



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

000169300 - 2013/10
RI:257.78 / NM:0.00

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

Provider Number: 000169300
 Date: 10/22/2013
 FYE: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>246.45</u>	<u>257.78</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

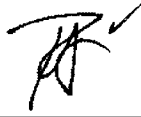
Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel 

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2013 to 10/2013

000169300

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 12/01/2011 - 11/30/2012
 Days In Reporting Period: 366
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	21,830	0	21,830
2. Operating Expenses Component			
A. Administration			587,328
B. Plant Operation			294,747
C. Laundry			34,605
D. Housekeeping			68,150
E. Operating Expense Component & Per Diem	45,1136	0.0000	984,830
3. Resident Care			
A. Dietary			382,403
B. Other			0
C. Nursing			410,479
D. Resident Care & Per Diem	36,3208	0.0000	792,882
4. Prop Exp & Per Diem	23,2751	0.0000	508,095
5. ROE/Use Per Diem	0,2935	0.0000	6,408
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,915.00		10,915.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,120,096.00		2,120,096.00
5. Direct Care Expense Per Diem	97.1185		
C. Additional Services Expense			
1. Medicaid Inpatient Days	21,830		21,830
2. Additional Services	366,755		366,755
3. Additional Services Exp & Per Diem	16,8005		
D. Medicaid Per Diem Cost			
1. Operating Component	45,1136		984,830
2. Resident Care Component	150,2397		3,279,733
3. Property Cost Component	23,2751		508,095
4. ROE/Use Allow Component	0,2935		6,408
5 Total Cost Per Diem	218,9219		4,779,066



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

000169300 - 2013/10

RI: 257.78

NM: 0.00

St. Augustine Center for Living

Ownership: Private [3]

Incentive Rating: Eligible [2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2011	11/30/2012	Unaudited [3]	201304
Prior Cost Report	12/1/2010	11/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	45.706	150.224	195.930			
2. Inflate Line 1 by Inflation Factor 1.02207422 *	49.305	153.540	202.845			
3. Line 1 x 1.400 x Inflation Factor 1.03090391 *	49.709	154.867	204.575			
4. Current Period Cost	46.840	150.240	197.080			
5. Incentive Basis (line 3 - line 4)	2.868	4.627		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	46.840	150.240	197.080			
7. Incentive Line 5 x Oper 50% Res 50%	1.434	2.313	3.748	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.684	4.507	9.191	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	1.434	2.313	3.748	0.000	0.000	0.000
10. Final Incentive	1.434	2.313	3.748	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	48.274	152.553	200.828	0.000	0.000	0.000
12. Plus: Property Rate Component			23.275			0.000
13. Plus: ROE/Use Rate			0.294			0.000
14. Total Current Period Base			224.396			0.000
15. Prospective Rate: Line 11 x Inflation (1.03769326)	50.094	158.303	208.397	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	50.094	158.303	208.397	0.000	0.000	0.000
19. Property Rate Component			23.275			0.000
20. ROE Component + ROE Interim Component			0.294			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			231.97			0.00
23. Medicaid Days		21.830			0	
24. Resident Days		21.830			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.96			0.00
28. Less Rate Freeze Amount (1.27909%)			3.21			0.00
29. Underpayment Adjustment			10.03			0.00
30. Final Per Diem After Adjustments			257.78			0.00

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2013 Rate Semester

St. Augustine Ctr for Living/Provider #0001693-00
Adjustment to Prior Period Cost (L1, L2, L3)
Worker's Comp IRR #242 - Effective 7/1/2012
Status: COST SETTLEMENT

	1	2	3	4
	(L1)		(L2)	(L3)
B	Prior Period	IRR	Inflate Col 8	Factor in
@ 10/1/2013	Allow Base	10/1/2013	By Factor	Col 10 X 1.400
Residential	Plus Incentives		1.02207422	X Col 8
Institutional	Excl IRR		IRR	1.03090391
			@ 10/1/2013 (Col. 9)	IRR
				@ 10/1/2013 (Col. 9)
Operating	45.7060	2.590	49.305	49.708
Resident Care	150.2240	0.000	153.540	154.867
Total	195.930	2.590	202.845	204.575
N-A/Medical				
Operating	0.0000	0.000	0.000	0.000
Resident Care	0.0000	0.000	0.000	0.000
Total	0.000	0.000	0.000	0.000

updated 04/19/2012

St. Augustine Ctr for Living Provider #0001693-00 Cost Settlement - IRR #242 Effective - 7/1/2012	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 @ 10/1/2013 RS					
Calculation of L4	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	45.114	150.240	195.353	0.000	0.000	0.000
B. Cost Settlement for IRR Effective 7/1/2012	2.590	0.000	2.590	0.000	0.000	0.000
C. Prorated CS IRR eff 7/1/2012 - 8/12 of IRR comp.	1.727	0.000	1.727	0.000	0.000	0.000
D. Grossed Up Current Period (Line A plus Line C)	46.840	150.240	197.080	0.000	0.000	0.000

PROPERTY COMPONENT	
Calculation of L21 - 8/12 of IRR comp.	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	0.000



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 Tallahassee, Florida 32308

001069500 - 2013/10
RI:376.82 / NM:448.52

Minor North
 85609 Miner Road
 Yulee FL 32097

Provider Number: 001069500
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>360.77</u>	<u>376.82</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>422.73</u>	<u>448.52</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 95146 Hendricks Road

 Fernandina Beach FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

001069500

Provider Name: **Minor North**
 Provider Number: 01069500
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,647	8,647
2. Operating Expenses Component			
A. Administration			504,522
B. Plant Operation			347,423
C. Laundry			46,825
D. Housekeeping			116,539
E. Operating Expense Component & Per Diem	117,4175	117,4175	1,015,309
3. Resident Care			
A. Dietary			232,342
B. Other			0
C. Nursing			285,510
D. Resident Care & Per Diem	59,8881	59,8881	517,852
4. Prop Exp & Per Diem	57,7146	57,7146	499,058
5. ROE/Use Per Diem	2,1995	2,1995	19,019
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,647.00	8,647.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,486,625.00	1,486,625.00
5. Direct Care Expense Per Diem	85.9619	171.9238	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,647	8,647
2. Additional Services	0	179,400	179,400
3. Additional Services Exp & Per Diem	20,7471	20,7471	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	117,4175	117,4175	1,015,309
2. Resident Care Component	166,5970	252,5589	2,183,877
3. Property Cost Component	57,7146	57,7146	499,058
4. ROE/Use Allow Component	2,1995	2,1995	19,019
5 Total Cost Per Diem	343,9286	429,8905	3,717,263



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

001069500 - 2013/10

RI: 376.82

NM: 448.52

Minor North

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	112.150	151.105	263.255	112.150	218.712	330.862
2. Inflate Line 1 by Inflation Factor 1.02314081	114.745	154.602	269.347	114.745	223.773	338.518
3. Line 1 x 1.400 x Inflation Factor 1.03239713	115.783	156.001	271.784	115.783	225.798	341.581
4. Current Period Cost	117.417	166.597	284.015	117.417	252.559	369.976
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	115.783	156.001	271.784	115.783	225.798	341.581
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	115.783	156.001	271.784	115.783	225.798	341.581
12. Plus: Property Rate Component			57.715			57.715
13. Plus: ROE/Use Rate			2.199			2.199
14. Total Current Period Base			331.698			401.495
15. Prospective Rate: Line 11 x Inflation (1.04870363)	121.422	163.599	285.021	121.422	236.795	358.217
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	121.422	163.599	285.021	121.422	236.795	358.217
19. Property Rate Component			57.715			57.715
20. ROE Component + ROE Interim Component			2.199			2.199
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			344.93			418.13
23. Medicaid Days			0		8.647	
24. Resident Days			0		8.647	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.83			3.40
28. Less Rate Freeze Amount (1.27909%)			4.64			5.57
29. Underpayment Adjustment			18.41			18.41
30. Final Per Diem After Adjustments			376.82			448.52



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

001071000 - 2013/10
RI:371.43 / NM:460.97

Minor South
 85474 Miner Road
 Yulee FL 32097

Provider Number: 001071000
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>346.53</u>	<u>371.43</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>434.64</u>	<u>460.97</u>	<u>10/1/2013</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

Care Ctrs of Nassau, LLC

95146 Hendricks Road
 Fernandina Beach FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

001071000

Provider Name: **Minor South**
 Provider Number: 01071000
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	852	7,823	8,675
2. Operating Expenses Component:			
A. Administration			480,696
B. Plant Operation			364,979
C. Laundry			31,201
D. Housekeeping			105,302
E. Operating Expense Component & Per Diem	113,2194	113,2194	982,178
3. Resident Care			
A. Dietary			228,389
B. Other			0
C. Nursing			201,502
D. Resident Care & Per Diem	49,5552	49,5552	429,891
4. Prop Exp & Per Diem	56,2104	56,2104	487,625
5. ROE/Use Per Diem	2,2945	2,2945	19,905
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	426.00	7,823.00	8,249.00
3. Staffing Percent	5.1642623	94.8357377	100.00
4. Allocation of Direct Care	72,094.03	1,323,923.97	1,396,018.00
5. Direct Care Expense Per Diem	84.6174	169.2348	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	852	7,823	8,675
2. Additional Services	18,067	165,888	183,955
3. Additional Services Exp & Per Diem	21,2054	21,2052	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	113,2194	113,2194	982,178
2. Resident Care Component	155,3780	239,9951	2,009,864
3. Property Cost Component	56,2104	56,2104	487,625
4. ROE/Use Allow Component	2,2945	2,2945	19,905
5 Total Cost Per Diem	327.1022	411.7194	3,499,572



Florida Agency For Health Care Administration
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ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

001071000 - 2013/10

RI: 371.43

NM: 460.97

Minor South

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	104.139	175.034	279.174	104.139	251.160	355.299
2. Inflate Line 1 by Inflation Factor 1.02314081	106.549	179.085	285.634	106.549	256.972	363.521
3. Line 1 x 1.400 x Inflation Factor 1.03239713	107.513	180.705	288.218	107.513	259.297	366.810
4. Current Period Cost	113.219	155.378	268.597	113.219	239.995	353.215
5. Incentive Basis (line 3 - line 4)	0.000	25.327		0.000	19.302	
6. Allowed Current Period Costs (Min of line 3 or 4)	107.513	155.378	262.891	107.513	239.995	347.508
7. Incentive Line 5 x Oper 50% Res 50%	0.000	12.663	12.663	0.000	9.651	9.651
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.661	4.661	0.000	7.200	7.200
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	4.661	4.661	0.000	7.200	7.200
10. Final Incentive	0.000	4.661	4.661	0.000	7.200	7.200
11. Current Period Base: (line 6 + line 10)	107.513	160.039	267.552	107.513	247.195	354.708
12. Plus: Property Rate Component			56.210			56.210
13. Plus: ROE/Use Rate			2.295			2.295
14. Total Current Period Base			326.057			413.213
15. Prospective Rate: Line 11 x Inflation (1.04870363)	112.749	167.834	280.583	112.749	259.234	371.984
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	112.749	167.834	280.583	112.749	259.234	371.984
19. Property Rate Component			56.210			56.210
20. ROE Component + ROE Interim Component			2.295			2.295
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			339.09			430.49
23. Medicaid Days			852			7.823
24. Resident Days			852			7.823
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.79			3.50
28. Less Rate Freeze Amount (1.27909%)			4.56			5.72
29. Underpayment Adjustment			18.75			18.75
30. Final Per Diem After Adjustments			371.43			460.97



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

028000300 - 2013/10
RI:291.93 / NM:0.00

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

Provider Number: 028000300
 Date: 10/22/2013
 FYE: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>280.37</u>	<u>291.93</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective 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) 10/2013 to 10/2013

028000300

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 01/01/2012 - 12/31/2012
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	23,314	0	23,314
2. Operating Expenses Component			
A. Administration			820,152
B. Plant Operation			339,270
C. Laundry			37,843
D. Housekeeping			159,546
E. Operating Expense Component & Per Diem	58.1973	0.0000	1,356,811
3. Resident Care			
A. Dietary			433,109
B. Other			0
C. Nursing			145,147
D. Resident Care & Per Diem	24.8030	0.0000	578,256
4. Prop Exp & Per Diem	12.6776	0.0000	295,565
5. ROE/Use Per Diem	0.0421	0.0000	981
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	11,657.00		11,657.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,267,972.00		3,267,972.00
5. Direct Care Expense Per Diem	140.1721		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	23,314		23,314
2. Additional Services	319,080		319,080
3. Additional Services Exp & Per Diem	13.6862		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	58.1973		1,356,811
2. Resident Care Component	178.6612		4,165,308
3. Property Cost Component	12.6776		295,565
4. ROE/Use Allow Component	0.0421		981
5 Total Cost Per Diem	249.5782		5,818,665



