaid Days		2,122			0	
24. Resident Days		2,122			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.40			
28. Less Rate Freeze Amount (0.009335%)			2.26			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>240.29</b>			<b>0.00</b>



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

**028560900 - 2012/10**  
**RI:249.92 / NM:298.94**

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

Provider Number: 028560900  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>244.69</u>	<u>249.92</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>285.06</u>	<u>298.94</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate





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

**028560900**

Provider Name: **Sunrise 55th Court**  
 Provider Number: 28560900  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,785	138	1,923
2. Operating Expenses Component			
A. Administration			78,139
B. Plant Operation			26,728
C. Laundry			1,315
D. Housekeeping			1,743
E. Operating Expense Component & Per Diem	56.1232	56.1232	107,925
3. Resident Care			
A. Dietary			21,627
B. Other			43,009
C. Nursing			-8,361
D. Resident Care & Per Diem	29.2642	29.2642	56,275
4. Prop Exp & Per Diem	17.0671	17.0671	32,820
5. ROE/Use Per Diem	0.0224	0.0224	43
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,338.75	138.00	1,476.75
3. Staffing Percent	90.6551549	9.3448451	100.00
4. Allocation of Direct Care	243,898.63	25,141.37	269,040.00
5. Direct Care Expense Per Diem	136.6379	182.1838	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,785	138	1,923
2. Additional Services	7,146	553	7,699
3. Additional Services Exp & Per Diem	4.0034	4.0072	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	56.1232	56.1232	107,925
2. Resident Care Component	169.9054	215.4553	333,014
3. Property Cost Component	17.0671	17.0671	32,820
4. ROE/Use Allow Component	0.0224	0.0224	43
<b>5 Total Cost Per Diem</b>	<b>243.1181</b>	<b>288.6680</b>	<b>473,802</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028560900 - 2012/10

RI: 249.92

NM: 298.94

**Sunrise 55th Court**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.887	158.838	204.725	45.887	197.941	243.828
2. Inflate Line 1 by Inflation Factor 1.02082679	46.842	162.147	208.989	46.842	202.064	248.906
3. Line 1 x 1.400 x Inflation Factor 1.02915750	47.225	163.470	210.695	47.225	203.713	250.937
4. Current Period Cost	56.123	169.905	226.029	56.123	215.455	271.579
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	47.225	163.470	210.695	47.225	203.713	250.937
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)	47.225	163.470	210.695	47.225	203.713	250.937
12. Plus: Property Rate Component			17.067			17.067
13. Plus: ROE/Use Rate			0.022			0.022
14. Total Current Period Base			227.784			268.027
15. Prospective Rate: Line 11 x Inflation (1.04576476)	49.386	170.951	220.337	49.386	213.036	262.422
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	49.386	170.951	220.337	49.386	213.036	262.422
19. Property Rate Component			17.067			17.067
20. ROE Component + ROE Interim Component			0.022			0.022
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>237.43</b>			<b>279.51</b>
23. Medicaid Days		1,785			138	
24. Resident Days		1,785			138	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.58			
28. Less Rate Freeze Amount (0.009335%)			2.36			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>249.92</b>			<b>298.94</b>



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

<b>028561700 - 2012/10</b>
<b>RI:237.99 / NM:0.00</b>

**Sunrise Wentworth**  
 18711 Wentworth Drive  
 Miami Lakes FL 33015

Provider Number: 028561700  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>232.95</u>	<u>237.99</u> ✓	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



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

**028561700**

Provider Name: **Sunrise Wentworth**  
 Provider Number: 28561700  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			72,591
B. Plant Operation			21,974
C. Laundry			1,153
D. Housekeeping			2,590
E. Operating Expense Component & Per Diem	44.8895	0.0000	98,308
3. Resident Care			
A. Dietary			22,006
B. Other			50,878
C. Nursing			168
D. Resident Care & Per Diem	33.3571	0.0000	73,052
4. Prop Exp & Per Diem	19.0658	0.0000	41,754
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	277,034.00		277,034.00
5. Direct Care Expense Per Diem	126.4995		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	3,930		3,930
3. Additional Services Exp & Per Diem	1.7945		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	44.8895		98,308
2. Resident Care Component	161.6511		354,016
3. Property Cost Component	19.0658		41,754
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>225.6064</b>		<b>494,078</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028561700 - 2012/10</b>
<b>RI: 237.99</b>
<b>NM: 0.00</b>

**Sunrise Wentworth**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.166	151.329	191.495			
2. Inflate Line 1 by Inflation Factor 1.02082679	41.003	154.481	195.484			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	41.337	155.741	197.079			
4. Current Period Cost	44.889	161.651	206.541			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.337	155.741	197.079			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.337	155.741	197.079	0.000	0.000	0.000
12. Plus: Property Rate Component			19.066			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			216.145			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	43.229	162.869	206.098	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	43.229	162.869	206.098	0.000	0.000	0.000
19. Property Rate Component			19.066			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>225.16</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.36			
28. Less Rate Freeze Amount (0.009335%)			2.24			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>237.99</b>			<b>0.00</b>



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

<b>028563300 - 2012/10</b>
<b>RI:331.02 / NM:0.00</b>

**TUNIS STREET GROUP HOME**  
 4748 Tunis Street  
 Jacksonville FL 32210

Provider Number: 028563300  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>326.25</u>	<u>331.02</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate



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

028563300

Provider Name: **TUNIS STREET GROUP HOME**  
 Provider Number: 28563300  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,982	0	1,982
2. Operating Expenses Component			
A. Administration			128,853
B. Plant Operation			31,032
C. Laundry			790
D. Housekeeping			1,958
E. Operating Expense Component & Per Diem	82.0550	0.0000	162,633
3. Resident Care			
A. Dietary			21,939
B. Other			0
C. Nursing			44,405
D. Resident Care & Per Diem	33.4733	0.0000	66,344
4. Prop Exp & Per Diem	17.1266	0.0000	33,945
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,486.50		1,486.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	231,454.00		231,454.00
5. Direct Care Expense Per Diem	116.7780		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,982		1,982
2. Additional Services	107,062		107,062
3. Additional Services Exp & Per Diem	54.0172		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	82.0550		162,633
2. Resident Care Component	204.2684		404,860
3. Property Cost Component	17.1266		33,945
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>303.4501</b>		<b>601,438</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028563300 - 2012/10</b>
<b>RI: 331.02</b>
<b>NM: 0.00</b>

**TUNIS STREET GROUP HOME**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.313	204.749	286.063			
2. Inflate Line 1 by Inflation Factor 1.02082679	83.007	209.014	292.021			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	83.684	210.719	294.404			
4. Current Period Cost	82.055	204.268	286.323			
5. Incentive Basis (line 3 - line 4)	1.629	6.451		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.055	204.268	286.323			
7. Incentive Line 5 x Oper 50% Res 50%	0.815	3.226	4.040	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.205	6.128	14.334	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.815	3.226	4.040	0.000	0.000	0.000
10. Final Incentive	0.815	3.226	4.040	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	82.870	207.494	290.364	0.000	0.000	0.000
12. Plus: Property Rate Component			17.127			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			307.490			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	86.662	216.990	303.652	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.662	216.990	303.652	0.000	0.000	0.000
19. Property Rate Component			17.127			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>320.78</b>			<b>0.00</b>
23. Medicaid Days		1,982			0	
24. Resident Days		1,982			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.06			
28. Less Rate Freeze Amount (0.009335%)			3.12			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>331.02</b>			<b>0.00</b>





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

**028565000 - 2012/10**  
**RI:303.43 / NM:369.97**

**LAKEVIEW COURT**  
 920 W. Kennedy Blvd  
 Orlando FL 32810

Provider Number: 028565000  
 Date: 12/04/2012  
 FYE: 11/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>297.14</u>	<u>303.43</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>362.17</u>	<u>369.97</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

P.O. BOX 2064  
WINTER PARK FL 32790

\_\_\_\_\_ For Information only - No Change in rate



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

**028565000**

Provider Name: **LAKEVIEW COURT**  
 Provider Number: 28565000  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Jordan, Ashleig  
 Rate Semester: October, 2012  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5 Total Cost Per Diem</b>	<b>282.3665</b>	<b>348.4036</b>	<b>7,156,218</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028565000 - 2012/10

RI: 303.43

NM: 369.97

**LAKEVIEW COURT**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 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:	72.696	176.769	249.465	72.696	240.781	313.477
2. Inflate Line 1 by Inflation Factor 1.02243637	74.327	180.735	255.062	74.327	246.184	320.510
3. Line 1 x 1.400 x Inflation Factor 1.03141092	74.979	182.322	257.301	74.979	248.344	323.324
4. Current Period Cost	75.108	180.284	255.392	75.108	246.321	321.429
5. Incentive Basis (line 3 - line 4)	0.000	2.037		0.000	2.023	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.979	180.284	255.263	74.979	246.321	321.300
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.019	1.019	0.000	1.012	1.012
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.409	5.409	0.000	7.390	7.390
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.019	1.019	0.000	1.012	1.012
10. Final Incentive	0.000	1.019	1.019	0.000	1.012	1.012
11. Current Period Base: (line 6 + line 10)	74.979	181.303	256.282	74.979	247.333	322.312
12. Plus: Property Rate Component			26.975			26.975
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			283.257			349.287
15. Prospective Rate: Line 11 x Inflation (1.03574431)	77.659	187.783	265.443	77.659	256.174	333.833
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.659	187.783	265.443	77.659	256.174	333.833
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
<b>22. Final Per Diem</b>			<b>292.42</b>			<b>360.81</b>
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 (1.66%) (*Based on Bed Days)			5.56			6.78
28. Less Rate Freeze Amount (0.009335%)			2.86			3.49
<b>29. Final Per Diem After Adjustments</b>			<b>303.43</b>			<b>369.97</b>



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

**028566800 - 2012/10**  
**RI:306.57 / NM:362.30**

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

Provider Number: 028566800  
 Date: 12/04/2012  
 FYE: 11/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>302.93</u>	<u>306.57</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>359.05</u>	<u>362.30</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

P.O. BOX 2064  
WINTER PARK FL 32790

For Information only - No Change in rate



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

**028566800**

Provider Name: **WASHINGTON SQUARE**  
 Provider Number: 28566800  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Jordan, Ashleig  
 Rate Semester: October, 2012  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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
<b>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5 Total Cost Per Diem</b>	<b>282.1325</b>	<b>335.7352</b>	<b>7,540,939</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028566800 - 2012/10**

**RI: 306.57**

**NM: 362.30**

**WASHINGTON SQUARE**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 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:	74.588	179.510	254.098	74.588	234.763	309.351
2. Inflate Line 1 by Inflation Factor 1.02243637	76.261	183.537	259.799	76.261	240.031	316.292
3. Line 1 x 1.400 x Inflation Factor 1.03141092	76.931	185.148	262.079	76.931	242.137	319.068
4. Current Period Cost	74.954	178.521	253.475	74.954	232.124	307.078
5. Incentive Basis (line 3 - line 4)	1.977	6.627		1.977	10.014	
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%	0.988	3.314	4.302	0.988	5.007	5.995
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%	0.988	3.314	4.302	0.988	5.007	5.995
10. Final Incentive	0.988	3.314	4.302	0.988	5.007	5.995
11. Current Period Base: (line 6 + line 10)	75.942	181.835	257.777	75.942	237.131	313.073
12. Plus: Property Rate Component			28.657			28.657
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			286.434			341.730
15. Prospective Rate: Line 11 x Inflation (1.03574431)	78.657	188.334	266.991	78.657	245.607	324.264
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.657	188.334	266.991	78.657	245.607	324.264
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
<b>22. Final Per Diem</b>			<b>295.65</b>			<b>352.92</b>
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 (1.66%) (*Based on Bed Days)			5.62			6.64
28. Less Rate Freeze Amount (0.009335%)			2.89			3.41
<b>29. Final Per Diem After Adjustments</b>			<b>306.57</b>			<b>362.30</b>



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

<b>028567600 - 2012/10</b>
<b>RI:292.75 / NM:345.71</b>

**HOWELL BRANCH COURT**  
 3664 Howell Branch Road  
 Winter Park FL 32792

Provider Number: 028567600  
 Date: 12/04/2012  
 FYE: 11/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>286.02</u>	<u>292.75</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>337.54</u>	<u>345.71</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (7)  
 Home Office:  
 DSI  
 \_\_\_\_\_  
 P.O. BOX 2064  
 \_\_\_\_\_  
 WINTER PARK FL 32790  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

**028567600**

Provider Name: **HOWELL BRANCH COURT**  
 Provider Number: 28567600  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Jordan, Ashleig  
 Rate Semester: October, 2012  
 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
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
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><u>B. Direct Care Expense</u></b>			
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	
<b><u>C. Additional Services Expense</u></b>			
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	
<b><u>D. Medicaid Per Diem Cost</u></b>			
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
<b>5 Total Cost Per Diem</b>	<b>272.0265</b>	<b>325.6344</b>	<b>7,291,101</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

028567600 - 2012/10

RI: 292.75

NM: 345.71

**HOWELL BRANCH COURT**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 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:	70.113	168.202	238.315	70.113	218.917	289.030
2. Inflate Line 1 by Inflation Factor 1.02243637	71.686	171.976	243.662	71.686	223.829	295.514
3. Line 1 x 1.400 x Inflation Factor 1.03141092	72.315	173.486	245.801	72.315	225.793	298.108
4. Current Period Cost	71.500	172.994	244.493	71.500	226.602	298.101
5. Incentive Basis (line 3 - line 4)	0.815	0.492		0.815	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.500	172.994	244.493	71.500	225.793	297.293
7. Incentive Line 5 x Oper 50% Res 50%	0.407	0.246	0.654	0.407	0.000	0.407
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%	0.407	0.246	0.654	0.407	0.000	0.407
10. Final Incentive	0.407	0.246	0.654	0.407	0.000	0.407
11. Current Period Base: (line 6 + line 10)	71.907	173.240	245.147	71.907	225.793	297.701
12. Plus: Property Rate Component			27.533			27.533
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			272.680			325.234
15. Prospective Rate: Line 11 x Inflation (1.03574431)	74.478	179.432	253.910	74.478	233.864	308.342
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.478	179.432	253.910	74.478	233.864	308.342
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
<b>22. Final Per Diem</b>			<b>281.44</b>			<b>335.87</b>
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 (1.66%) (*Based on Bed Days)			5.36			6.33
28. Less Rate Freeze Amount (0.009335%)			2.76			3.26
<b>29. Final Per Diem After Adjustments</b>			<b>292.75</b>			<b>345.71</b>



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

<b>028568400 - 2012/10</b>
<b>RI:251.76 / NM:0.00</b>

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


Provider Number: 028568400  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>246.46</u>	<u>251.76</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

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

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



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

**028568400**

Provider Name: **Sunrise 157th Terrace**  
 Provider Number: 28568400  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			66,719
B. Plant Operation			22,390
C. Laundry			1,159
D. Housekeeping			1,464
E. Operating Expense Component & Per Diem	41.8868	0.0000	91,732
3. Resident Care			
A. Dietary			18,409
B. Other			58,941
C. Nursing			2,981
D. Resident Care & Per Diem	36.6808	0.0000	80,331
4. Prop Exp & Per Diem	11.6406	0.0000	25,493
5. ROE/Use Per Diem	1.5192	0.0000	3,327
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	286,565.00		286,565.00
5. Direct Care Expense Per Diem	130.8516		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	9,795		9,795
3. Additional Services Exp & Per Diem	4.4726		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	41.8868		91,732
2. Resident Care Component	172.0050		376,691
3. Property Cost Component	11.6406		25,493
4. ROE/Use Allow Component	1.5192		3,327
<b>5 Total Cost Per Diem</b>	<b>227.0516</b>		<b>497,243</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>028568400 - 2012/10</b>
<b>RI: 251.76</b>
<b>NM: 0.00</b>

**Sunrise 157th Terrace**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.243	168.188	212.431			
2. Inflate Line 1 by Inflation Factor 1.02082679	45.165	171.691	216.855			
3. Line 1 x 1.400 x Inflation Factor 1.02915750	45.533	173.092	218.625			
4. Current Period Cost	41.887	172.005	213.892			
5. Incentive Basis (line 3 - line 4)	3.647	1.087		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.887	172.005	213.892			
7. Incentive Line 5 x Oper 50% Res 50%	1.823	0.543	2.367	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.189	5.160	9.349	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.823	0.543	2.367	0.000	0.000	0.000
10. Final Incentive	1.823	0.543	2.367	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.710	172.548	216.258	0.000	0.000	0.000
12. Plus: Property Rate Component			11.641			0.000
13. Plus: ROE/Use Rate			1.519			0.000
14. Total Current Period Base			229.418			0.000
15. Prospective Rate: Line 11 x Inflation (1.04576476)	45.710	180.445	226.155	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	45.710	180.445	226.155	0.000	0.000	0.000
19. Property Rate Component			11.641			0.000
20. ROE Component + ROE Interim Component			1.519			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>239.32</b>			<b>0.00</b>
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			4.61			
28. Less Rate Freeze Amount (0.009335%)			2.37			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>251.76</b>			<b>0.00</b>



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

<b>028569200 - 2012/10</b>
<b>RI:292.46 / NM:337.40</b>

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

Provider Number: 028569200  
 Date: 12/04/2012  
 FYE: 06/30/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>286.77</u>	<u>292.46</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>331.08</u>	<u>337.40</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

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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) 04/2012 to 10/2012