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028000300 - 2013/10
RI: 291.93
NM: 0.00

Sandy Park Development Center

Ownership:Private[3]

Incentive Rating: Days Eligible: 182 of 182 Eligibility Factor:100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited [3]	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	61.739	180.666	242.406			
2. Inflate Line 1 by Inflation Factor 1.02197014	63.096	184.636	247.732			
3. Line 1 x 1.400 x Inflation Factor 1.03075819	63.638	186.223	249.862			
4. Current Period Cost	58.197	178.661	236.859			
5. Incentive Basis (line 3 - line 4)	5.441	7.562		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	58.197	178.661	236.859			
7. Incentive Line 5 x Oper 50% Res 50%	2.721	3.781	6.502	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	5.820	5.360	11.180	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	2.721	3.781	6.502	0.000	0.000	0.000
10. Final Incentive	2.721	3.781	6.502	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	60.918	182.442	243.360	0.000	0.000	0.000
12. Plus: Property Rate Component			12.678			0.000
13. Plus: ROE/Use Rate			0.042			0.000
14. Total Current Period Base			256.080			0.000
15. Prospective Rate: Line 11 x Inflation (1.03578743)	63.098	188.971	252.069	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	63.098	188.971	252.069	0.000	0.000	0.000
19. Property Rate Component			12.678			0.000
20. ROE Component + ROE Interim Component			0.042			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			264.79			0.00
23. Medicaid Days		23.314			0	
24. Resident Days		23.314			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.21			0.00
28. Less Rate Freeze Amount (1.27909%)			3.62			0.00
29. Underpayment Adjustment			12.03			0.00
30. Final Per Diem After Adjustments			291.93			0.00



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

028018601 - 2013/10
RI:346.98 / NM:442.97

ST PETERSBURG CLUSTER
 1101 102nd Avenue North
 St. Petersburg FL 33716

Provider Number: 028018601
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>322.73</u>	<u>346.98</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>417.18</u>	<u>442.97</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028018601

Provider Name: **ST PETERSBURG CLUSTER**
 Provider Number: 28018601
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	366	7,970	8,336
2. Operating Expenses Component			
A. Administration			426,259
B. Plant Operation			202,397
C. Laundry			2,425
D. Housekeeping			68,046
E. Operating Expense Component & Per Diem	83.8684	83.8684	699,127
3. Resident Care			
A. Dietary			125,277
B. Other			119,649
C. Nursing			527,913
D. Resident Care & Per Diem	92.7110	92.7110	772,839
4. Prop Exp & Per Diem	13.4778	13.4778	112,351
5. ROE/Use Per Diem	1.6485	1.6485	13,742
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	183.00	7,970.00	8,153.00
3. Staffing Percent	2.2445725	97.7554275	100.00
4. Allocation of Direct Care	33.812.35	1,472,592.65	1,506,405.00
5. Direct Care Expense Per Diem	92.3835	184.7670	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	366	7,970	8,336
2. Additional Services	4,647	101,206	105,853
3. Additional Services Exp & Per Diem	12.6967	12.6984	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	83.8684	83.8684	699,127
2. Resident Care Component	197.7912	290.1763	2,385,097
3. Property Cost Component	13.4778	13.4778	112,351
4. ROE/Use Allow Component	1.6485	1.6485	13,742
5 Total Cost Per Diem	296.7859	389.1711	3,210,317



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028018601 - 2013/10

RI: 346.98

NM: 442.97

ST PETERSBURG CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.307	199.752	282.059	82.307	291.621	373.928
2. Inflate Line 1 by Inflation Factor 1.02291454	84.193	204.329	288.522	84.193	298.303	382.496
3. Line 1 x 1.400 x Inflation Factor 1.03208035	84.948	206.160	291.108	84.948	300.976	385.924
4. Current Period Cost	83.868	197.791	281.660	83.868	290.176	374.045
5. Incentive Basis (line 3 - line 4)	1.079	8.369		1.079	10.799	
6. Allowed Current Period Costs (Min of line 3 or 4)	83.868	197.791	281.660	83.868	290.176	374.045
7. Incentive Line 5 x Oper 50% Res 50%	0.540	4.184	4.724	0.540	5.400	5.939
8. Incentive - Line 4 x Oper 10% Res 3%	8.387	5.934	14.321	8.387	8.705	17.092
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.540	4.184	4.724	0.540	5.400	5.939
10. Final Incentive	0.540	4.184	4.724	0.540	5.400	5.939
11. Current Period Base: (line 6 + line 10)	84.408	201.975	286.384	84.408	295.576	379.984
12. Plus: Property Rate Component			13.478			13.478
13. Plus: ROE/Use Rate			1.649			1.649
14. Total Current Period Base			301.510			395.111
15. Prospective Rate: Line 11 x Inflation (1.04690055)	88.367	211.448	299.815	88.367	309.439	397.806
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	88.367	211.448	299.815	88.367	309.439	397.806
19. Property Rate Component			13.478			13.478
20. ROE Component + ROE Interim Component			1.649			1.649
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			314.94			412.93
23. Medicaid Days			366			7.970
24. Resident Days			366			7.970
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.60			3.36
28. Less Rate Freeze Amount (1.27909%)			4.26			5.50
29. Underpayment Adjustment			17.95			17.95
30. Final Per Diem After Adjustments			346.98			442.97



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

028019401 - 2013/10
RI:462.27 / NM:587.11

LAUREL HILL CLUSTER
 2011 Laurel Hill Cluster
 Orlando FL 32818

Provider Number: 028019401
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>439.64</u>	<u>462.27</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>552.02</u>	<u>587.11</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 P.O. Box 1300

 Apopka FL 3270400

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028019401

Provider Name: **LAUREL HILL CLUSTER**
 Provider Number: 28019401
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,221	8,221
2. Operating Expenses Component			
A. Administration			542,996
B. Plant Operation			316,020
C. Laundry			65,612
D. Housekeeping			51,888
E. Operating Expense Component & Per Diem	118.7831	118.7831	976.516
3. Resident Care			
A. Dietary			167,833
B. Other			0
C. Nursing			934,207
D. Resident Care & Per Diem	134.0518	134.0518	1,102,040
4. Prop Exp & Per Diem	16.3680	16.3680	134,561
5. ROE/Use Per Diem	2.5783	2.5783	21,196
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,221.00	8,221.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,814,611.00	1,814,611.00
5. Direct Care Expense Per Diem	110.3644	220.7287	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,025	8,025
2. Additional Services	0	126,549	126,549
3. Additional Services Exp & Per Diem	15.7693	15.7693	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	118.7831	118.7831	976.516
2. Resident Care Component	260.1855	370.5499	3,043.200
3. Property Cost Component	16.3680	16.3680	134.561
4. ROE/Use Allow Component	2.5783	2.5783	21,196
5 Total Cost Per Diem	397.9149	508.2793	4,175,473



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028019401 - 2013/10

RI: 462.27

NM: 587.11

LAUREL HILL CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	111.073	263.592	374.665	111.073	367.837	478.910
2. Inflate Line 1 by Inflation Factor 1.02314081 *	120.697	269.692	390.389	120.697	399.704	520.401
3. Line 1 x 1.400 x Inflation Factor 1.03239713 *	121.725	272.132	393.857	121.725	403.109	524.834
4. Current Period Cost	120.547	260.186	380.732	120.547	376.389	496.935
5. Incentive Basis (line 3 - line 4)	1.179	11.947		1.179	26.720	
6. Allowed Current Period Costs (Min of line 3 or 4)	120.547	260.186	380.732	120.547	376.389	496.935
7. Incentive Line 5 x Oper 50% Res 50%	0.589	5.973	6.563	0.589	13.360	13.949
8. Incentive - Line 4 x Oper 10% Res 3%	12.055	7.806	19.860	12.055	11.292	23.346
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.589	5.973	6.563	0.589	11.292	11.881
10. Final Incentive	0.589	5.973	6.563	0.589	11.292	11.881
11. Current Period Base: (line 6 + line 10)	121.136	266.159	387.295	121.136	387.680	508.816
12. Plus: Property Rate Component			16.368			16.368
13. Plus: ROE/Use Rate			2.578			2.578
14. Total Current Period Base			406.241			527.763
15. Prospective Rate: Line 11 x Inflation (1.04870363)	127.036	279.122	406.157	127.036	406.562	533.598
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	127.036	279.122	406.157	127.036	406.562	533.598
19. Property Rate Component			16.368			16.368
20. ROE Component + ROE Interim Component			2.578			2.578
21. Plus :Property Interim Rate Component *			0.224			0.224
22. Final Per Diem			425.33			552.77
23. Medicaid Days			0		8.025	
24. Resident Days			0		8.221	
25. Medicaid Utilization		NA			97.62%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			3.46			4.45
28. Less Rate Freeze Amount (1.27909%)			5.66			7.27
29. Underpayment Adjustment			25.11			25.11
30. Final Per Diem After Adjustments			462.27			587.11

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2013 Rate Semester

Laurel Hill Cluster/Provider #0280194-01
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #237 - Effective 9/1/2011
Status: COST SETTLEMENT

	1	2	3	4
	(L1)		(L2)	(L3)
B	Prior Period		Inflate Col 8	Factor in
@ 10/1/2013	Allow Base		By Factor	Col 10 X 1.400
Residential	Plus Incentives	IRR	1.02314081	X Col 8
Institutional	Excl IRR	10/1/2013	IRR	1.03239713
			@ 10/1/2013 (Col. 9)	IRR
				@ 10/1/2013 (Col. 9)
Operating	111.0730	7.054	120.697	121.725
Resident Care	263.5920	0.000	269.692	272.132
Total	374.665	7.054	390.389	393.857
N-A/Medical				
Operating	111.0730	7.054	120.697	121.725
Resident Care	367.8370	23.355	399.704	403.109
Total	478.910	30.409	520.401	524.834

updated 04/19/2012

Laurel Hill Cluster Provider #0280194-01 Cost Settlement - IRR #237 Effective - 9/1/2011	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 (w/ 10/1/2013 RS)					
Calculation of L4	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	118.783	260.186	378.969	118.783	370.550	489.333
B. Cost Settlement for IRR Effective 9/1/2011	7.054	0.000	7.054	7.054	23.355	30.409
C. Prorated CS IRR eff 9/1/2011 - 3/12 of IRR comp.	1.764	0.000	1.764	1.764	5.839	7.602
D. Grossed Up Current Period (Line A plus Line C)	120.547	260.186	380.732	120.547	376.389	496.935

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



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

028020801 - 2013/10
RI:325.92 / NM:427.41

MCCAULEY CLUSTER

1385 McCauley Road
 Tallahassee FL 32308

Provider Number: 028020801
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	302.97	325.92	10/1/2013
#8 Non-Ambulatory & #9 Medical	402.84	427.41	10/1/2013

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028020801

Provider Name: **MCCAULEY CLUSTER**
 Provider Number: 28020801
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,098	7,170	8,268
2. Operating Expenses Component			
A. Administration			339,311
B. Plant Operation			188,000
C. Laundry			5,055
D. Housekeeping			29,508
E. Operating Expense Component & Per Diem	67,9577	67,9577	561,874
3. Resident Care			
A. Dietary			138,128
B. Other			98,856
C. Nursing			521,233
D. Resident Care & Per Diem	91,7050	91,7050	758,217
4. Prop Exp & Per Diem	13,4925	13,4925	111,556
5. ROE/Use Per Diem	1,2279	1,2279	10,152
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	549.00	7,170.00	7,719.00
3. Staffing Percent	7.1123202	92.8876798	100.00
4. Allocation of Direct Care	107,799.09	1,407,867.91	1,515,667.00
5. Direct Care Expense Per Diem	98.1777	196.3554	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,098	7,170	8,268
2. Additional Services	6,953	44,616	51,569
3. Additional Services Exp & Per Diem	6,3324	6,2226	
D. Medicaid Per Diem Cost			
1. Operating Component	67,9577	67,9577	561,874
2. Resident Care Component	196,2151	294,2830	2,325,453
3. Property Cost Component	13,4925	13,4925	111,556
4. ROE/Use Allow Component	1,2279	1,2279	10,152
5 Total Cost Per Diem	278.8931	376.9610	3,009,035