**028569200**

Provider Name: **Sunrise 145th St. Group Home**  
 Provider Number: 28569200  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	365	1,825	2,190
2. Operating Expenses Component			
A. Administration			90,487
B. Plant Operation			35,954
C. Laundry			990
D. Housekeeping			1,472
E. Operating Expense Component & Per Diem	58.8598	58.8598	128,903
3. Resident Care			
A. Dietary			20,822
B. Other			47,846
C. Nursing			15,166
D. Resident Care & Per Diem	38.2804	38.2804	83,834
4. Prop Exp & Per Diem	28.4785	28.4785	62,368
5. ROE/Use Per Diem	2.3863	2.3863	5,226
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,825.00	2,098.75
3. Staffing Percent	13.0434783	86.9565217	100.00
4. Allocation of Direct Care	47,972.61	319,817.39	367,790.00
5. Direct Care Expense Per Diem	131.4318	175.2424	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	5,390	26,947	32,337
3. Additional Services Exp & Per Diem	14.7671	14.7655	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	58.8598	58.8598	128,903
2. Resident Care Component	184.4793	228.2883	483,961
3. Property Cost Component	28.4785	28.4785	62,368
4. ROE/Use Allow Component	2.3863	2.3863	5,226
<b>5 Total Cost Per Diem</b>	<b>274.2040</b>	<b>318.0129</b>	<b>680,458</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**028569200 - 2012/10**  
**RI: 292.46**  
**NM: 337.40**

**Sunrise 145th St. Group Home**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	58.135	174.883	233.019	58.135	217.797	275.932
2. Inflate Line 1 by Inflation Factor 1.02082679	59.346	178.525	237.872	59.346	222.333	281.679
3. Line 1 x 1.400 x Inflation Factor 1.02915750	59.830	179.982	239.813	59.830	224.147	283.978
4. Current Period Cost	58.860	184.479	243.339	58.860	228.288	287.148
5. Incentive Basis (line 3 - line 4)	0.971	0.000		0.971	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	58.860	179.982	238.842	58.860	224.147	283.007
7. Incentive Line 5 x Oper 50% Res 50%	0.485	0.000	0.485	0.485	0.000	0.485
8. Incentive - Line 4 x Oper 10% Res 3%	5.886	0.000	5.886	5.886	0.000	5.886
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.485	0.000	0.485	0.485	0.000	0.485
10. Final Incentive	0.485	0.000	0.485	0.485	0.000	0.485
11. Current Period Base: (line 6 + line 10)	59.345	179.982	239.327	59.345	224.147	283.492
12. Plus: Property Rate Component			28.479			28.479
13. Plus: ROE/Use Rate			2.386			2.386
14. Total Current Period Base			270.192			314.357
15. Prospective Rate: Line 11 x Inflation (1.04576476)	62.061	188.219	250.280	62.061	234.405	296.466
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.061	188.219	250.280	62.061	234.405	296.466
19. Property Rate Component			28.479			28.479
20. ROE Component + ROE Interim Component			2.386			2.386
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>281.15</b>			<b>327.33</b>
23. Medicaid Days			365			1,825
24. Resident Days			365			1,825
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.36			6.18
28. Less Rate Freeze Amount (0.009335%)			2.76			3.18
<b>29. Final Per Diem After Adjustments</b>			<b>292.46</b>			<b>337.40</b>



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

<b>031256800 - 2012/10</b>
<b>RI:354.24 / NM:420.65</b>

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

Provider Number: 031256800  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>337.99</u>	<u>354.24</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>412.90</u>	<u>420.65</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (14)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate





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

**031256800**

Provider Name: **Mentor Avon Park Cluster**  
 Provider Number: 31256800  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,390	8,390
2. Operating Expenses Component			
A. Administration			500,676
B. Plant Operation			202,875
C. Laundry			0
D. Housekeeping			64,707
E. Operating Expense Component & Per Diem	91.5683	91.5683	768,258
3. Resident Care			
A. Dietary			200,379
B. Other			0
C. Nursing			797,874
D. Resident Care & Per Diem	118.9813	118.9813	998,253
4. Prop Exp & Per Diem	6.6008	6.6008	55,381
5. ROE/Use Per Diem	0.2687	0.2687	2,254
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,390.00	8,390.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,201,098.00	1,201,098.00
5. Direct Care Expense Per Diem	71.5791	143.1583	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,390	8,390
2. Additional Services	0	141,033	141,033
3. Additional Services Exp & Per Diem	16.8097	16.8097	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	91.5683	91.5683	768,258
2. Resident Care Component	207.3701	278.9492	2,340,384
3. Property Cost Component	6.6008	6.6008	55,381
4. ROE/Use Allow Component	0.2687	0.2687	2,254
<b>5 Total Cost Per Diem</b>	<b>305.8079</b>	<b>377.3870</b>	<b>3,166,277</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**031256800 - 2012/10**

**RI: 354.24**

**NM: 420.65**

**Mentor Avon Park Cluster**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	105.765	212.119	317.885	105.765	306.237	412.002
2. Inflate Line 1 by Inflation Factor 1.02052096	107.936	216.472	324.408	107.936	312.521	420.457
3. Line 1 x 1.400 x Inflation Factor 1.02872935	108.804	218.213	327.017	108.804	315.035	423.838
4. Current Period Cost	91.568	207.370	298.938	91.568	278.949	370.518
5. Incentive Basis (line 3 - line 4)	17.236	10.843		17.236	36.085	
6. Allowed Current Period Costs (Min of line 3 or 4)	91.568	207.370	298.938	91.568	278.949	370.518
7. Incentive Line 5 x Oper 50% Res 50%	8.618	5.422	14.039	8.618	18.043	26.660
8. Incentive - Line 4 x Oper 10% Res 3%	9.157	6.221	15.378	9.157	8.368	17.525
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.618	5.422	14.039	8.618	8.368	16.986
10. Final Incentive	8.618	5.422	14.039	8.618	8.368	16.986
11. Current Period Base: (line 6 + line 10)	100.186	212.792	312.978	100.186	287.318	387.504
12. Plus: Property Rate Component			6.601			6.601
13. Plus: ROE/Use Rate			0.269			0.269
14. Total Current Period Base			319.847			394.373
15. Prospective Rate: Line 11 x Inflation (1.04779762)	104.975	222.963	327.937	104.975	301.051	406.026
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	104.975	222.963	327.937	104.975	301.051	406.026
19. Property Rate Component			6.601			6.601
20. ROE Component + ROE Interim Component			0.269			0.269
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>334.81</b>			<b>412.90</b>
23. Medicaid Days			0			8,390
24. Resident Days			0			8,390
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			7.71
28. Less Rate Freeze Amount (0.009335%)			0.00			3.96
<b>29. Final Per Diem After Adjustments</b>			<b>354.24</b>			<b>420.65</b>



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

**031257600 - 2012/10**  
**RI:373.01 / NM:469.11**

**Mentor Eagle Watch Cluster**  
 1725 Fifth Street  
 Daytona Beach FL 32117

Provider Number: 031257600  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>361.63</u>	<u>373.01</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>455.96</u>	<u>469.11</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (12)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

**031257600**

Provider Name: **Mentor Eagle Watch Cluster**  
 Provider Number: 31257600  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,187	7,193	8,380
2. Operating Expenses Component			
A. Administration			509,534
B. Plant Operation			213,202
C. Laundry			0
D. Housekeeping			72,312
E. Operating Expense Component & Per Diem	94.8745	94.8745	795,048
3. Resident Care			
A. Dietary			146,171
B. Other			0
C. Nursing			752,184
D. Resident Care & Per Diem	107.2023	107.2023	898,355
4. Prop Exp & Per Diem	7.7971	7.7971	65,340
5. ROE/Use Per Diem	1.1438	1.1438	9,585
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	593.50	7,193.00	7,786.50
3. Staffing Percent	7.6221666	92.3778334	100.00
4. Allocation of Direct Care	108,623.27	1,316,473.73	1,425,097.00
5. Direct Care Expense Per Diem	91.5108	183.0215	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,187	7,193	8,380
2. Additional Services	38,438	232,924	271,362
3. Additional Services Exp & Per Diem	32.3825	32.3820	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	94.8745	94.8745	795,048
2. Resident Care Component	231.0955	322.6058	2,594,814
3. Property Cost Component	7.7971	7.7971	65,340
4. ROE/Use Allow Component	1.1438	1.1438	9,585
<b>5 Total Cost Per Diem</b>	<b>334.9109</b>	<b>426.4212</b>	<b>3,464,787</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**031257600 - 2012/10**

**RI: 373.01**

**NM: 469.11**

**Mentor Eagle Watch Cluster**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	98.191	240.189	338.380	98.191	331.982	430.173
2. Inflate Line 1 by Inflation Factor 1.02052096 *	100.206	256.098	356.304	100.206	349.775	449.981
3. Line 1 x 1.400 x Inflation Factor 1.02872935 *	101.012	258.069	359.081	101.012	352.500	453.512
4. Current Period Cost	94.874	233.840	328.715	94.874	325.351	420.225
5. Incentive Basis (line 3 - line 4)	6.137	24.229		6.137	27.149	
6. Allowed Current Period Costs (Min of line 3 or 4)	94.874	233.840	328.715	94.874	325.351	420.225
7. Incentive Line 5 x Oper 50% Res 50%	3.069	12.114	15.183	3.069	13.575	16.643
8. Incentive - Line 4 x Oper 10% Res 3%	9.487	7.015	16.503	9.487	9.761	19.248
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.069	7.015	10.084	3.069	9.761	12.829
10. Final Incentive	3.069	7.015	10.084	3.069	9.761	12.829
11. Current Period Base: (line 6 + line 10)	97.943	240.856	338.799	97.943	335.111	433.055
12. Plus: Property Rate Component			7.797			7.797
13. Plus: ROE/Use Rate			1.144			1.144
14. Total Current Period Base			347.740			441.995
15. Prospective Rate: Line 11 x Inflation (1.04779762)	102.625	252.368	354.993	102.625	351.129	453.754
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	102.625	252.368	354.993	102.625	351.129	453.754
19. Property Rate Component			7.797			7.797
20. ROE Component + ROE Interim Component			1.144			1.144
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>363.93</b>			<b>462.69</b>
23. Medicaid Days		1,187			7,193	
24. Resident Days		1,187			7,193	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.83			8.59
28. Less Rate Freeze Amount (0.009335%)			3.51			4.42
<b>29. Final Per Diem After Adjustments</b>			<b>373.01</b>			<b>469.11</b>