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028020801 - 2013/10

RI: 325.92

NM: 427.41

MCCAULEY CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.451	195.370	261.821	66.451	292.135	358.586
2. Inflate Line 1 by Inflation Factor 1.02291454	67.973	199.847	267.820	67.973	298.829	366.803
3. Line 1 x 1.400 x Inflation Factor 1.03208035	68.582	201.637	270.220	68.582	301.507	370.089
4. Current Period Cost	67.958	196.215	264.173	67.958	294.283	362.241
5. Incentive Basis (line 3 - line 4)	0.625	5.422		0.625	7.224	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.958	196.215	264.173	67.958	294.283	362.241
7. Incentive Line 5 x Oper 50% Res 50%	0.312	2.711	3.024	0.312	3.612	3.924
8. Incentive - Line 4 x Oper 10% Res 3%	6.796	5.886	12.682	6.796	8.828	15.624
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.312	2.711	3.024	0.312	3.612	3.924
10. Final Incentive	0.312	2.711	3.024	0.312	3.612	3.924
11. Current Period Base: (line 6 + line 10)	68.270	198.926	267.196	68.270	297.895	366.165
12. Plus: Property Rate Component			13.493			13.493
13. Plus: ROE/Use Rate			1.228			1.228
14. Total Current Period Base			281.917			380.885
15. Prospective Rate: Line 11 x Inflation (1.04690055)	71.472	208.256	279.728	71.472	311.866	383.338
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	71.472	208.256	279.728	71.472	311.866	383.338
19. Property Rate Component			13.493			13.493
20. ROE Component + ROE Interim Component			1.228			1.228
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			294.45			398.06
23. Medicaid Days		1,098			7,170	
24. Resident Days		1,098			7,170	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.44			3.25
28. Less Rate Freeze Amount (1.27909%)			4.00			5.31
29. Underpayment Adjustment			16.96			16.96
30. Final Per Diem After Adjustments			325.92			427.41



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

028028301 - 2013/10
RI:331.68 / NM:414.31

GREENTREE COURT CLUSTER

2160 Green Tree Court
 Bartow FL 33830

Provider Number: 028028301
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>309.02</u>	<u>331.68</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>390.33</u>	<u>414.31</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028028301

Provider Name: **GREENTREE COURT CLUSTER**
 Provider Number: 28028301
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	955	7,138	8,093
2. Operating Expenses Component			
A. Administration			357,446
B. Plant Operation			144,258
C. Laundry			4,394
D. Housekeeping			38,209
E. Operating Expense Component & Per Diem	67.2565	67.2565	544,307
3. Resident Care			
A. Dietary			136,923
B. Other			163,256
C. Nursing			545,339
D. Resident Care & Per Diem	104.4752	104.4752	845,518
4. Prop Exp & Per Diem	17.4668	17.4668	141,359
5. ROE/Use Per Diem	0.5528	0.5528	4,474
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	477.50	7,138.00	7,615.50
3. Staffing Percent	6.2701070	93.7298930	100.00
4. Allocation of Direct Care	75,087.67	1,122,462.33	1,197,550.00
5. Direct Care Expense Per Diem	78.6258	157.2517	
C. Additional Services Expense			
1. Medicaid Inpatient Days	955	7,138	8,093
2. Additional Services	7,291	54,494	61,785
3. Additional Services Exp & Per Diem	7.6346	7.6344	
D. Medicaid Per Diem Cost			
1. Operating Component	67.2565	67.2565	544,307
2. Resident Care Component	190.7356	269.3612	2,104,853
3. Property Cost Component	17.4668	17.4668	141,359
4. ROE/Use Allow Component	0.5528	0.5528	4,474
5 Total Cost Per Diem	276.0118	354.6374	2,794,993



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028028301 - 2013/10

RI: 331.68

NM: 414.31

GREENTREE COURT CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.637	195.030	274.667	79.637	275.002	354.639
2. Inflate Line 1 by Inflation Factor 1.02291454	81.462	199.499	280.960	81.462	281.303	362.765
3. Line 1 x 1.400 x Inflation Factor 1.03208035	82.192	201.286	283.478	82.192	283.824	366.016
4. Current Period Cost	67.257	190.736	257.992	67.257	269.361	336.618
5. Incentive Basis (line 3 - line 4)	14.935	10.551		14.935	14.463	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.257	190.736	257.992	67.257	269.361	336.618
7. Incentive Line 5 x Oper 50% Res 50%	7.468	5.275	12.743	7.468	7.231	14.699
8. Incentive - Line 4 x Oper 10% Res 3%	6.726	5.722	12.448	6.726	8.081	14.806
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	6.726	5.275	12.001	6.726	7.231	13.957
10. Final Incentive	6.726	5.275	12.001	6.726	7.231	13.957
11. Current Period Base: (line 6 + line 10)	73.982	196.011	269.993	73.982	276.593	350.575
12. Plus: Property Rate Component			17.467			17.467
13. Plus: ROE/Use Rate			0.553			0.553
14. Total Current Period Base			288.013			368.594
15. Prospective Rate: Line 11 x Inflation (1.04690055)	77.452	205.204	282.656	77.452	289.565	367.017
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.452	205.204	282.656	77.452	289.565	367.017
19. Property Rate Component			17.467			17.467
20. ROE Component + ROE Interim Component			0.553			0.553
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			300.68			385.04
23. Medicaid Days			955			7.138
24. Resident Days			955			7.138
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.49			3.15
28. Less Rate Freeze Amount (1.27909%)			4.08			5.15
29. Underpayment Adjustment			16.62			16.62
30. Final Per Diem After Adjustments			331.68			414.31



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

028029101 - 2013/10
RI:364.43 / NM:475.14

MAHAN CLUSTER
 2034 Mahan Drive
 Tallahassee FL 32308

Provider Number: 028029101
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>339.55</u>	<u>364.43</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>448.48</u>	<u>475.14</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028029101

Provider Name: **MAHAN CLUSTER**
 Provider Number: 28029101
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,176	5,195	7,371
2. Operating Expenses Component			
A. Administration			354,328
B. Plant Operation			158,157
C. Laundry			10,589
D. Housekeeping			30,528
E. Operating Expense Component & Per Diem	75.1054	75.1054	553.602
3. Resident Care			
A. Dietary			137,474
B. Other			92,191
C. Nursing			500,271
D. Resident Care & Per Diem	99.0281	99.0281	729.936
4. Prop Exp & Per Diem	15.2108	15.2108	112.119
5. ROE/Use Per Diem	1.4526	1.4526	10.707
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,088.00	5,195.00	6,283.00
3. Staffing Percent	17.3165685	82.6834315	100.00
4. Allocation of Direct Care	261,462.52	1,248,435.48	1,509,898.00
5. Direct Care Expense Per Diem	120.1574	240.3148	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,176	5,195	7,371
2. Additional Services	18,440	44,026	62,466
3. Additional Services Exp & Per Diem	8.4743	8.4747	
D. Medicaid Per Diem Cost			
1. Operating Component	75.1054	75.1054	553.602
2. Resident Care Component	227.6598	347.8176	2,302.300
3. Property Cost Component	15.2108	15.2108	112.119
4. ROE/Use Allow Component	1.4526	1.4526	10.707
5 Total Cost Per Diem	319.4286	439.5864	2,978,728



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028029101 - 2013/10

RI: 364.43

NM: 475.14

MAHAN CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.857	220.350	292.207	71.857	324.948	396.805
2. Inflate Line 1 by Inflation Factor 1.02291454	73.503	225.399	298.903	73.503	332.395	405.898
3. Line 1 x 1.400 x Inflation Factor 1.03208035	74.162	227.419	301.581	74.162	335.373	409.535
4. Current Period Cost	75.105	227.660	302.765	75.105	347.818	422.923
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.162	227.419	301.581	74.162	335.373	409.535
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)	74.162	227.419	301.581	74.162	335.373	409.535
12. Plus: Property Rate Component			15.211			15.211
13. Plus: ROE/Use Rate			1.453			1.453
14. Total Current Period Base			318.244			426.198
15. Prospective Rate: Line 11 x Inflation (1.04690055)	77.640	238.085	315.725	77.640	351.102	428.742
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.640	238.085	315.725	77.640	351.102	428.742
19. Property Rate Component			15.211			15.211
20. ROE Component + ROE Interim Component			1.453			1.453
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			332.39			445.41
23. Medicaid Days		2,176			5,195	
24. Resident Days		2,176			5,195	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.74			3.61
28. Less Rate Freeze Amount (1.27909%)			4.48			5.91
29. Underpayment Adjustment			18.31			18.31
30. Final Per Diem After Adjustments			364.43			475.14



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

028030501 - 2013/10
RI:247.07 / NM:301.04

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

Provider Number: 028030501
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>236.44</u>	<u>247.07</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>284.40</u>	<u>301.04</u>	<u>10/1/2013</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028030501

Provider Name: **LAKE CITY CLUSTER**
 Provider Number: 28030501
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,355	8,355
2. Operating Expenses Component			
A. Administration			361,336
B. Plant Operation			128,835
C. Laundry			63,138
D. Housekeeping			16,635
E. Operating Expense Component & Per Diem	68.2159	68.2159	569,944
3. Resident Care			
A. Dietary			172,469
B. Other			0
C. Nursing			321,067
D. Resident Care & Per Diem	59.0707	59.0707	493,536
4. Prop Exp & Per Diem	5.9686	5.9686	49,868
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,355.00	8,355.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	793,234.00	793,234.00
5. Direct Care Expense Per Diem	47.4706	94.9412	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,355	8,355
2. Additional Services	0	238,650	238,650
3. Additional Services Exp & Per Diem	28.5637	28.5637	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	68.2159	68.2159	569,944
2. Resident Care Component	135.1051	182.5757	1,525,420
3. Property Cost Component	5.9686	5.9686	49,868
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	209.2896	256.7603	2,145,232



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028030501 - 2013/10

RI: 247.07

NM: 301.04

LAKE CITY CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 02/18/2013 - 03/31/2013 Days Eligible: 141 of 182

Eligibility factor : 77.47%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.532	127.502	202.033	74.532	181.010	255.541
2. Inflate Line 1 by Inflation Factor 1.02291454	76.239	130.423	206.663	76.239	185.157	261.397
3. Line 1 x 1.400 x Inflation Factor 1.03208035	76.923	131.592	208.514	76.923	186.816	263.739
4. Current Period Cost	68.216	135.105	203.321	68.216	182.576	250.792
5. Incentive Basis (line 3 - line 4)	8.707	0.000		8.707	4.241	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.216	131.592	199.808	68.216	182.576	250.792
7. Incentive Line 5 x Oper 50% Res 50%	4.353	0.000	4.353	4.353	2.120	6.474
8. Incentive - Line 4 x Oper 10% Res 3%	6.822	0.000	6.822	6.822	5.477	12.299
9. Incentive - Min of Line 7.8 x Eligibility factor 77.47%	3.373	0.000	3.373	3.373	1.643	5.015
10. Final Incentive	3.373	0.000	3.373	3.373	1.643	5.015
11. Current Period Base: (line 6 + line 10)	71.589	131.592	203.180	71.589	184.218	255.807
12. Plus: Property Rate Component			5.969			5.969
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			209.149			261.776
15. Prospective Rate: Line 11 x Inflation (1.04690055)	74.946	137.764	212.710	74.946	192.858	267.804
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.946	137.764	212.710	74.946	192.858	267.804
19. Property Rate Component			5.969			5.969
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			218.68			273.77
23. Medicaid Days			0		8.355	
24. Resident Days			0		8.355	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.86			2.28
28. Less Rate Freeze Amount (1.27909%)			3.04			3.74
29. Underpayment Adjustment			12.34			12.34
30. Final Per Diem After Adjustments			247.07			301.04



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

028031301 - 2013/10
RI:372.20 / NM:468.42

BAYSHORE CLUSTER

2059 Lisenby Avenue
 Panama City FL 32405

Provider Number: 028031301
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>345.84</u>	<u>372.20</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>440.53</u>	<u>468.42</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028031301

Provider Name: **BAYSHORE CLUSTER**
 Provider Number: 28031301
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	174	7,560	7,734
2. Operating Expenses Component			
A. Administration			347,838
B. Plant Operation			138,673
C. Laundry			7,489
D. Housekeeping			34,932
E. Operating Expense Component & Per Diem	68,3905	68,3905	528,932
3. Resident Care			
A. Dietary			154,004
B. Other			203,518
C. Nursing			515,537
D. Resident Care & Per Diem	112,8858	112,8858	873,059
4. Prop Exp & Per Diem	17,5454	17,5454	135,696
5. ROE/Use Per Diem	1,3094	1,3094	10,127
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	87.00	7,560.00	7,647.00
3. Staffing Percent	1.1377011	98.8622989	100.00
4. Allocation of Direct Care	15,852.54	1,377,531.46	1,393,384.00
5. Direct Care Expense Per Diem	91.1066	182.2132	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	174	7,560	7,734
2. Additional Services	3,565	154,846	158,411
3. Additional Services Exp & Per Diem	20,4885	20,4823	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	68,3905	68,3905	528,932
2. Resident Care Component	224,4809	315,5813	2,424,854
3. Property Cost Component	17,5454	17,5454	135,696
4. ROE/Use Allow Component	1,3094	1,3094	10,127
5 Total Cost Per Diem	311,7262	402,8265	3,099,609



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

028031301 - 2013/10

RI: 372.20

NM: 468.42

BAYSHORE CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.005	234.263	312.268	78.005	327.824	405.828
2. Inflate Line 1 by Inflation Factor 1.02291454	79.792	239.631	319.423	79.792	335.336	415.128
3. Line 1 x 1.400 x Inflation Factor 1.03208035	80.507	241.778	322.285	80.507	338.340	418.848
4. Current Period Cost	68.390	224.481	292.871	68.390	315.581	383.972
5. Incentive Basis (line 3 - line 4)	12.117	17.297		12.117	22.759	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.390	224.481	292.871	68.390	315.581	383.972
7. Incentive Line 5 x Oper 50% Res 50%	6.058	8.649	14.707	6.058	11.380	17.438
8. Incentive - Line 4 x Oper 10% Res 3%	6.839	6.734	13.573	6.839	9.467	16.306
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	6.058	6.734	12.793	6.058	9.467	15.526
10. Final Incentive	6.058	6.734	12.793	6.058	9.467	15.526
11. Current Period Base: (line 6 + line 10)	74.449	231.215	305.664	74.449	325.049	399.498
12. Plus: Property Rate Component			17.545			17.545
13. Plus: ROE/Use Rate			1.309			1.309
14. Total Current Period Base			324.519			418.352
15. Prospective Rate: Line 11 x Inflation (1.04690055)	77.941	242.059	320.000	77.941	340.294	418.234
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.941	242.059	320.000	77.941	340.294	418.234
19. Property Rate Component			17.545			17.545
20. ROE Component + ROE Interim Component			1.309			1.309
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			338.85			437.09
23. Medicaid Days		174			7.560	
24. Resident Days		174			7.560	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.79			3.55
28. Less Rate Freeze Amount (1.27909%)			4.56			5.81
29. Underpayment Adjustment			19.74			19.74
30. Final Per Diem After Adjustments			372.20			468.42



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

028032101 - 2013/10
RI:261.30 / NM:314.39

GAINESVILLE 39TH AVE CLUSTER

5915 N.W. 39th Avenue
 Gainesville FL 32606

Provider Number: 028032101
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>249.39</u>	<u>261.30</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>295.69</u>	<u>314.39</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028032101

Provider Name: **GAINESVILLE 39TH AVE CLUSTER**
 Provider Number: 28032101
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,476	8,476
2. Operating Expenses Component			
A. Administration			389,874
B. Plant Operation			156,021
C. Laundry			4,222
D. Housekeeping			16,746
E. Operating Expense Component & Per Diem	66.8786	66.8786	566,863
3. Resident Care			
A. Dietary			164,746
B. Other			0
C. Nursing			485,258
D. Resident Care & Per Diem	76.6876	76.6876	650,004
4. Prop Exp & Per Diem	9.0683	9.0683	76,863
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,476.00	8,476.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	832,182.00	832,182.00
5. Direct Care Expense Per Diem	49.0905	98.1810	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,476	8,476
2. Additional Services	0	189,122	189,122
3. Additional Services Exp & Per Diem	22.3126	22.3126	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	66.8786	66.8786	566,863
2. Resident Care Component	148.0907	197.1812	1,671,308
3. Property Cost Component	9.0683	9.0683	76,863
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	224.0376	273.1281	2,315,034



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028032101 - 2013/10
RI: 261.30
NM: 314.39

GAINESVILLE 39TH AVE CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.466	138.914	210.380	71.466	189.072	260.538
2. Inflate Line 1 by Inflation Factor 1.02291454	73.104	142.097	215.201	73.104	193.404	266.508
3. Line 1 x 1.400 x Inflation Factor 1.03208035	73.759	143.370	217.129	73.759	195.137	268.896
4. Current Period Cost	66.879	148.091	214.969	66.879	197.181	264.060
5. Incentive Basis (line 3 - line 4)	6.880	0.000		6.880	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	66.879	143.370	210.249	66.879	195.137	262.016
7. Incentive Line 5 x Oper 50% Res 50%	3.440	0.000	3.440	3.440	0.000	3.440
8. Incentive - Line 4 x Oper 10% Res 3%	6.688	0.000	6.688	6.688	0.000	6.688
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	3.440	0.000	3.440	3.440	0.000	3.440
10. Final Incentive	3.440	0.000	3.440	3.440	0.000	3.440
11. Current Period Base: (line 6 + line 10)	70.319	143.370	213.689	70.319	195.137	265.456
12. Plus: Property Rate Component			9.068			9.068
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			222.757			274.525
15. Prospective Rate: Line 11 x Inflation (1.04690055)	73.617	150.095	223.711	73.617	204.289	277.906
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.617	150.095	223.711	73.617	204.289	277.906
19. Property Rate Component			9.068			9.068
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			232.78			286.97
23. Medicaid Days			0		8.476	
24. Resident Days			0		8.476	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.97			2.39
28. Less Rate Freeze Amount (1.27909%)			3.22			3.90
29. Underpayment Adjustment			12.75			12.75
30. Final Per Diem After Adjustments			261.30			314.39



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

028035600 - 2013/10
RI:314.02 / NM:474.91

PARC CENTER APARTMENTS

3190 75th Street North
 St. Petersburg FL 33170

Provider Number: 028035600
 Date: 10/22/2013
 FYE: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>293.41</u>	<u>314.02</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>452.19</u>	<u>474.91</u>	<u>10/1/2013</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028035600

Provider Name: **PARC CENTER APARTMENTS**
 Provider Number: 28035600
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 10/01/2011 - 09/30/2012
 Days In Reporting Period: 366
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	13,759	3,656	17,415
2. Operating Expenses Component:			
A. Administration			821,532
B. Plant Operation			186,139
C. Laundry			7,135
D. Housekeeping			31,857
E. Operating Expense Component & Per Diem	60.1012	60.1012	1,046.663
3. Resident Care			
A. Dietary			221,424
B. Other			0
C. Nursing			313,197
D. Resident Care & Per Diem	30.6989	30.6989	534.621
4. Prop Exp & Per Diem	10.8363	10.8363	188.715
5. ROE/Use Per Diem	0.9529	0.9529	16.594
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,879.50	3,656.00	10,535.50
3. Staffing Percent	65.2982773	34.7017227	100.00
4. Allocation of Direct Care	2,242,353.94	1,191,663.06	3,434,017.00
5. Direct Care Expense Per Diem	162.9736	325.9472	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	13,759	3,656	17,415
2. Additional Services	124,671	33,127	157,798
3. Additional Services Exp & Per Diem	9.0611	9.0610	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	60.1012	60.1012	1,046.663
2. Resident Care Component	202.7335	365.7071	4,126.436
3. Property Cost Component	10.8363	10.8363	188.715
4. ROE/Use Allow Component	0.9529	0.9529	16.594
5 Total Cost Per Diem	274.6240	437.5975	5,378,408



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028035600 - 2013/10

RI: 314.02

NM: 474.91

PARC CENTER APARTMENTS

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2011	9/30/2012	Unaudited [3]	201210
Prior Cost Report	10/1/2010	9/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	55.658	200.994	256.652	55.658	351.709	407.367
2. Inflate Line 1 by Inflation Factor 1.02232877	56.901	205.482	262.383	56.901	359.562	416.463
3. Line 1 x 1.400 x Inflation Factor 1.03126028	57.398	207.278	264.675	57.398	362.703	420.101
4. Current Period Cost	60.101	202.734	262.835	60.101	365.707	425.808
5. Incentive Basis (line 3 - line 4)	0.000	4.544		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.398	202.734	260.131	57.398	362.703	420.101
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.272	2.272	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.082	6.082	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	2.272	2.272	0.000	0.000	0.000
10. Final Incentive	0.000	2.272	2.272	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	57.398	205.006	262.403	57.398	362.703	420.101
12. Plus: Property Rate Component			10.836			10.836
13. Plus: ROE/Use Rate			0.953			0.953
14. Total Current Period Base			274.192			431.890
15. Prospective Rate: Line 11 x Inflation (1.04150178)	59.780	213.514	273.293	59.780	377.756	437.536
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	59.780	213.514	273.293	59.780	377.756	437.536
19. Property Rate Component			10.836			10.836
20. ROE Component + ROE Interim Component			0.953			0.953
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			285.08			449.33
23. Medicaid Days		13.759			3.656	
24. Resident Days		13.759			3.656	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.37			3.64
28. Less Rate Freeze Amount (1.27909%)			3.88			5.96
29. Underpayment Adjustment			14.24			14.24
30. Final Per Diem After Adjustments			314.02			474.91



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

028036401 - 2013/10
RI:457.97 / NM:571.52

SKIPPER ROAD CLUSTER

2611 E. Bearss Avenue
 Tampa FL 33613

Provider Number: 028036401
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>435.46</u>	<u>457.97</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>536.84</u>	<u>571.52</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 P.O. Box 1300

 Apopka FL 327041300

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028036401

Provider Name: **SKIPPER ROAD CLUSTER**
 Provider Number: 28036401
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,567	8,567
2. Operating Expenses Component:			
A. Administration			663,640
B. Plant Operation			201,802
C. Laundry			38,505
D. Housekeeping			30,608
E. Operating Expense Component & Per Diem	109.0878	109.0878	934,555
3. Resident Care			
A. Dietary			187,380
B. Other			0
C. Nursing			1,006,624
D. Resident Care & Per Diem	139.3725	139.3725	1,194,004
4. Prop Exp & Per Diem	17.6732	17.6732	151,406
5. ROE/Use Per Diem	2.7266	2.7266	23,359
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,567.00	8,567.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,834.731.00	1,834.731.00
5. Direct Care Expense Per Diem	107.0813	214.1626	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,567	8,567
2. Additional Services	0	134,668	134,668
3. Additional Services Exp & Per Diem	15.7194	15.7194	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	109.0878	109.0878	934,555
2. Resident Care Component	262.1732	369.2545	3,163,403
3. Property Cost Component	17.6732	17.6732	151,406
4. ROE/Use Allow Component	2.7266	2.7266	23,359
5 Total Cost Per Diem	391.6607	498.7420	4,272,723



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028036401 - 2013/10

RI: 457.97

NM: 571.52

SKIPPER ROAD CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	111.834	268.722	380.556	111.834	394.865	506.700
2. Inflate Line 1 by Inflation Factor 1.02314081	114.422	274.940	389.362	114.422	404.003	518.425
3. Line 1 x 1.400 x Inflation Factor 1.03239713	115.457	277.428	392.885	115.457	407.658	523.115
4. Current Period Cost	109.088	262.173	371.261	109.088	369.254	478.342
5. Incentive Basis (line 3 - line 4)	6.370	15.254		6.370	38.404	
6. Allowed Current Period Costs (Min of line 3 or 4)	109.088	262.173	371.261	109.088	369.254	478.342
7. Incentive Line 5 x Oper 50% Res 50%	3.185	7.627	10.812	3.185	19.202	22.387
8. Incentive - Line 4 x Oper 10% Res 3%	10.909	7.865	18.774	10.909	11.078	21.986
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	3.185	7.627	10.812	3.185	11.078	14.262
10. Final Incentive	3.185	7.627	10.812	3.185	11.078	14.262
11. Current Period Base: (line 6 + line 10)	112.273	269.800	382.073	112.273	380.332	492.605
12. Plus: Property Rate Component			17.673			17.673
13. Plus: ROE/Use Rate			2.727			2.727
14. Total Current Period Base			402.473			513.004
15. Prospective Rate: Line 11 x Inflation (1.04870363)	117.741	282.941	400.681	117.741	398.856	516.596
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	117.741	282.941	400.681	117.741	398.856	516.596
19. Property Rate Component			17.673			17.673
20. ROE Component + ROE Interim Component			2.727			2.727
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			421.08			537.00
23. Medicaid Days			0		8.567	
24. Resident Days			0		8.567	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			3.42			4.32
28. Less Rate Freeze Amount (1.27909%)			5.60			7.07
29. Underpayment Adjustment			24.97			24.97
30. Final Per Diem After Adjustments			457.97			571.52



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

028037201 - 2013/10
RI:313.88 / NM:394.57

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

Provider Number: 028037201
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>298.23</u>	<u>313.88</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>370.54</u>	<u>394.57</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:
ANN STORCK CENTER
1790 SW 43RD WAY
FT. LAUDERDALE FL 33317