\* See Attachment

<b>ICF/MR-DD</b>				
<b>Interim Rate Calculation (L1 L2 L3) - @ 10/1/2012 Rate Semester</b>				
<b>Mentor Eagle Watch Cluster/Provider #0312576-00</b> <b>Adjustment to Prior Period Cost (L1, L2, L3)</b> <b>Vacancy IRR #228 - Effective 9/1/2010</b> <b>Status: COST SETTLEMENT</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>B</b>	<b>(L1)</b>		<b>(L2)</b>	<b>(L3)</b>
<b>@ 10/1/2012</b>	Prior Period	IRR	Inflate Col 8	Factor in
Residential	Allow Base	10/1/2012	By Factor	Col 10 X 1.400
Institutional	Plus Incentives		<b>1.02052096</b>	X Col 8
	Excl IRR		IRR	<b>1.02872935</b>
			@ 10/1/2012 (Col. 9)	IRR
				@ 10/1/2012 (Col. 9)
Operating	98.1910	0.000	100.206	101.012
Resident Care	240.1890	10.980	256.098	258.069
<b>Total</b>	<b>338.380</b>	<b>10.980</b>	<b>356.304</b>	<b>359.081</b>
<b>N-A/Medical</b>				
Operating	98.1910	0.000	100.206	101.012
Resident Care	331.9820	10.980	349.775	352.500
<b>Total</b>	<b>430.173</b>	<b>10.980</b>	<b>449.981</b>	<b>453.512</b>

updated 04/19/2012

<b>Mentor Eagle Watch Cluster</b> <b>Provider #0312576-00</b> Cost Settlement - IRR #228 Effective - 9/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 @ 10/1/2012 RS					
	<b>Calculation of L4</b>			<b>Non-Ambulatory Medical</b>		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	94.875	231.096	325.970	94.875	322.606	417.480
B. Cost Settlement for IRR Effective 9/1/2010	0.000	10.980	10.980	0.000	10.980	10.980
C. Prorated CS IRR eff 9/1/2010 - 3/12 of IRR comp.	0.000	2.745	2.745	0.000	2.745	2.745
D. Grossed Up Current Period (Line A plus Line C)	<b>94.875</b>	<b>233.841</b>	<b>328.715</b>	<b>94.875</b>	<b>325.351</b>	<b>420.225</b>

<b>PROPERTY COMPONENT</b> <b>Calculation of L21 - 3/12 of IRR comp.</b>	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	<b>0.000</b>



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

<b>031258400 - 2012/10</b>
<b>RI:380.74 / NM:479.15</b>

**Mentor Point West Cluster**  
 4550 Ricker Road  
 Jacksonville FL 32231

Provider Number: 031258400  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>373.64</u>	<u>380.74</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>470.65</u>	<u>479.15</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

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

031258400

Provider Name: **Mentor Point West Cluster**  
 Provider Number: 31258400  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	881	7,644	8,525
2. Operating Expenses Component			
A. Administration			561,747
B. Plant Operation			260,268
C. Laundry			0
D. Housekeeping			64,781
E. Operating Expense Component & Per Diem	104.0230	104.0230	886,796
3. Resident Care			
A. Dietary			144,112
B. Other			0
C. Nursing			814,633
D. Resident Care & Per Diem	112.4628	112.4628	958,745
4. Prop Exp & Per Diem	13.8236	13.8236	117,846
5. ROE/Use Per Diem	1.7187	1.7187	14,652
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	440.50	7,644.00	8,084.50
3. Staffing Percent	5.4486981	94.5513019	100.00
4. Allocation of Direct Care	82,445.67	1,430,680.33	1,513,126.00
5. Direct Care Expense Per Diem	93.5819	187.1638	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	881	7,644	8,525
2. Additional Services	22,446	194,753	217,199
3. Additional Services Exp & Per Diem	25.4779	25.4779	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	104.0230	104.0230	886,796
2. Resident Care Component	231.5225	325.1045	2,689,070
3. Property Cost Component	13.8236	13.8236	117,846
4. ROE/Use Allow Component	1.7187	1.7187	14,652
<b>5 Total Cost Per Diem</b>	<b>351.0878</b>	<b>444.6698</b>	<b>3,708,364</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>031258400 - 2012/10</b>
<b>RI: 380.74</b>
<b>NM: 479.15</b>

**Mentor Point West Cluster**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	103.445	231.540	334.985	103.445	328.227	431.672
2. Inflate Line 1 by Inflation Factor 1.02052096	105.568	236.291	341.859	105.568	334.963	440.531
3. Line 1 x 1.400 x Inflation Factor 1.02872935	106.417	238.192	344.609	106.417	337.657	444.074
4. Current Period Cost	104.023	231.523	335.546	104.023	325.104	429.127
5. Incentive Basis (line 3 - line 4)	2.394	6.669		2.394	12.552	
6. Allowed Current Period Costs (Min of line 3 or 4)	104.023	231.523	335.546	104.023	325.104	429.127
7. Incentive Line 5 x Oper 50% Res 50%	1.197	3.334	4.532	1.197	6.276	7.473
8. Incentive - Line 4 x Oper 10% Res 3%	10.402	6.946	17.348	10.402	9.753	20.155
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.197	3.334	4.532	1.197	6.276	7.473
10. Final Incentive	1.197	3.334	4.532	1.197	6.276	7.473
11. Current Period Base: (line 6 + line 10)	105.220	234.857	340.077	105.220	331.381	436.601
12. Plus: Property Rate Component			13.824			13.824
13. Plus: ROE/Use Rate			1.719			1.719
14. Total Current Period Base			355.619			452.143
15. Prospective Rate: Line 11 x Inflation (1.04779762)	110.249	246.083	356.332	110.249	347.220	457.469
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	110.249	246.083	356.332	110.249	347.220	457.469
19. Property Rate Component			13.824			13.824
20. ROE Component + ROE Interim Component			1.719			1.719
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>371.87</b>			<b>473.01</b>
23. Medicaid Days		881			7,644	
24. Resident Days		881			7,644	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.98			8.78
28. Less Rate Freeze Amount (0.009335%)			3.59			4.51
<b>29. Final Per Diem After Adjustments</b>			<b>380.74</b>			<b>479.15</b>



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

<b>031259200 - 2012/10</b>
<b>RI:360.33 / NM:434.56</b>

**Mentor Hodges Cluster**  
 3615 Hodges Boulevard  
 Jacksonville FL 32224

Provider Number: 031259200  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>342.84</u>	<u>360.33</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>425.20</u>	<u>434.56</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
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 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) 04/2012 to 10/2012

031259200

Provider Name: **Mentor Hodges Cluster**  
 Provider Number: 31259200  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,584	8,584
2. Operating Expenses Component			
A. Administration			502,594
B. Plant Operation			270,197
C. Laundry			0
D. Housekeeping			70,689
E. Operating Expense Component & Per Diem	98.2619	98.2619	843,480
3. Resident Care			
A. Dietary			114,896
B. Other			0
C. Nursing			918,699
D. Resident Care & Per Diem	120.4095	120.4095	1,033,595
4. Prop Exp & Per Diem	10.6044	10.6044	91,028
5. ROE/Use Per Diem	1.0588	1.0588	9,089
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,584.00	8,584.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,364,120.00	1,364,120.00
5. Direct Care Expense Per Diem	79.4571	158.9143	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,584	8,584
2. Additional Services	0	75,327	75,327
3. Additional Services Exp & Per Diem	8.7753	8.7753	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	98.2619	98.2619	843,480
2. Resident Care Component	208.6419	288.0990	2,473,042
3. Property Cost Component	10.6044	10.6044	91,028
4. ROE/Use Allow Component	1.0588	1.0588	9,089
<b>5 Total Cost Per Diem</b>	<b>318.5670</b>	<b>398.0241</b>	<b>3,416,639</b>



Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
ICF/MR-DD Calculation Sheet  
Rates Effective 10/01/2012 through 03/31/2013