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028037201

Provider Name: **PEMBROKE PINES CLUSTER**
 Provider Number: 28037201
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,682	8,682
2. Operating Expenses Component			
A. Administration			375,865
B. Plant Operation			155,962
C. Laundry			32,500
D. Housekeeping			61,701
E. Operating Expense Component & Per Diem	72.1064	72.1064	626,028
3. Resident Care			
A. Dietary			129,056
B. Other			0
C. Nursing			635,086
D. Resident Care & Per Diem	88.0145	88.0145	764,142
4. Prop Exp & Per Diem	8.4881	8.4881	73,694
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,682.00	8,682.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,326,405.00	1,326,405.00
5. Direct Care Expense Per Diem	76.3882	152.7764	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,682	8,682
2. Additional Services	0	199,537	199,537
3. Additional Services Exp & Per Diem	22.9828	22.9828	
D. Medicaid Per Diem Cost			
1. Operating Component	72.1064	72.1064	626,028
2. Resident Care Component	187.3856	263.7738	2,290,084
3. Property Cost Component	8.4881	8.4881	73,694
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	267.9801	344.3683	2,989,806



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028037201 - 2013/10

RI: 313.88

NM: 394.57

PEMBROKE PINES CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.355	197.747	264.103	66.355	279.975	346.330
2. Inflate Line 1 by Inflation Factor 1.02291454	67.876	202.278	270.154	67.876	286.390	354.266
3. Line 1 x 1.400 x Inflation Factor 1.03208035	68.484	204.091	272.575	68.484	288.956	357.440
4. Current Period Cost	72.106	187.386	259.492	72.106	263.774	335.880
5. Incentive Basis (line 3 - line 4)	0.000	16.705		0.000	25.182	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.484	187.386	255.870	68.484	263.774	332.258
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.353	8.353	0.000	12.591	12.591
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.622	5.622	0.000	7.913	7.913
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.622	5.622	0.000	7.913	7.913
10. Final Incentive	0.000	5.622	5.622	0.000	7.913	7.913
11. Current Period Base: (line 6 + line 10)	68.484	193.007	261.491	68.484	271.687	340.171
12. Plus: Property Rate Component			8.488			8.488
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			269.979			348.659
15. Prospective Rate: Line 11 x Inflation (1.04690055)	71.696	202.059	273.755	71.696	284.429	356.125
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	71.696	202.059	273.755	71.696	284.429	356.125
19. Property Rate Component			8.488			8.488
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			282.24			364.61
23. Medicaid Days			0		8.682	
24. Resident Days			0		8.682	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.35			2.99
28. Less Rate Freeze Amount (1.27909%)			3.84			4.89
29. Underpayment Adjustment			16.88			16.88
30. Final Per Diem After Adjustments			313.88			394.57



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

028038101 - 2013/10
RI:245.58 / NM:295.78

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

Provider Number: 028038101
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>234.53</u>	<u>245.58</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>278.36</u>	<u>295.78</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028038101

Provider Name: **OCALA CLUSTER**
 Provider Number: 28038101
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,737	8,737
2. Operating Expenses Component			
A. Administration			389,868
B. Plant Operation			158,669
C. Laundry			50,208
D. Housekeeping			18,448
E. Operating Expense Component & Per Diem	70.6413	70.6413	617.193
3. Resident Care			
A. Dietary			150,726
B. Other			0
C. Nursing			299,606
D. Resident Care & Per Diem	51.5431	51.5431	450,332
4. Prop Exp & Per Diem	7.4625	7.4625	65,200
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,737.00	8,737.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	817,794.00	817,794.00
5. Direct Care Expense Per Diem	46.8006	93.6012	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,737	8,737
2. Additional Services	0	222,834	222,834
3. Additional Services Exp & Per Diem	25.5046	25.5046	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.6413	70.6413	617.193
2. Resident Care Component	123.8483	170.6490	1,490,960
3. Property Cost Component	7.4625	7.4625	65,200
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	201.9522	248.7528	2,173,353



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028038101 - 2013/10

RI: 245.58

NM: 295.78

OCALA CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.048	125.753	200.801	75.048	175.863	250.912
2. Inflate Line 1 by Inflation Factor 1.02291454	76.768	128.635	205.402	76.768	179.893	256.661
3. Line 1 x 1.400 x Inflation Factor 1.03208035	77.456	129.787	207.243	77.456	181.505	258.961
4. Current Period Cost	70.641	123.848	194.490	70.641	170.649	241.290
5. Incentive Basis (line 3 - line 4)	6.815	5.939		6.815	10.856	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.641	123.848	194.490	70.641	170.649	241.290
7. Incentive Line 5 x Oper 50% Res 50%	3.407	2.969	6.377	3.407	5.428	8.835
8. Incentive - Line 4 x Oper 10% Res 3%	7.064	3.715	10.780	7.064	5.119	12.184
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	3.407	2.969	6.377	3.407	5.119	8.527
10. Final Incentive	3.407	2.969	6.377	3.407	5.119	8.527
11. Current Period Base: (line 6 + line 10)	74.049	126.818	200.866	74.049	175.768	249.817
12. Plus: Property Rate Component			7.463			7.463
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			208.329			257.280
15. Prospective Rate: Line 11 x Inflation (1.04690055)	77.521	132.766	210.287	77.521	184.012	261.534
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.521	132.766	210.287	77.521	184.012	261.534
19. Property Rate Component			7.463			7.463
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			217.75			269.00
23. Medicaid Days			0		8.737	
24. Resident Days			0		8.737	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.85			2.25
28. Less Rate Freeze Amount (1.27909%)			3.03			3.68
29. Underpayment Adjustment			11.76			11.76
30. Final Per Diem After Adjustments			245.58			295.78



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

028040201 - 2013/10
RI:452.34 / NM:577.02

WILLIAMS ROAD CLUSTER

1923 Sarah Louise Drive
 Brandon FL 33510

Provider Number: 028040201
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>420.12</u>	<u>452.34</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>542.81</u>	<u>577.02</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

P.O. Box 1300
Apopka FL 327041300

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028040201

Provider Name: **WILLIAMS ROAD CLUSTER**
 Provider Number: 28040201
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	309	8,077	8,386
2. Operating Expenses Component			
A. Administration			611,052
B. Plant Operation			185,815
C. Laundry			44,249
D. Housekeeping			23,470
E. Operating Expense Component & Per Diem	103.0987	103.0987	864,586
3. Resident Care			
A. Dietary			160,976
B. Other			0
C. Nursing			1,043,537
D. Resident Care & Per Diem	143.6338	143.6338	1,204,513
4. Prop Exp & Per Diem	14.5898	14.5898	122,350
5. ROE/Use Per Diem	2.6513	2.6513	22,234
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	154.50	8,077.00	8,231.50
3. Staffing Percent	1.8769362	98.1230638	100.00
4. Allocation of Direct Care	34,353.84	1,795,961.16	1,830,315.00
5. Direct Care Expense Per Diem	111.1775	222.3550	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	309	8,077	8,386
2. Additional Services	4,966	129,808	134,774
3. Additional Services Exp & Per Diem	16.0712	16.0713	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	103.0987	103.0987	864,586
2. Resident Care Component	270.8825	382.0601	3,169,602
3. Property Cost Component	14.5898	14.5898	122,350
4. ROE/Use Allow Component	2.6513	2.6513	22,234
5 Total Cost Per Diem	391.2223	502.3999	4,178,772



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028040201 - 2013/10

RI: 452.34

NM: 577.02

WILLIAMS ROAD CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	109.431	264.860	374.291	109.431	393.694	503.125
2. Inflate Line 1 by Inflation Factor 1.02314081	111.964	270.989	382.952	111.964	402.804	514.768
3. Line 1 x 1.400 x Inflation Factor 1.03239713	112.977	273.440	386.417	112.977	406.448	519.425
4. Current Period Cost	103.099	270.882	373.981	103.099	382.060	485.159
5. Incentive Basis (line 3 - line 4)	9.878	2.558		9.878	24.388	
6. Allowed Current Period Costs (Min of line 3 or 4)	103.099	270.882	373.981	103.099	382.060	485.159
7. Incentive Line 5 x Oper 50% Res 50%	4.939	1.279	6.218	4.939	12.194	17.133
8. Incentive - Line 4 x Oper 10% Res 3%	10.310	8.126	18.436	10.310	11.462	21.772
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	4.939	1.279	6.218	4.939	11.462	16.401
10. Final Incentive	4.939	1.279	6.218	4.939	11.462	16.401
11. Current Period Base: (line 6 + line 10)	108.038	272.161	380.199	108.038	393.522	501.560
12. Plus: Property Rate Component			14.590			14.590
13. Plus: ROE/Use Rate			2.651			2.651
14. Total Current Period Base			397.440			518.801
15. Prospective Rate: Line 11 x Inflation (1.04870363)	113.300	285.417	398.716	113.300	412.688	525.987
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	113.300	285.417	398.716	113.300	412.688	525.987
19. Property Rate Component			14.590			14.590
20. ROE Component + ROE Interim Component			2.651			2.651
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			415.96			543.23
23. Medicaid Days			309			8.077
24. Resident Days			309			8.077
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			3.39			4.37
28. Less Rate Freeze Amount (1.27909%)			5.54			7.15
29. Underpayment Adjustment			24.36			24.36
30. Final Per Diem After Adjustments			452.34			577.02



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

028041101 - 2013/10
RI:383.23 / NM:473.38

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

Provider Number: 028041101
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	365.63	383.23	10/1/2013
#8 Non-Ambulatory & #9 Medical	445.63	473.38	10/1/2013

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue
 Miami FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028041101

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,774	8,774
2. Operating Expenses Component:			
A. Administration			548,560
B. Plant Operation			296,848
C. Laundry			33,402
D. Housekeeping			39,236
E. Operating Expense Component & Per Diem	104.6326	104.6326	918.046
3. Resident Care			
A. Dietary			160,961
B. Other			0
C. Nursing			796,901
D. Resident Care & Per Diem	109.1705	109.1705	957,862
4. Prop Exp & Per Diem	38.1885	38.1885	335.066
5. ROE/Use Per Diem	1.2042	1.2042	10,566
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,774.00	8,774.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,542,294.00	1,542,294.00
5. Direct Care Expense Per Diem	87.8900	175.7800	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,774	8,774
2. Additional Services	0	87,675	87,675
3. Additional Services Exp & Per Diem	9.9926	9.9926	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	104.6326	104.6326	918,046
2. Resident Care Component	207.0531	294.9431	2,587,831
3. Property Cost Component	38.1885	38.1885	335,066
4. ROE/Use Allow Component	1.2042	1.2042	10,566
5 Total Cost Per Diem	351.0784	438.9684	3,851,509



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028041101 - 2013/10

RI: 383.23

NM: 473.38

MCP 80th Street

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.249	206.039	290.289	84.249	291.230	375.479
2. Inflate Line 1 by Inflation Factor 1.02291454	86.180	210.761	296.941	86.180	297.903	384.083
3. Line 1 x 1.400 x Inflation Factor 1.03208035	86.952	212.649	299.601	86.952	300.573	387.525
4. Current Period Cost	104.633	207.053	311.686	104.633	294.943	399.576
5. Incentive Basis (line 3 - line 4)	0.000	5.596		0.000	5.629	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.952	207.053	294.005	86.952	294.943	381.895
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.798	2.798	0.000	2.815	2.815
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.212	6.212	0.000	8.848	8.848
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	2.798	2.798	0.000	2.815	2.815
10. Final Incentive	0.000	2.798	2.798	0.000	2.815	2.815
11. Current Period Base: (line 6 + line 10)	86.952	209.851	296.803	86.952	297.758	384.710
12. Plus: Property Rate Component			38.189			38.189
13. Plus: ROE/Use Rate			1.204			1.204
14. Total Current Period Base			336.196			424.103
15. Prospective Rate: Line 11 x Inflation (1.04690055)	91.030	219.693	310.724	91.030	311.723	402.753
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	91.030	219.693	310.724	91.030	311.723	402.753
19. Property Rate Component			38.189			38.189
20. ROE Component + ROE Interim Component			1.204			1.204
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			350.12			442.15
23. Medicaid Days			0			8.774
24. Resident Days			0			8.774
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.88			3.59
28. Less Rate Freeze Amount (1.27909%)			4.70			5.87
29. Underpayment Adjustment			19.74			19.74
30. Final Per Diem After Adjustments			383.23			473.38



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

028045301 - 2013/10
RI:410.03 / NM:499.37

MCP Braddock
 14400 SW 32nd Street
 Miami, FL 33175

Provider Number: 028045301
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>391.73</u>	<u>410.03</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>470.31</u>	<u>499.37</u>	<u>10/1/2013</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue
Miami, FL