<b>031259200 - 2012/10</b>
<b>RI: 360.33</b>
<b>NM: 434.56</b>

**Mentor Hodges Cluster**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	102.085	210.459	312.544	102.085	293.338	395.423
2. Inflate Line 1 by Inflation Factor 1.02052096	104.180	214.778	318.958	104.180	299.358	403.538
3. Line 1 x 1.400 x Inflation Factor 1.02872935	105.018	216.506	321.523	105.018	301.765	406.783
4. Current Period Cost	98.262	208.642	306.904	98.262	288.099	386.361
5. Incentive Basis (line 3 - line 4)	6.756	7.864	14.620	6.756	13.666	20.422
6. Allowed Current Period Costs (Min of line 3 or 4)	98.262	208.642	306.904	98.262	288.099	386.361
7. Incentive Line 5 x Oper 50% Res 50%	3.378	3.932	7.310	3.378	6.833	10.211
8. Incentive - Line 4 x Oper 10% Res 3%	9.826	6.259	16.085	9.826	8.643	18.469
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.378	3.932	7.310	3.378	6.833	10.211
10. Final Incentive	3.378	3.932	7.310	3.378	6.833	10.211
11. Current Period Base: (line 6 + line 10)	101.640	212.574	314.214	101.640	294.932	396.572
12. Plus: Property Rate Component			10.604			10.604
13. Plus: ROE/Use Rate			1.059			1.059
14. Total Current Period Base			325.877			408.235
15. Prospective Rate: Line 11 x Inflation (1.04779762)	106.498	222.734	329.232	106.498	309.029	415.527
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	106.498	222.734	329.232	106.498	309.029	415.527
19. Property Rate Component			10.604			10.604
20. ROE Component + ROE Interim Component			1.059			1.059
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>340.90</b>			<b>427.19</b>
23. Medicaid Days			0		8,584	
24. Resident Days			0		8,584	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			7.96
28. Less Rate Freeze Amount (0.009335%)			0.00			4.09
<b>29. Final Per Diem After Adjustments</b>			<b>360.33</b>			<b>434.56</b>



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

**031260600 - 2012/10**  
**RI:375.41 / NM:538.30**

**Mentor Kinkaid Cluster**  
 5808 Kinkaid Road  
 Jacksonville FL 32244

Provider Number: 031260600  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>403.21</u>	<u>375.41</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>532.76</u>	<u>538.30</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



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

031260600

Provider Name: **Mentor Kinkaid Cluster**  
 Provider Number: 31260600  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	29	7,467	7,496
2. Operating Expenses Component			
A. Administration			548,878
B. Plant Operation			263,843
C. Laundry			0
D. Housekeeping			64,139
E. Operating Expense Component & Per Diem	116.9771	116.9771	876,860
3. Resident Care			
A. Dietary			223,747
B. Other			0
C. Nursing			814,275
D. Resident Care & Per Diem	138.4768	138.4768	1,038,022
4. Prop Exp & Per Diem	8.9593	8.9593	67,159
5. ROE/Use Per Diem	2.0660	2.0660	15,487
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	14.50	7,467.00	7,481.50
3. Staffing Percent	0.1938114	99.8061886	100.00
4. Allocation of Direct Care	3,011.61	1,550,876.39	1,553,888.00
5. Direct Care Expense Per Diem	103.8487	207.6974	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	29	7,467	7,496
2. Additional Services	821	211,127	211,948
3. Additional Services Exp & Per Diem	28.3103	28.2747	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	116.9771	116.9771	876,860
2. Resident Care Component	270.6358	374.4488	2,803,858
3. Property Cost Component	8.9593	8.9593	67,159
4. ROE/Use Allow Component	2.0660	2.0660	15,487
<b>5 Total Cost Per Diem</b>	<b>398.6382</b>	<b>502.4513</b>	<b>3,763,364</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**031260600 - 2012/10**

**RI: 375.41**

**NM: 538.30**

**Mentor Kinkaid Cluster**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	114.364	212.581	326.946	114.364	366.683	481.047
2. Inflate Line 1 by Inflation Factor 1.02052096 *	116.711	220.099	336.810	116.711	380.518	497.229
3. Line 1 x 1.400 x Inflation Factor 1.02872935 *	117.650	221.844	339.494	117.650	383.528	501.178
4. Current Period Cost	116.977	273.265	390.242	116.977	379.707	496.684
5. Incentive Basis (line 3 - line 4)	0.673	0.000		0.673	3.820	
6. Allowed Current Period Costs (Min of line 3 or 4)	116.977	221.844	338.821	116.977	379.707	496.684
7. Incentive Line 5 x Oper 50% Res 50%	0.336	0.000	0.336	0.336	1.910	2.247
8. Incentive - Line 4 x Oper 10% Res 3%	11.698	0.000	11.698	11.698	11.391	23.089
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.336	0.000	0.336	0.336	1.910	2.247
10. Final Incentive	0.336	0.000	0.336	0.336	1.910	2.247
11. Current Period Base: (line 6 + line 10)	117.314	221.844	339.157	117.314	381.617	498.931
12. Plus: Property Rate Component			8.959			8.959
13. Plus: ROE/Use Rate			2.066			2.066
14. Total Current Period Base			350.183			509.956
15. Prospective Rate: Line 11 x Inflation (1.04779762)	122.921	232.447	355.368	122.921	399.858	522.779
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	122.921	232.447	355.368	122.921	399.858	522.779
19. Property Rate Component			8.959			8.959
20. ROE Component + ROE Interim Component			2.066			2.066
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>366.39</b>			<b>533.80</b>
23. Medicaid Days			29			7,467
24. Resident Days			29			7,467
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.88			9.86
28. Less Rate Freeze Amount (0.009335%)			3.54			5.07
<b>29. Final Per Diem After Adjustments</b>			<b>375.41</b>			<b>538.30</b>

\* See Attachment



<b>ICF/MR-DD</b>				
<b>Interim Rate Calculation (L1 L2 L3) - @ 10/1/2012 Rate Semester</b>				
<b>Mentor Kinkaid Cluster/Provider #0312606-00</b> <b>Adjustment to Prior Period Cost (L1, L2, L3)</b> <b>Staffing IRR #232 - Effective 4/1/2011</b> <b>Status: COST SETTLEMENT</b>				
<b>B</b> <b>@ 10/1/2012</b> Residential Institutional	<b>1</b>  <b>(L1)</b> Prior Period Allow Base Plus Incentives Excl IRR	<b>2</b>  IRR 10/1/2012	<b>3</b>  <b>(L2)</b> Inflate Col 8 By Factor <b>1.02052096</b> IRR @ 10/1/2012 (Col. 9)	<b>4</b>  <b>(L3)</b> Factor in Col 10 X 1.400 X Col 8 <b>1.02872935</b> IRR @ 10/1/2012 (Col. 9)
Operating	114.3640	0.000	116.711	117.650
Resident Care	212.5810	3.155	220.098	221.843
Total	<b>326.945</b>	<b>3.155</b>	<b>336.809</b>	<b>339.493</b>
N-A/Medical				
Operating	114.3640	0.000	116.711	117.650
Resident Care	366.6830	6.310	380.518	383.528
Total	<b>481.047</b>	<b>6.310</b>	<b>497.229</b>	<b>501.177</b>

updated 04/19/2012

<b>Mentor Kinkaid Cluster</b> <b>Provider #0312606-00</b> Cost Settlement - IRR #232 Effective - 4/1/2011	<b>ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 @ 10/1/2012 RS</b>					
<b>Calculation of L4</b>	<b>Residential/Institutional</b>			<b>Non-Ambulatory Medical</b>		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	116.977	270.636	387.613	116.977	374.449	491.426
B. Cost Settlement for IRR Effective 4/1/2011	0.000	3.155	3.155	0.000	6.310	6.310
C. Prorated CS IRR eff 4/1/2011 - 10/12 of IRR comp.	0.000	2.629	2.629	0.000	5.258	5.258
D. Grossed Up Current Period (Line A plus Line C)	<b>116.977</b>	<b>273.265</b>	<b>390.242</b>	<b>116.977</b>	<b>379.707</b>	<b>496.684</b>

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



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

<b>031261400 - 2012/10</b>
<b>RI:380.80 / NM:464.61</b>

**Mentor Flamingo Cluster**  
1285 Flamingo Drive  
Lantana FL 33462

Provider Number: 031261400  
Date: 12/04/2012  
FYE: 05/31/2011  
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>373.65</u>	<u>380.80</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>456.28</u>	<u>464.61</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Distribution:

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

\_\_\_\_\_ For Information only - No Change in rate



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

031261400

Provider Name: **Mentor Flamingo Cluster**  
 Provider Number: 31261400  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,449	8,449
2. Operating Expenses Component			
A. Administration			526,048
B. Plant Operation			266,707
C. Laundry			0
D. Housekeeping			81,210
E. Operating Expense Component & Per Diem	103.4401	103.4401	873,965
3. Resident Care			
A. Dietary			129,481
B. Other			0
C. Nursing			907,616
D. Resident Care & Per Diem	122.7479	122.7479	1,037,097
4. Prop Exp & Per Diem	8.4008	8.4008	70,978
5. ROE/Use Per Diem	2.3058	2.3058	19,482
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,449.00	8,449.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,348,737.00	1,348,737.00
5. Direct Care Expense Per Diem	79.8164	159.6327	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,449	8,449
2. Additional Services	0	187,655	187,655
3. Additional Services Exp & Per Diem	22.2103	22.2103	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	103.4401	103.4401	873,965
2. Resident Care Component	224.7746	304.5910	2,573,489
3. Property Cost Component	8.4008	8.4008	70,978
4. ROE/Use Allow Component	2.3058	2.3058	19,482
<b>5 Total Cost Per Diem</b>	<b>338.9212</b>	<b>418.7376</b>	<b>3,537,914</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