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028045301

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,502	8,502
2. Operating Expenses Component			
A. Administration			542,530
B. Plant Operation			283,237
C. Laundry			33,650
D. Housekeeping			34,077
E. Operating Expense Component & Per Diem	105.0922	105.0922	893,494
3. Resident Care			
A. Dietary			149,028
B. Other			0
C. Nursing			1,031,296
D. Resident Care & Per Diem	138.8290	138.8290	1,180,324
4. Prop Exp & Per Diem	40.8509	40.8509	347,314
5. ROE/Use Per Diem	0.6862	0.6862	5,834
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,502.00	8,502.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,550,250.00	1,550,250.00
5. Direct Care Expense Per Diem	91.1697	182.3394	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,502	8,502
2. Additional Services	0	85,663	85,663
3. Additional Services Exp & Per Diem	10.0756	10.0756	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	105.0922	105.0922	893,494
2. Resident Care Component	240.0743	331.2441	2,816,237
3. Property Cost Component	40.8509	40.8509	347,314
4. ROE/Use Allow Component	0.6862	0.6862	5,834
5 Total Cost Per Diem	386.7036	477.8733	4,062,879



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028045301 - 2013/10

RI: 410.03

NM: 499.37

MCP Braddock

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.282	227.759	310.042	82.282	312.167	394.450
2. Inflate Line 1 by Inflation Factor 1.02291454	84.168	232.978	317.146	84.168	319.321	403.488
3. Line 1 x 1.400 x Inflation Factor 1.03208035	84.922	235.066	319.988	84.922	322.182	407.104
4. Current Period Cost	105.092	240.074	345.167	105.092	331.244	436.336
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	84.922	235.066	319.988	84.922	322.182	407.104
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)	84.922	235.066	319.988	84.922	322.182	407.104
12. Plus: Property Rate Component			40.851			40.851
13. Plus: ROE/Use Rate			0.686			0.686
14. Total Current Period Base			361.525			448.641
15. Prospective Rate: Line 11 x Inflation (1.04690055)	88.905	246.091	334.995	88.905	337.292	426.197
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	88.905	246.091	334.995	88.905	337.292	426.197
19. Property Rate Component			40.851			40.851
20. ROE Component + ROE Interim Component			0.686			0.686
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			376.53			467.73
23. Medicaid Days			0		8.502	
24. Resident Days			0		8.502	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			3.08			3.79
28. Less Rate Freeze Amount (1.27909%)			5.04			6.20
29. Underpayment Adjustment			20.67			20.67
30. Final Per Diem After Adjustments			410.03			499.37



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

028046101 - 2013/10
RI:404.11 / NM:495.65

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

Provider Number: 028046101
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>385.52</u>	<u>404.11</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>466.42</u>	<u>495.65</u>	<u>10/1/2013</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue
Miami FL 33125

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028046101

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,676	8,676
2. Operating Expenses Component:			
A. Administration			541,107
B. Plant Operation			281,649
C. Laundry			32,619
D. Housekeeping			34,748
E. Operating Expense Component & Per Diem	102.5960	102.5960	890,123
3. Resident Care			
A. Dietary			167,821
B. Other			0
C. Nursing			1,000,067
D. Resident Care & Per Diem	134.6113	134.6113	1,167,888
4. Prop Exp & Per Diem	38.8111	38.8111	336,725
5. ROE/Use Per Diem	0.9353	0.9353	8,115
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,676.00	8,676.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,558,908.00	1,558,908.00
5. Direct Care Expense Per Diem	89.8402	179.6805	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,584	8,584
2. Additional Services	0	82,825	82,825
3. Additional Services Exp & Per Diem	9.6488	9.6488	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	102.5960	102.5960	890,123
2. Resident Care Component	234.1004	323.9406	2,809,621
3. Property Cost Component	38.8111	38.8111	336,725
4. ROE/Use Allow Component	0.9353	0.9353	8,115
5 Total Cost Per Diem	376.4428	466.2830	4,044,584



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028046101 - 2013/10

RI: 404.11

NM: 495.65

MCP 2nd Street

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.898	223.001	305.899	82.898	309.493	392.391
2. Inflate Line 1 by Inflation Factor 1.02291454	84.798	228.111	312.909	84.798	316.585	401.383
3. Line 1 x 1.400 x Inflation Factor 1.03208035	85.558	230.155	315.712	85.558	319.422	404.979
4. Current Period Cost	102.596	234.100	336.696	102.596	323.941	426.537
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	85.558	230.155	315.712	85.558	319.422	404.979
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	85.558	230.155	315.712	85.558	319.422	404.979
12. Plus: Property Rate Component			38.811			38.811
13. Plus: ROE/Use Rate			0.935			0.935
14. Total Current Period Base			355.459			444.726
15. Prospective Rate: Line 11 x Inflation (1.04690055)	89.570	240.949	330.519	89.570	334.403	423.973
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	89.570	240.949	330.519	89.570	334.403	423.973
19. Property Rate Component			38.811			38.811
20. ROE Component + ROE Interim Component			0.935			0.935
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			370.27			463.72
23. Medicaid Days			0		8,584	
24. Resident Days			0		8,676	
25. Medicaid Utilization		NA			98.94%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			3.03			3.76
28. Less Rate Freeze Amount (1.27909%)			4.96			6.14
29. Underpayment Adjustment			20.88			20.88
30. Final Per Diem After Adjustments			404.11			495.65



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

028048801 - 2013/10
RI:383.37 / NM:472.89

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

Provider Number: 028048801
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>365.92</u>	<u>383.37</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>445.30</u>	<u>472.89</u>	<u>10/1/2013</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue
Miami FL 33125

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028048801

Provider Name: **MCP Sunset**
 Provider Number: 28048801
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,627	8,627
2. Operating Expenses Component			
A. Administration			537,331
B. Plant Operation			283,611
C. Laundry			30,999
D. Housekeeping			29,614
E. Operating Expense Component & Per Diem	102.1856	102.1856	881,555
3. Resident Care			
A. Dietary			154,061
B. Other			0
C. Nursing			876,792
D. Resident Care & Per Diem	119.4915	119.4915	1,030,853
4. Prop Exp & Per Diem	40.5854	40.5854	350,130
5. ROE/Use Per Diem	0.9695	0.9695	8,364
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,627.00	8,627.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,495,093.00	1,495,093.00
5. Direct Care Expense Per Diem	86.6520	173.3039	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,627	8,627
2. Additional Services	0	103,812	103,812
3. Additional Services Exp & Per Diem	12.0334	12.0334	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	102.1856	102.1856	881,555
2. Resident Care Component	218.1768	304.8288	2,629,758
3. Property Cost Component	40.5854	40.5854	350,130
4. ROE/Use Allow Component	0.9695	0.9695	8,364
5 Total Cost Per Diem	361.9173	448.5693	3,869,807



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028048801 - 2013/10

RI: 383.37

NM: 472.89

MCP Sunset

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.002	202.833	285.835	83.002	287.414	370.416
2. Inflate Line 1 by Inflation Factor 1.02291454	84.904	207.481	292.385	84.904	294.000	378.904
3. Line 1 x 1.400 x Inflation Factor 1.03208035	85.665	209.340	295.005	85.665	296.635	382.299
4. Current Period Cost	102.186	218.177	320.362	102.186	304.829	407.014
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	85.665	209.340	295.005	85.665	296.635	382.299
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	85.665	209.340	295.005	85.665	296.635	382.299
12. Plus: Property Rate Component			40.585			40.585
13. Plus: ROE/Use Rate			0.970			0.970
14. Total Current Period Base			336.560			423.854
15. Prospective Rate: Line 11 x Inflation (1.04690055)	89.682	219.159	308.841	89.682	310.547	400.230
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	89.682	219.159	308.841	89.682	310.547	400.230
19. Property Rate Component			40.585			40.585
20. ROE Component + ROE Interim Component			0.970			0.970
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			350.40			441.78
23. Medicaid Days			0		8.627	
24. Resident Days			0		8.627	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.88			3.59
28. Less Rate Freeze Amount (1.27909%)			4.71			5.87
29. Underpayment Adjustment			19.61			19.61
30. Final Per Diem After Adjustments			383.37			472.89



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

028049601 - 2013/10
RI:332.68 / NM:438.91

DORCHESTER CLUSTER

3201 Ginger Drive
 Tallahassee FL 32308

Provider Number: 028049601
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>308.85</u>	<u>332.68</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>413.38</u>	<u>438.91</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028049601

Provider Name: **DORCHESTER CLUSTER**
 Provider Number: 28049601
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	732	7,516	8,248
2. Operating Expenses Component:			
A. Administration			348,287
B. Plant Operation			199,187
C. Laundry			9,040
D. Housekeeping			9,350
E. Operating Expense Component & Per Diem	68.6062	68.6062	565,864
3. Resident Care			
A. Dietary			141,201
B. Other			114,491
C. Nursing			472,699
D. Resident Care & Per Diem	88.3112	88.3112	728,391
4. Prop Exp & Per Diem	14.6136	14.6136	120,533
5. ROE/Use Per Diem	1.0417	1.0417	8,592
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	366.00	7,516.00	7,882.00
3. Staffing Percent	4.6434915	95.3565085	100.00
4. Allocation of Direct Care	75,945.79	1,559,586.21	1,635,532.00
5. Direct Care Expense Per Diem	103.7511	207.5022	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	732	7,516	8,248
2. Additional Services	5,471	56,186	61,657
3. Additional Services Exp & Per Diem	7,4740	7,4755	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	68.6062	68.6062	565,864
2. Resident Care Component	199.5363	303.2889	2,425,580
3. Property Cost Component	14.6136	14.6136	120,533
4. ROE/Use Allow Component	1.0417	1,0417	8,592
5 Total Cost Per Diem	283.7979	387.5504	3,120,569



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028049601 - 2013/10

RI: 332.68

NM: 438.91

DORCHESTER CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.303	196.208	267.511	71.303	296.407	367.710
2. Inflate Line 1 by Inflation Factor 1.02291454	72.937	200.704	273.641	72.937	303.199	376.136
3. Line 1 x 1.400 x Inflation Factor 1.03208035	73.590	202.503	276.093	73.590	305.916	379.507
4. Current Period Cost	68.606	199.536	268.143	68.606	303.289	371.895
5. Incentive Basis (line 3 - line 4)	4.984	2.966		4.984	2.627	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.606	199.536	268.143	68.606	303.289	371.895
7. Incentive Line 5 x Oper 50% Res 50%	2.492	1.483	3.975	2.492	1.314	3.806
8. Incentive - Line 4 x Oper 10% Res 3%	6.861	5.986	12.847	6.861	9.099	15.959
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	2.492	1.483	3.975	2.492	1.314	3.806
10. Final Incentive	2.492	1.483	3.975	2.492	1.314	3.806
11. Current Period Base: (line 6 + line 10)	71.098	201.019	272.118	71.098	304.603	375.701
12. Plus: Property Rate Component			14.614			14.614
13. Plus: ROE/Use Rate			1.042			1.042
14. Total Current Period Base			287.773			391.356
15. Prospective Rate: Line 11 x Inflation (1.04690055)	74.433	210.447	284.880	74.433	318.889	393.321
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.433	210.447	284.880	74.433	318.889	393.321
19. Property Rate Component			14.614			14.614
20. ROE Component + ROE Interim Component			1.042			1.042
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			300.54			408.98
23. Medicaid Days			732			7,516
24. Resident Days			732			7,516
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.49			3.33
28. Less Rate Freeze Amount (1.27909%)			4.08			5.45
29. Underpayment Adjustment			17.76			17.76
30. Final Per Diem After Adjustments			332.68			438.91



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

028054200 - 2013/10
RI:354.70 / NM:0.00

SUFFRIDGE DRIVE GROUP HOME
 27566 Suffridge Drive
 Bonita Springs FL 34135

Provider Number: 028054200
 Date: 10/25/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>334.17</u>	<u>354.70</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028054200

Provider Name: **SUFFRIDGE DRIVE GROUP HOME**
 Provider Number: 28054200
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			134,558
B. Plant Operation			28,557
C. Laundry			826
D. Housekeeping			2,311
E. Operating Expense Component & Per Diem	75.7067	0.0000	166,252
3. Resident Care			
A. Dietary			28,518
B. Other			0
C. Nursing			47,961
D. Resident Care & Per Diem	34.8265	0.0000	76,479
4. Prop Exp & Per Diem	19.2814	0.0000	42,342
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	337,614.00		337,614.00
5. Direct Care Expense Per Diem	153.7404		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	46,988		46,988
3. Additional Services Exp & Per Diem	21.3971		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	75.7067		166,252
2. Resident Care Component	209.9640		461,081
3. Property Cost Component	19.2814		42,342
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	304.9522		669,675



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028054200 - 2013/10

RI: 354.70

NM: 0.00

SUFFRIDGE DRIVE GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.603	210.747	292.350			
2. Inflate Line 1 by Inflation Factor 1.02291454	83.473	215.576	299.049			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	84.221	217.508	301.729			
4. Current Period Cost	75.707	209.964	285.671			
5. Incentive Basis (line 3 - line 4)	8.515	7.544		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.707	209.964	285.671			
7. Incentive Line 5 x Oper 50% Res 50%	4.257	3.772	8.029	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.571	6.299	13.870	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	4.257	3.772	8.029	0.000	0.000	0.000
10. Final Incentive	4.257	3.772	8.029	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.964	213.736	293.700	0.000	0.000	0.000
12. Plus: Property Rate Component			19.281			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			312.981			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	83.714	223.760	307.475	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.714	223.760	307.475	0.000	0.000	0.000
19. Property Rate Component			19.281			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			326.76			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.69			0.00
28. Less Rate Freeze Amount (1.27909%)			4.41			0.00
29. Underpayment Adjustment			14.10			0.00
30. Final Per Diem After Adjustments			354.70			0.00



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

028056900 - 2013/10
RI:371.59 / NM:0.00

ROSEWOOD GROUP HOME

71 Rosewood Avenue
 Ormand Beach FL 32174

Provider Number: 028056900
 Date: 10/25/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>350.09</u>	<u>371.59</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective 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) 04/2013 to 10/2013

028056900

Provider Name: **ROSEWOOD GROUP HOME**
 Provider Number: 28056900
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,642	0	1,642
2. Operating Expenses Component			
A. Administration			119,808
B. Plant Operation			25,447
C. Laundry			1,232
D. Housekeeping			2,675
E. Operating Expense Component & Per Diem	90.8417	0.0000	149,162
3. Resident Care			
A. Dietary			20,910
B. Other			0
C. Nursing			13,536
D. Resident Care & Per Diem	20.9781	0.0000	34,446
4. Prop Exp & Per Diem	24.9537	0.0000	40,974
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,231.50		1,231.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	213.039.00		213.039.00
5. Direct Care Expense Per Diem	129.7436		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,642		1,642
2. Additional Services	99,804		99,804
3. Additional Services Exp & Per Diem	60.7820		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	90.8417		149,162
2. Resident Care Component	211.5037		347,289
3. Property Cost Component	24.9537		40,974
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	327.2990		537,425



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028056900 - 2013/10

RI: 371.59

NM: 0.00

ROSEWOOD GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.463	218.841	302.305			
2. Inflate Line 1 by Inflation Factor 1.02291454	85.376	223.856	309.232			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	86.141	225.862	312.003			
4. Current Period Cost	90.842	211.504	302.345			
5. Incentive Basis (line 3 - line 4)	0.000	14.358		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.141	211.504	297.644			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	7.179	7.179	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.345	6.345	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	6.345	6.345	0.000	0.000	0.000
10. Final Incentive	0.000	6.345	6.345	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	86.141	217.849	303.989	0.000	0.000	0.000
12. Plus: Property Rate Component			24.954			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			328.943			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	90.181	228.066	318.247	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	90.181	228.066	318.247	0.000	0.000	0.000
19. Property Rate Component			24.954			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			343.20			0.00
23. Medicaid Days		1,642			0	
24. Resident Days		1,642			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.82			0.00
28. Less Rate Freeze Amount (1.27909%)			4.62			0.00
29. Underpayment Adjustment			14.88			0.00
30. Final Per Diem After Adjustments			371.59			0.00



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

028057700 - 2013/10
RI:288.03 / NM:0.00

PLAZA OVAL GROUP HOME
 247 Plaza Oval
 Casselberry FL 32707

Provider Number: 028057700
 Date: 10/25/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>270.65</u>	<u>288.03</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028057700

Provider Name: **PLAZA OVAL GROUP HOME**
 Provider Number: 28057700
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			120,256
B. Plant Operation			33,603
C. Laundry			412
D. Housekeeping			2,510
E. Operating Expense Component & Per Diem	71.3939	0.0000	156,781
3. Resident Care			
A. Dietary			23,993
B. Other			0
C. Nursing			12,729
D. Resident Care & Per Diem	16.7222	0.0000	36,722
4. Prop Exp & Per Diem	14.3352	0.0000	31,480
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	213,500.00		213,500.00
5. Direct Care Expense Per Diem	97.2222		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	89,433		89,433
3. Additional Services Exp & Per Diem	40.7254		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	71.3939		156,781
2. Resident Care Component	154.6699		339,655
3. Property Cost Component	14.3352		31,480
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	240.3989		527,916



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028057700 - 2013/10
RI: 288.03
NM: 0.00

PLAZA OVAL GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.532	168.261	246.793			
2. Inflate Line 1 by Inflation Factor 1.02291454	80.331	172.117	252.448			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	81.051	173.659	254.710			
4. Current Period Cost	71.394	154.670	226.064			
5. Incentive Basis (line 3 - line 4)	9.657	18.989		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.394	154.670	226.064			
7. Incentive Line 5 x Oper 50% Res 50%	4.829	9.495	14.323	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.139	4.640	11.779	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	4.829	4.640	9.469	0.000	0.000	0.000
10. Final Incentive	4.829	4.640	9.469	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	76.222	159.310	235.532	0.000	0.000	0.000
12. Plus: Property Rate Component			14.335			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			249.868			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	79.797	166.782	246.579	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.797	166.782	246.579	0.000	0.000	0.000
19. Property Rate Component			14.335			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			260.91			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.18			0.00
28. Less Rate Freeze Amount (1.27909%)			3.57			0.00
29. Underpayment Adjustment			11.92			0.00
30. Final Per Diem After Adjustments			288.03			0.00



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

028059300 - 2013/10
RI:256.87 / NM:0.00

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

Provider Number: 028059300
 Date: 10/25/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>241.42</u>	<u>256.87</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028059300

Provider Name: **Sunrise 146th Place**
 Provider Number: 28059300
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,132	0	2,132
2. Operating Expenses Component			
A. Administration			60,469
B. Plant Operation			29,368
C. Laundry			944
D. Housekeeping			1,215
E. Operating Expense Component & Per Diem	43,150.1	0.0000	91,996
3. Resident Care			
A. Dietary			14,697
B. Other			43,740
C. Nursing			1,552
D. Resident Care & Per Diem	28,137.4	0.0000	59,989
4. Prop Exp & Per Diem	13,120.5	0.0000	27,973
5. ROE/Use Per Diem	0.0722	0.0000	154
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,599.00		1,599.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	265,143.00		265,143.00
5. Direct Care Expense Per Diem	124.3635		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,132		2,132
2. Additional Services	11,672		11,672
3. Additional Services Exp & Per Diem	5,474.7		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	43,150.1		91,996
2. Resident Care Component	157,975.6		336,804
3. Property Cost Component	13,120.5		27,973
4. ROE/Use Allow Component	0.0722		154
5 Total Cost Per Diem	214,318.5		456,927



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028059300 - 2013/10

RI: 256.87

NM: 0.00

Sunrise 146th Place

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.305	163.359	208.664			
2. Inflate Line 1 by Inflation Factor 1.02291454	46.343	167.102	213.445			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	46.758	168.600	215.358			
4. Current Period Cost	43.150	157.976	201.126			
5. Incentive Basis (line 3 - line 4)	3.608	10.624		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.150	157.976	201.126			
7. Incentive Line 5 x Oper 50% Res 50%	1.804	5.312	7.116	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.315	4.739	9.054	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	1.804	4.739	6.543	0.000	0.000	0.000
10. Final Incentive	1.804	4.739	6.543	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	44.954	162.715	207.669	0.000	0.000	0.000
12. Plus: Property Rate Component			13.121			0.000
13. Plus: ROE/Use Rate			0.072			0.000
14. Total Current Period Base			220.862			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	47.062	170.346	217.409	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	47.062	170.346	217.409	0.000	0.000	0.000
19. Property Rate Component			13.121			0.000
20. ROE Component + ROE Interim Component			0.072			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			230.60			0.00
23. Medicaid Days		2,132			0	
24. Resident Days		2,132			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.95			0.00
28. Less Rate Freeze Amount (1.27909%)			3.19			0.00
29. Underpayment Adjustment			10.46			0.00
30. Final Per Diem After Adjustments			256.87			0.00



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

028060700 - 2013/10
RI:323.56 / NM:359.38

Walnut Street Group Home
 102 Alexander Road
 Starke FL 32091

Provider Number: 028060700
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>303.70</u>	<u>323.56</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>338.95</u>	<u>359.38</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028060700

Provider Name: **Walnut Street Group Home**
 Provider Number: 28060700
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,830	366	2,196
2. Operating Expenses Component			
A. Administration			129,074
B. Plant Operation			27,446
C. Laundry			1,266
D. Housekeeping			4,132
E. Operating Expense Component & Per Diem	73.7332	73.7332	161,918
3. Resident Care			
A. Dietary			26,073
B. Other			0
C. Nursing			20,487
D. Resident Care & Per Diem	21.2022	21.2022	46,560
4. Prop Exp & Per Diem	17.9171	17.9171	39,346
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	186,150.00	49,640.00	235,790.00
5. Direct Care Expense Per Diem	101.7213	135.6284	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	105,155	21,035	126,190
3. Additional Services Exp & Per Diem	57.4617	57.4727	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	73.7332	73.7332	161,918
2. Resident Care Component	180.3852	214.3033	408,540
3. Property Cost Component	17.9171	17.9171	39,346
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	272.0355	305.9536	609,804



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

028060700 - 2013/10

RI: 323.56

NM: 359.38

Walnut Street Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.682	187.557	269.239	81.682	223.523	305.205
2. Inflate Line 1 by Inflation Factor 1.02291454	83.554	191.854	275.408	83.554	228.645	312.199
3. Line 1 x 1.400 x Inflation Factor 1.03208035	84.303	193.573	277.876	84.303	230.693	314.996
4. Current Period Cost	73.733	180.385	254.118	73.733	214.303	288.036
5. Incentive Basis (line 3 - line 4)	10.569	13.188		10.569	16.390	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.733	180.385	254.118	73.733	214.303	288.036
7. Incentive Line 5 x Oper 50% Res 50%	5.285	6.594	11.879	5.285	8.195	13.480
8. Incentive - Line 4 x Oper 10% Res 3%	7.373	5.412	12.785	7.373	6.429	13.802
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	5.285	5.412	10.696	5.285	6.429	11.714
10. Final Incentive	5.285	5.412	10.696	5.285	6.429	11.714
11. Current Period Base: (line 6 + line 10)	79.018	185.797	264.815	79.018	220.732	299.750
12. Plus: Property Rate Component			17.917			17.917
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			282.732			317.667
15. Prospective Rate: Line 11 x Inflation (1.04690055)	82.724	194.511	277.235	82.724	231.085	313.809
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	82.724	194.511	277.235	82.724	231.085	313.809
19. Property Rate Component			17.917			17.917
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			295.15			331.73
23. Medicaid Days		1,830			366	
24. Resident Days		1,830			366	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.45			2.73
28. Less Rate Freeze Amount (1.27909%)			4.01			4.47
29. Underpayment Adjustment			13.91			13.91
30. Final Per Diem After Adjustments			323.56			359.38



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

028061500 - 2013/10
RI:276.81 / NM:309.23

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

Provider Number: 028061500
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>259.35</u>	<u>276.81</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>291.25</u>	<u>309.23</u>	<u>10/1/2013</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028061500

Provider Name: **Spring Street Group Home**
 Provider Number: 28061500
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,464	732	2,196
2. Operating Expenses Component			
A. Administration			122,800
B. Plant Operation			25,394
C. Laundry			1,412
D. Housekeeping			4,747
E. Operating Expense Component & Per Diem	70,2883	70,2883	154,353
3. Resident Care			
A. Dietary			22,827
B. Other			0
C. Nursing			15,672
D. Resident Care & Per Diem	17,5314	17,5314	38,499
4. Prop Exp & Per Diem	18,9654	18,9654	41,648
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	134,817.00	89,878.00	224,695.00
5. Direct Care Expense Per Diem	92.0881	122.7842	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	49,996	24,994	74,990
3. Additional Services Exp & Per Diem	34,1503	34,1448	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70,2883	70,2883	154,353
2. Resident Care Component	143,7698	174,4604	338,184
3. Property Cost Component	18,9654	18,9654	41,648
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	233.0235	263.7140	534,185