**031261400 - 2012/10**

**RI: 380.80**

**NM: 464.61**

**Mentor Flamingo Cluster**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	119.587	233.993	353.580	119.587	324.704	444.291
2. Inflate Line 1 by Inflation Factor 1.02052096	122.041	238.794	360.835	122.041	331.367	453.408
3. Line 1 x 1.400 x Inflation Factor 1.02872935	123.023	240.715	363.738	123.023	334.033	457.055
4. Current Period Cost	103.440	224.775	328.215	103.440	304.591	408.031
5. Incentive Basis (line 3 - line 4)	19.582	15.941	35.523	19.582	29.442	49.024
6. Allowed Current Period Costs (Min of line 3 or 4)	103.440	224.775	328.215	103.440	304.591	408.031
7. Incentive Line 5 x Oper 50% Res 50%	9.791	7.970	17.761	9.791	14.721	24.512
8. Incentive - Line 4 x Oper 10% Res 3%	10.344	6.743	17.087	10.344	9.138	19.482
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.791	6.743	16.534	9.791	9.138	18.929
10. Final Incentive	9.791	6.743	16.534	9.791	9.138	18.929
11. Current Period Base: (line 6 + line 10)	113.231	231.518	344.749	113.231	313.729	426.960
12. Plus: Property Rate Component			8.401			8.401
13. Plus: ROE/Use Rate			2.306			2.306
14. Total Current Period Base			355.456			437.667
15. Prospective Rate: Line 11 x Inflation (1.04779762)	118.643	242.584	361.227	118.643	328.724	447.368
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	118.643	242.584	361.227	118.643	328.724	447.368
19. Property Rate Component			8.401			8.401
20. ROE Component + ROE Interim Component			2.306			2.306
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>371.93</b>			<b>458.07</b>
23. Medicaid Days			0			8,449
24. Resident Days			0			8,449
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.98			8.51
28. Less Rate Freeze Amount (0.009335%)			3.59			4.38
<b>29. Final Per Diem After Adjustments</b>			<b>380.80</b>			<b>464.61</b>



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

**031262200 - 2012/10**

**RI:339.08 / NM:408.13**

**Mentor Barranger Group**  
9513 Barranger Drive  
Pensacola FL 32514

Provider Number: 031262200

Date: 12/04/2012

FYE: 05/31/2011

Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>332.63</u>	<u>339.08</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>389.84</u>	<u>408.13</u>	<u>10/01/2012</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 (1)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

\_\_\_\_\_ For Information only - No Change in rate



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

**031262200**

Provider Name: **Mentor Barranger Group**  
 Provider Number: 31262200  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Squire, Yashica  
 Rate Semester: October, 2012  
 Cost Report: 06/01/2010 - 05/31/2011  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,970	146	2,116
2. Operating Expenses Component			
A. Administration			100,720
B. Plant Operation			64,529
C. Laundry			0
D. Housekeeping			5,303
E. Operating Expense Component & Per Diem	80.6011	80.6011	170,552
3. Resident Care			
A. Dietary			19,858
B. Other			0
C. Nursing			41,254
D. Resident Care & Per Diem	28.8809	28.8809	61,112
4. Prop Exp & Per Diem	21.1092	21.1092	44,667
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,477.50	146.00	1,623.50
3. Staffing Percent	91.0070835	8.9929165	100.00
4. Allocation of Direct Care	326,598.94	32,273.06	358,872.00
5. Direct Care Expense Per Diem	165.7863	221.0484	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,970	146	2,116
2. Additional Services	21,950	1,627	23,577
3. Additional Services Exp & Per Diem	11.1421	11.1438	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	80.6011	80.6011	170,552
2. Resident Care Component	205.8093	261.0731	443,561
3. Property Cost Component	21.1092	21.1092	44,667
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>307.5196</b>	<b>362.7834</b>	<b>658,780</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

031262200 - 2012/10

RI: 339.08

NM: 408.13

**Mentor Barranger Group**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	80.915	214.945	295.859	80.915	271.173	352.088
2. Inflate Line 1 by Inflation Factor 1.02052096	82.575	219.355	301.931	82.575	276.738	359.313
3. Line 1 x 1.400 x Inflation Factor 1.02872935	83.239	221.120	304.359	83.239	278.964	362.203
4. Current Period Cost	80.601	205.809	286.410	80.601	261.073	341.674
5. Incentive Basis (line 3 - line 4)	2.638	15.310		2.638	17.891	
6. Allowed Current Period Costs (Min of line 3 or 4)	80.601	205.809	286.410	80.601	261.073	341.674
7. Incentive Line 5 x Oper 50% Res 50%	1.319	7.655	8.974	1.319	8.945	10.265
8. Incentive - Line 4 x Oper 10% Res 3%	8.060	6.174	14.234	8.060	7.832	15.892
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.319	6.174	7.493	1.319	7.832	9.151
10. Final Incentive	1.319	6.174	7.493	1.319	7.832	9.151
11. Current Period Base: (line 6 + line 10)	81.920	211.984	293.904	81.920	268.905	350.826
12. Plus: Property Rate Component			21.109			21.109
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			315.013			371.935
15. Prospective Rate: Line 11 x Inflation (1.04779762)	85.836	222.116	307.952	85.836	281.758	367.594
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.836	222.116	307.952	85.836	281.758	367.594
19. Property Rate Component			21.109			21.109
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>329.06</b>			<b>388.70</b>
23. Medicaid Days		1,970			146	
24. Resident Days		1,970			146	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.21			
28. Less Rate Freeze Amount (0.009335%)			3.20			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>339.08</b>			<b>408.13</b>





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

<b>031263100 - 2012/10</b>
<b>RI:293.78 / NM:0.00</b>

**Mentor Greenridge Group Home**  
 222 Greenridge Road  
 Pensacola FL 32514

Provider Number: 031263100  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	287.92	293.78	10/01/2012
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



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

031263100

Provider Name: **Mentor Greenridge Group Home**  
 Provider Number: 31263100  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Squire, Yashica  
 Rate Semester: October, 2012  
 Cost Report: 06/01/2010 - 05/31/2011  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			91,481
B. Plant Operation			48,334
C. Laundry			0
D. Housekeeping			4,251
E. Operating Expense Component & Per Diem	65.7836	0.0000	144,066
3. Resident Care			
A. Dietary			18,704
B. Other			0
C. Nursing			33,754
D. Resident Care & Per Diem	23.9534	0.0000	52,458
4. Prop Exp & Per Diem	16.5059	0.0000	36,148
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	314,520.00		314,520.00
5. Direct Care Expense Per Diem	143.6164		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	24,205		24,205
3. Additional Services Exp & Per Diem	11.0525		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	65.7836		144,066
2. Resident Care Component	178.6224		391,183
3. Property Cost Component	16.5059		36,148
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>260.9119</b>		<b>571,397</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

031263100 - 2012/10

RI: 293.78

NM: 0.00

**Mentor Greenridge Group Home**

Ownership: Private [3]

Incentive Rating: Eligible [2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.602	181.365	255.967			
2. Inflate Line 1 by Inflation Factor 1.02052096	76.133	185.086	261.219			
3. Line 1 x 1.400 x Inflation Factor 1.02872935	76.745	186.575	263.320			
4. Current Period Cost	65.784	178.622	244.406			
5. Incentive Basis (line 3 - line 4)	10.962	7.953		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	65.784	178.622	244.406			
7. Incentive Line 5 x Oper 50% Res 50%	5.481	3.976	9.457	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.578	5.359	11.937	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.481	3.976	9.457	0.000	0.000	0.000
10. Final Incentive	5.481	3.976	9.457	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	71.264	182.599	253.863	0.000	0.000	0.000
12. Plus: Property Rate Component			16.506			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			270.369			0.000
15. Prospective Rate: Line 11 x Inflation (1.04779762)	74.671	191.327	265.997	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.671	191.327	265.997	0.000	0.000	0.000
19. Property Rate Component			16.506			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>282.50</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.38			
28. Less Rate Freeze Amount (0.009335%)			2.77			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>293.78</b>			<b>0.00</b>



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

<b>031264900 - 2012/10</b>
<b>RI:355.46 / NM:423.87</b>

**Mentor Pensacola Cluster**  
 9460 S. University Parkway  
 Pensacola FL 32514

Provider Number: 031264900  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	338.29	355.46	10/01/2012
#8 Non-Ambulatory & #9 Medical	414.72	423.87	10/01/2012

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (1)  
 Home Office:  
 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) 04/2012 to 10/2012

031264900

Provider Name: **Mentor Pensacola Cluster**  
 Provider Number: 31264900  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,669	8,669
2. Operating Expenses Component			
A. Administration			479,808
B. Plant Operation			277,067
C. Laundry			0
D. Housekeeping			78,578
E. Operating Expense Component & Per Diem	96.3725	96.3725	835,453
3. Resident Care			
A. Dietary			124,007
B. Other			0
C. Nursing			897,953
D. Resident Care & Per Diem	117.8867	117.8867	1,021,960
4. Prop Exp & Per Diem	5.6726	5.6726	49,176
5. ROE/Use Per Diem	1.3221	1.3221	11,461
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,669.00	8,669.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,233,780.00	1,233,780.00
5. Direct Care Expense Per Diem	71.1605	142.3209	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,669	8,669
2. Additional Services	0	161,598	161,598
3. Additional Services Exp & Per Diem	18.6409	18.6409	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	96.3725	96.3725	835,453
2. Resident Care Component	207.6881	278.8485	2,417,338
3. Property Cost Component	5.6726	5.6726	49,176
4. ROE/Use Allow Component	1.3221	1.3221	11,461
<b>5 Total Cost Per Diem</b>	<b>311.0553</b>	<b>382.2157</b>	<b>3,313,428</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>031264900 - 2012/10</b>
<b>RI: 355.46</b>
<b>NM: 423.87</b>

**Mentor Pensacola Cluster**

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	107.201	207.743	314.944	107.201	295.294	402.495
2. Inflate Line 1 by Inflation Factor 1.02052096	109.401	212.006	321.407	109.401	301.354	410.755
3. Line 1 x 1.400 x Inflation Factor 1.02872935	110.281	213.711	323.992	110.281	303.777	414.058
4. Current Period Cost	96.372	207.688	304.061	96.372	278.849	375.221
5. Incentive Basis (line 3 - line 4)	13.908	6.023		13.908	24.929	
6. Allowed Current Period Costs (Min of line 3 or 4)	96.372	207.688	304.061	96.372	278.849	375.221
7. Incentive Line 5 x Oper 50% Res 50%	6.954	3.012	9.966	6.954	12.464	19.419
8. Incentive - Line 4 x Oper 10% Res 3%	9.637	6.231	15.868	9.637	8.365	18.003
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.954	3.012	9.966	6.954	8.365	15.320
10. Final Incentive	6.954	3.012	9.966	6.954	8.365	15.320
11. Current Period Base: (line 6 + line 10)	103.327	210.700	314.026	103.327	287.214	390.541
12. Plus: Property Rate Component			5.673			5.673
13. Plus: ROE/Use Rate			1.322			1.322
14. Total Current Period Base			321.021			397.535
15. Prospective Rate: Line 11 x Inflation (1.04779762)	108.265	220.771	329.036	108.265	300.942	409.208
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	108.265	220.771	329.036	108.265	300.942	409.208
19. Property Rate Component			5.673			5.673
20. ROE Component + ROE Interim Component			1.322			1.322
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>336.03</b>			<b>416.20</b>
23. Medicaid Days			0			8,669
24. Resident Days			0			8,669
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			0.00			7.77
28. Less Rate Freeze Amount (0.009335%)			0.00			3.99
<b>29. Final Per Diem After Adjustments</b>			<b>355.46</b>			<b>423.87</b>



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

<b>031265700 - 2012/10</b>
<b>RI:385.75 / NM:0.00</b>

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

Provider Number: 031265700  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>378.71</u>	<u>385.75</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (15)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

031265700

Provider Name: **Mentor Caprona Group Home**  
 Provider Number: 31265700  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Squire, Yashica  
 Rate Semester: October, 2012  
 Cost Report: 06/01/2010 - 05/31/2011  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,935	0	1,935
2. Operating Expenses Component			
A. Administration			89,868
B. Plant Operation			57,257
C. Laundry			0
D. Housekeeping			3,531
E. Operating Expense Component & Per Diem	77.8584	0.0000	150,656
3. Resident Care			
A. Dietary			23,369
B. Other			0
C. Nursing			68,146
D. Resident Care & Per Diem	47.2946	0.0000	91,515
4. Prop Exp & Per Diem	26.7359	0.0000	51,734
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,451.25		1,451.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	323,407.00		323,407.00
5. Direct Care Expense Per Diem	167.1354		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,935		1,935
2. Additional Services	28,094		28,094
3. Additional Services Exp & Per Diem	14.5189		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	77.8584		150,656
2. Resident Care Component	228.9488		443,016
3. Property Cost Component	26.7359		51,734
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>333.5432</b>		<b>645,406</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>031265700 - 2012/10</b>
<b>RI: 385.75</b>
<b>NM: 0.00</b>

**Mentor Caprona Group Home**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	76.198	213.261	289.459			
2. Inflate Line 1 by Inflation Factor 1.02052096 *	91.976	258.712	350.688			
3. Line 1 x 1.400 x Inflation Factor 1.02872935 *	92.601	260.463	353.064			
4. Current Period Cost	81.412	239.218	320.630			
5. Incentive Basis (line 3 - line 4)	11.189	21.245		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	81.412	239.218	320.630			
7. Incentive Line 5 x Oper 50% Res 50%	5.594	10.622	16.217	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.141	7.177	15.318	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.594	7.177	12.771	0.000	0.000	0.000
10. Final Incentive	5.594	7.177	12.771	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	87.007	246.394	333.401	0.000	0.000	0.000
12. Plus: Property Rate Component			26.736			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			360.137			0.000
15. Prospective Rate: Line 11 x Inflation (1.04779762)	91.166	258.171	349.337	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	91.166	258.171	349.337	0.000	0.000	0.000
19. Property Rate Component			26.736			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component *			0.953			0.000
<b>22. Final Per Diem</b>			<b>377.03</b>			<b>0.00</b>
23. Medicaid Days		1,935			0	
24. Resident Days		1,935			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			7.07			
28. Less Rate Freeze Amount (0.009335%)			3.63			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>385.75</b>			<b>0.00</b>

\* See Attachment

<b>ICF/MR-DD</b>				
<b>Interim Rate Calculation (L1 L2 L3) - @ 10/1/2012 Rate Semester</b>				
<b>Mentor Caprona Group Home/Provider #0312657-00</b> <b>Adjustment to Prior Period Cost (L1, L2, L3)</b> <b>Vacancy IRR #227 - Effective 9/1/2010</b> <b>Status: COST SETTLEMENT</b>				
<b>B</b> <b>@ 10/1/2012</b> Residential Institutional	<b>1</b>  <b>(L1)</b> Prior Period Allow Base Plus Incentives Excl IRR	<b>2</b>  IRR 10/1/2012	<b>3</b>  <b>(L2)</b> Inflate Col 8 By Factor <b>1.02050996</b> IRR @ 10/1/2012 (Col. 9)	<b>4</b>  <b>(L3)</b> Factor in Col 10 X 1.400 X Col 8 <b>1.02871395</b> IRR @ 10/1/2012 (Col. 9)
Operating	76.1980	14.214	91.975	92.600
Resident Care	213.2610	41.075	258.710	260.460
<b>Total</b>	<b>289.459</b>	<b>55.289</b>	<b>350.685</b>	<b>353.060</b>
<b>N-A/Medical</b>				
Operating	0.0000	0.000	0.000	0.000
Resident Care	0.0000	0.000	0.000	0.000
<b>Total</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

updated 04/19/2012

Mentor Caprona Group Home Provider #0312657-00 Cost Settlement - IRR #228 Effective - 9/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 @ 4/1/2012 RS					
	Calculation of L4			Residential/Institutional		Non-Ambulatory Medical
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	77.858	228.949	306.807	0.000	0.000	0.000
B. Cost Settlement for IRR Effective 9/1/2010	14.214	41.075	55.289	0.000	0.000	0.000
C. Prorated CS IRR eff 9/1/2010 - 3/12 of IRR comp.	3.554	10.269	13.822	0.000	0.000	0.000
D. Grossed Up Current Period (Line A plus Line C)	<b>81.412</b>	<b>239.218</b>	<b>320.629</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

PROPERTY COMPONENT Calculation of L21 - 3/12 of IRR comp.	
Property Interim Rate Component	3.812
Grossed Up Property Interim Rate Component	<b>0.953</b>



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

<b>031266500 - 2012/10</b>
<b>RI:288.13 / NM:334.48</b>

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

Provider Number: 031266500  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>282.40</u>	<u>288.13</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>328.09</u>	<u>334.48</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (15)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

031266500

Provider Name: **Mentor Rich Street Group**  
 Provider Number: 31266500  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Squire, Yashica  
 Rate Semester: October, 2012  
 Cost Report: 06/01/2010 - 05/31/2011  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			86,749
B. Plant Operation			40,136
C. Laundry			0
D. Housekeeping			4,245
E. Operating Expense Component & Per Diem	59.8767	59.8767	131,130
3. Resident Care			
A. Dietary			20,476
B. Other			0
C. Nursing			33,043
D. Resident Care & Per Diem	24.4379	24.4379	53,519
4. Prop Exp & Per Diem	20.5584	20.5584	45,023
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	193,289.40	128,859.60	322,149.00
5. Direct Care Expense Per Diem	132.3900	176.5200	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	24,178	12,090	36,268
3. Additional Services Exp & Per Diem	16.5603	16.5616	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	59.8767	59.8767	131,130
2. Resident Care Component	173.3882	217.5195	411,936
3. Property Cost Component	20.5584	20.5584	45,023
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>253.8233</b>	<b>297.9547</b>	<b>588,089</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>031266500 - 2012/10</b>
<b>RI: 288.13</b>
<b>NM: 334.48</b>

**Mentor Rich Street Group**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	73.756	186.537	260.293	73.756	236.212	309.969
2. Inflate Line 1 by Inflation Factor 1.02052096	75.270	190.365	265.635	75.270	241.060	316.330
3. Line 1 x 1.400 x Inflation Factor 1.02872935	75.875	191.896	267.771	75.875	242.998	318.874
4. Current Period Cost	59.877	173.388	233.265	59.877	217.520	277.396
5. Incentive Basis (line 3 - line 4)	15.999	18.508		15.999	25.479	
6. Allowed Current Period Costs (Min of line 3 or 4)	59.877	173.388	233.265	59.877	217.520	277.396
7. Incentive Line 5 x Oper 50% Res 50%	7.999	9.254	17.253	7.999	12.739	20.739
8. Incentive - Line 4 x Oper 10% Res 3%	5.988	5.202	11.189	5.988	6.526	12.513
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.988	5.202	11.189	5.988	6.526	12.513
10. Final Incentive	5.988	5.202	11.189	5.988	6.526	12.513
11. Current Period Base: (line 6 + line 10)	65.864	178.590	244.454	65.864	224.045	289.910
12. Plus: Property Rate Component			20.558			20.558
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			265.013			310.468
15. Prospective Rate: Line 11 x Inflation (1.04779762)	69.013	187.126	256.139	69.013	234.754	303.767
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	69.013	187.126	256.139	69.013	234.754	303.767
19. Property Rate Component			20.558			20.558
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>276.70</b>			<b>324.32</b>
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			5.28			6.13
28. Less Rate Freeze Amount (0.009335%)			2.72			3.15
<b>29. Final Per Diem After Adjustments</b>			<b>288.13</b>			<b>334.48</b>



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

<b>031267300 - 2012/10</b>
<b>RI:349.22 / NM:428.71</b>

**Mentor Sandpiper Cluster**

1000 East 14th Street  
 Stuart FL 34996

Provider Number: 031267300  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>342.51</u>	<u>349.22</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>420.87</u>	<u>428.71</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (15)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

\_\_\_\_\_ For Information only - No Change in rate



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

**031267300**

Provider Name: **Mentor Sandpiper Cluster**  
 Provider Number: 31267300  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,460	7,173	8,633
2. Operating Expenses Component			
A. Administration			526,999
B. Plant Operation			211,305
C. Laundry			0
D. Housekeeping			72,280
E. Operating Expense Component & Per Diem	93.8937	93.8937	810,584
3. Resident Care			
A. Dietary			171,782
B. Other			0
C. Nursing			845,886
D. Resident Care & Per Diem	117.8812	117.8812	1,017,668
4. Prop Exp & Per Diem	8.1600	8.1600	70,445
5. ROE/Use Per Diem	1.8944	1.8944	16,354
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	730.00	7,173.00	7,903.00
3. Staffing Percent	9.2369986	90.7630014	100.00
4. Allocation of Direct Care	110,519.40	1,085,966.60	1,196,486.00
5. Direct Care Expense Per Diem	75.6982	151.3964	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,460	7,173	8,633
2. Additional Services	28,730	141,144	169,874
3. Additional Services Exp & Per Diem	19.6781	19.6771	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	93.8937	93.8937	810,584
2. Resident Care Component	213.2575	288.9547	2,384,028
3. Property Cost Component	8.1600	8.1600	70,445
4. ROE/Use Allow Component	1.8944	1.8944	16,354
<b>5 Total Cost Per Diem</b>	<b>317.2054</b>	<b>392.9027</b>	<b>3,281,411</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

031267300 - 2012/10

RI: 349.22

NM: 428.71

**Mentor Sandpiper Cluster**

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201110
Prior Cost Report	06/01/2009	05/31/2010	Field Audited [1]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	92.917	223.792	316.709	92.917	301.007	393.924
2. Inflate Line 1 by Inflation Factor 1.02052096	94.824	228.385	323.209	94.824	307.184	402.008
3. Line 1 x 1.400 x Inflation Factor 1.02872935	95.587	230.222	325.808	95.587	309.655	405.241
4. Current Period Cost	93.894	213.257	307.151	93.894	288.955	382.848
5. Incentive Basis (line 3 - line 4)	1.693	16.964		1.693	20.700	
6. Allowed Current Period Costs (Min of line 3 or 4)	93.894	213.257	307.151	93.894	288.955	382.848
7. Incentive Line 5 x Oper 50% Res 50%	0.846	8.482	9.329	0.846	10.350	11.197
8. Incentive - Line 4 x Oper 10% Res 3%	9.389	6.398	15.787	9.389	8.669	18.058
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.846	6.398	7.244	0.846	8.669	9.515
10. Final Incentive	0.846	6.398	7.244	0.846	8.669	9.515
11. Current Period Base: (line 6 + line 10)	94.740	219.655	314.395	94.740	297.623	392.363
12. Plus: Property Rate Component			8.160			8.160
13. Plus: ROE/Use Rate			1.894			1.894
14. Total Current Period Base			324.450			402.418
15. Prospective Rate: Line 11 x Inflation (1.04779762)	99.268	230.154	329.423	99.268	311.849	411.118
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	99.268	230.154	329.423	99.268	311.849	411.118
19. Property Rate Component			8.160			8.160
20. ROE Component + ROE Interim Component			1.894			1.894
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>339.48</b>			<b>421.17</b>
23. Medicaid Days		1,460			7,173	
24. Resident Days		1,460			7,173	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (19.43)			19.43			19.43
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.40			7.85
28. Less Rate Freeze Amount (0.009335%)			3.29			4.04
<b>29. Final Per Diem After Adjustments</b>			<b>349.22</b>			<b>428.71</b>



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

<b>031345900 - 2012/10</b>
<b>RI:372.64 / NM:0.00</b>

**New Horizons Village**  
 1275 N. Rainbow Loop  
 Lecanto FL 32661

Provider Number: 031345900  
 Date: 12/04/2012  
 FYE: 05/31/2011  
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>365.85</u>	<u>372.64</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (13)  
 Home Office:

For Information only - No Change in rate



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

**031345900**

Provider Name: **New Horizons Village**  
 Provider Number: 31345900  
 Audit Status: Unaudited [3]  
 Date: 12/4/2012

Cost Report Entered by: Squire, Yashica  
 Rate Semester: October, 2012  
 Cost Report: 06/01/2010 - 05/31/2011  
 Days In Reporting Period: 365  
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	16,751	0	16,751
2. Operating Expenses Component			
A. Administration			1,002,242
B. Plant Operation			303,891
C. Laundry			43,219
D. Housekeeping			279,746
E. Operating Expense Component & Per Diem	97.2538	0.0000	1,629,098
3. Resident Care			
A. Dietary			411,670
B. Other			0
C. Nursing			510,871
D. Resident Care & Per Diem	55.0738	0.0000	922,541
4. Prop Exp & Per Diem	32.9614	0.0000	552,136
5. ROE/Use Per Diem	1.1101	0.0000	18,596
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	8,375.50		8,375.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,243,968.00		2,243,968.00
5. Direct Care Expense Per Diem	133.9602		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	16,751		16,751
2. Additional Services	423,781		423,781
3. Additional Services Exp & Per Diem	25.2988		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	97.2538		1,629,098
2. Resident Care Component	214.3329		3,590,290
3. Property Cost Component	32.9614		552,136
4. ROE/Use Allow Component	1.1101		18,596
<b>5 Total Cost Per Diem</b>	<b>345.6582</b>		<b>5,790,120</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/MR-DD Calculation Sheet  
 Rates Effective 10/01/2012 through 03/31/2013

<b>031345900 - 2012/10</b>
<b>RI: 372.64</b>
<b>NM: 0.00</b>

**New Horizons Village**

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2011 - 03/31/2012 Days Eligible: 183 of 183

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	96.744	211.704	308.449			
2. Inflate Line 1 by Inflation Factor 1.02052096	98.730	216.049	314.778			
3. Line 1 x 1.400 x Inflation Factor 1.02872935	99.524	217.786	317.310			
4. Current Period Cost	97.254	214.333	311.587			
5. Incentive Basis (line 3 - line 4)	2.270	3.453		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	97.254	214.333	311.587			
7. Incentive Line 5 x Oper 50% Res 50%	1.135	1.727	2.862	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	9.725	6.430	16.155	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.135	1.727	2.862	0.000	0.000	0.000
10. Final Incentive	1.135	1.727	2.862	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	98.389	216.060	314.448	0.000	0.000	0.000
12. Plus: Property Rate Component			32.961			0.000
13. Plus: ROE/Use Rate			1.110			0.000
14. Total Current Period Base			348.520			0.000
15. Prospective Rate: Line 11 x Inflation (1.04779762)	103.092	226.387	329.478	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	103.092	226.387	329.478	0.000	0.000	0.000
19. Property Rate Component			32.961			0.000
20. ROE Component + ROE Interim Component			1.110			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>363.55</b>			<b>0.00</b>
23. Medicaid Days		16,751				0
24. Resident Days		16,751				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (19.43)			19.43			
27. Less Rate Cut (1.66%) (*Based on Bed Days)			6.83			
28. Less Rate Freeze Amount (0.009335%)			3.51			0.00
<b>29. Final Per Diem After Adjustments</b>			<b>372.64</b>			<b>0.00</b>