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028061500 - 2013/10

RI: 276.81

NM: 309.23

Spring Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.974	157.760	228.735	70.974	191.192	262.166
2. Inflate Line 1 by Inflation Factor 1.02291454	72.601	161.375	233.976	72.601	195.573	268.174
3. Line 1 x 1.400 x Inflation Factor 1.03208035	73.251	162.821	236.073	73.251	197.325	270.577
4. Current Period Cost	70.288	143.770	214.058	70.288	174.460	244.749
5. Incentive Basis (line 3 - line 4)	2.963	19.051		2.963	22.865	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.288	143.770	214.058	70.288	174.460	244.749
7. Incentive Line 5 x Oper 50% Res 50%	1.482	9.526	11.007	1.482	11.432	12.914
8. Incentive - Line 4 x Oper 10% Res 3%	7.029	4.313	11.342	7.029	5.234	12.263
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	1.482	4.313	5.795	1.482	5.234	6.715
10. Final Incentive	1.482	4.313	5.795	1.482	5.234	6.715
11. Current Period Base: (line 6 + line 10)	71.770	148.083	219.853	71.770	179.694	251.464
12. Plus: Property Rate Component			18.965			18.965
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			238.818			270.429
15. Prospective Rate: Line 11 x Inflation (1.04690055)	75.136	155.028	230.164	75.136	188.122	263.258
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.136	155.028	230.164	75.136	188.122	263.258
19. Property Rate Component			18.965			18.965
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			249.13			282.22
23. Medicaid Days		1,464			732	
24. Resident Days		1,464			732	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.09			2.35
28. Less Rate Freeze Amount (1.27909%)			3.42			3.84
29. Underpayment Adjustment			12.25			12.25
30. Final Per Diem After Adjustments			276.81			309.23



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

028062300 - 2013/10
RI:268.58 / NM:311.38

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

Provider Number: 028062300
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>251.60</u>	<u>268.58</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>293.71</u>	<u>311.38</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33170

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028062300

Provider Name: **Sunrise 119th Street Group Home**
 Provider Number: 28062300
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,464	732	2,196
2. Operating Expenses Component			
A. Administration			67,293
B. Plant Operation			25,588
C. Laundry			1,088
D. Housekeeping			2,147
E. Operating Expense Component & Per Diem	43.7687	43.7687	96.116
3. Resident Care			
A. Dietary			15,830
B. Other			52,997
C. Nursing			8,921
D. Resident Care & Per Diem	35.4044	35.4044	77,748
4. Prop Exp & Per Diem	19.4850	19.4850	42,789
5. ROE/Use Per Diem	0.0205	0.0205	45
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	177,948.00	118,632.00	296,580.00
5. Direct Care Expense Per Diem	121.5492	162.0656	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	5,891	2,945	8,836
3. Additional Services Exp & Per Diem	4.0239	4.0232	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	43.7687	43.7687	96.116
2. Resident Care Component	160.9775	201.4932	383.164
3. Property Cost Component	19.4850	19.4850	42.789
4. ROE/Use Allow Component	0.0205	0.0205	45
5 Total Cost Per Diem	224.2516	264.7673	522,114



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028062300 - 2013/10
RI: 268.58
NM: 311.38

Sunrise 119th Street Group Home

Ownership: Private [3]

Incentive Rating: Eligible [2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	46.429	171.971	218.399	46.429	215.407	261.836
2. Inflate Line 1 by Inflation Factor 1.02291454	47.493	175.911	223.404	47.493	220.343	267.836
3. Line 1 x 1.400 x Inflation Factor 1.03208035	47.918	177.488	225.406	47.918	222.317	270.236
4. Current Period Cost	43.769	160.977	204.746	43.769	201.493	245.262
5. Incentive Basis (line 3 - line 4)	4.150	16.510		4.150	20.824	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.769	160.977	204.746	43.769	201.493	245.262
7. Incentive Line 5 x Oper 50% Res 50%	2.075	8.255	10.330	2.075	10.412	12.487
8. Incentive - Line 4 x Oper 10% Res 3%	4.377	4.829	9.206	4.377	6.045	10.422
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	2.075	4.829	6.904	2.075	6.045	8.120
10. Final Incentive	2.075	4.829	6.904	2.075	6.045	8.120
11. Current Period Base: (line 6 + line 10)	45.843	165.807	211.650	45.843	207.538	253.381
12. Plus: Property Rate Component			19.485			19.485
13. Plus: ROE/Use Rate			0.020			0.020
14. Total Current Period Base			231.156			272.887
15. Prospective Rate: Line 11 x Inflation (1.04690055)	47.994	173.583	221.577	47.994	217.272	265.265
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	47.994	173.583	221.577	47.994	217.272	265.265
19. Property Rate Component			19.485			19.485
20. ROE Component + ROE Interim Component			0.020			0.020
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			241.08			284.77
23. Medicaid Days			1,464			732
24. Resident Days			1,464			732
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.03			2.37
28. Less Rate Freeze Amount (1.27909%)			3.32			3.88
29. Underpayment Adjustment			11.90			11.90
30. Final Per Diem After Adjustments			268.58			311.38



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

028063100 - 2013/10
RI:297.35 / NM:330.75

Bessent Road Group Home
 1329 Bessent Road
 Starke FL 32091

Provider Number: 028063100
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>279.08</u>	<u>297.35</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>311.96</u>	<u>330.75</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028063100

Provider Name: **Bessent Road Group Home**
 Provider Number: 28063100
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,830	366	2,196
2. Operating Expenses Component			
A. Administration			122,479
B. Plant Operation			28,953
C. Laundry			1,028
D. Housekeeping			3,924
E. Operating Expense Component & Per Diem	71.2131	71.2131	156,384
3. Resident Care			
A. Dietary			21,019
B. Other			0
C. Nursing			19,572
D. Resident Care & Per Diem	18.4841	18.4841	40,591
4. Prop Exp & Per Diem	13.0082	13.0082	28,566
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	170,063.68	45,350.32	215,414.00
5. Direct Care Expense Per Diem	92.9310	123.9080	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	99,274	19,858	119,132
3. Additional Services Exp & Per Diem	54,2481	54,2568	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	71.2131	71.2131	156,384
2. Resident Care Component	165.6631	196.6489	375,137
3. Property Cost Component	13.0082	13.0082	28,566
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	249.8844	280.8702	560,087



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028063100 - 2013/10
RI: 297.35
NM: 330.75

Bessent Road Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.738	168.875	245.613	76.738	202.383	279.121
2. Inflate Line 1 by Inflation Factor 1.02291454	78.497	172.745	251.241	78.497	207.020	285.517
3. Line 1 x 1.400 x Inflation Factor 1.03208035	79.200	174.293	253.493	79.200	208.875	288.075
4. Current Period Cost	71.213	165.663	236.876	71.213	196.649	267.862
5. Incentive Basis (line 3 - line 4)	7.987	8.630		7.987	12.226	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.213	165.663	236.876	71.213	196.649	267.862
7. Incentive Line 5 x Oper 50% Res 50%	3.993	4.315	8.308	3.993	6.113	10.107
8. Incentive - Line 4 x Oper 10% Res 3%	7.121	4.970	12.091	7.121	5.899	13.021
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.993	4.315	8.308	3.993	5.899	9.893
10. Final Incentive	3.993	4.315	8.308	3.993	5.899	9.893
11. Current Period Base: (line 6 + line 10)	75.207	169.978	245.184	75.207	202.548	277.755
12. Plus: Property Rate Component			13.008			13.008
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			258.193			290.763
15. Prospective Rate: Line 11 x Inflation (1.04690055)	78.734	177.950	256.684	78.734	212.048	290.782
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.734	177.950	256.684	78.734	212.048	290.782
19. Property Rate Component			13.008			13.008
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			269.69			303.79
23. Medicaid Days		1,830			366	
24. Resident Days		1,830			366	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.25			2.52
28. Less Rate Freeze Amount (1.27909%)			3.68			4.12
29. Plus: Mediation Add-On			12.64			12.64
30. Final Per Diem After Adjustments			297.35			330.75



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028063100 - 2013/10

RI: 297.35

NM: 330.75

Bessent Road Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.738	168.875	245.613	76.738	202.383	279.121
2. Inflate Line 1 by Inflation Factor 1.02291454	78.497	172.745	251.241	78.497	207.020	285.517
3. Line 1 x 1.400 x Inflation Factor 1.03208035	79.200	174.293	253.493	79.200	208.875	288.075
4. Current Period Cost	71.213	165.663	236.876	71.213	196.649	267.862
5. Incentive Basis (line 3 - line 4)	7.987	8.630		7.987	12.226	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.213	165.663	236.876	71.213	196.649	267.862
7. Incentive Line 5 x Oper 50% Res 50%	3.993	4.315	8.308	3.993	6.113	10.107
8. Incentive - Line 4 x Oper 10% Res 3%	7.121	4.970	12.091	7.121	5.899	13.021
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	3.993	4.315	8.308	3.993	5.899	9.893
10. Final Incentive	3.993	4.315	8.308	3.993	5.899	9.893
11. Current Period Base: (line 6 + line 10)	75.207	169.978	245.184	75.207	202.548	277.755
12. Plus: Property Rate Component			13.008			13.008
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			258.193			290.763
15. Prospective Rate: Line 11 x Inflation (1.04690055)	78.734	177.950	256.684	78.734	212.048	290.782
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.734	177.950	256.684	78.734	212.048	290.782
19. Property Rate Component			13.008			13.008
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			269.69			303.79
23. Medicaid Days		1,830			366	
24. Resident Days		1,830			366	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.25			2.52
28. Less Rate Freeze Amount (1.27909%)			3.68			4.12
29. Underpayment Adjustment			12.64			12.64
30. Final Per Diem After Adjustments			297.35			330.75



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

028064000 - 2013/10
RI:290.55 / NM:320.72

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

Provider Number: 028064000
Date: 10/22/2013
FYE: 6/30/2012
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>273.01</u>	<u>290.55</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>302.70</u>	<u>320.72</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028064000

Provider Name: **19th Street Group Home**
 Provider Number: 28064000
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,464	732	2,196
2. Operating Expenses Component			
A. Administration			123,001
B. Plant Operation			29,471
C. Laundry			775
D. Housekeeping			2,513
E. Operating Expense Component & Per Diem	70.9290	70.9290	155,760
3. Resident Care			
A. Dietary			20,308
B. Other			0
C. Nursing			15,034
D. Resident Care & Per Diem	16.0938	16.0938	35,342
4. Prop Exp & Per Diem	19.7728	19.7728	43,421
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	127,416.60	84,944.40	212,361.00
5. Direct Care Expense Per Diem	87.0332	116.0443	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	73.922	36.955	110,877
3. Additional Services Exp & Per Diem	50.4932	50.4850	

D. Medicaid Per Diem Cost

1. Operating Component	70.9290	70.9290	155,760
2. Resident Care Component	153.6202	182.6230	358,580
3. Property Cost Component	19.7728	19.7728	43,421
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	244.3219	273.3248	557,761



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028064000 - 2013/10

RI: 290.55

NM: 320.72

19th Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.148	157.065	233.213	76.148	185.973	262.121
2. Inflate Line 1 by Inflation Factor 1.02291454	77.893	160.664	238.557	77.893	190.234	268.127
3. Line 1 x 1.400 x Inflation Factor 1.03208035	78.591	162.103	240.694	78.591	191.939	270.530
4. Current Period Cost	70.929	153.620	224.549	70.929	182.623	253.552
5. Incentive Basis (line 3 - line 4)	7.662	8.483		7.662	9.316	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.929	153.620	224.549	70.929	182.623	253.552
7. Incentive Line 5 x Oper 50% Res 50%	3.831	4.242	8.072	3.831	4.658	8.489
8. Incentive - Line 4 x Oper 10% Res 3%	7.093	4.609	11.702	7.093	5.479	12.572
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	3.831	4.242	8.072	3.831	4.658	8.489
10. Final Incentive	3.831	4.242	8.072	3.831	4.658	8.489
11. Current Period Base: (line 6 + line 10)	74.760	157.862	232.622	74.760	187.281	262.041
12. Plus: Property Rate Component			19.773			19.773
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			252.394			281.814
15. Prospective Rate: Line 11 x Inflation (1.04690055)	78.266	165.265	243.532	78.266	196.064	274.331
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.266	165.265	243.532	78.266	196.064	274.331
19. Property Rate Component			19.773			19.773
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			263.30			294.10
23. Medicaid Days		1,464			732	
24. Resident Days		1,464			732	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.20			2.44
28. Less Rate Freeze Amount (1.27909%)			3.60			3.99
29. Underpayment Adjustment			12.10			12.10
30. Final Per Diem After Adjustments			290.55			320.72



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

028065800 - 2013/10
RI:262.39 / NM:0.00

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

Provider Number: 028065800
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>244.48</u>	<u>262.39</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028065800

Provider Name: **Sunrise 22nd Street Home**
 Provider Number: 28065800
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,090	0	2,090
2. Operating Expenses Component			
A. Administration			58,392
B. Plant Operation			43,748
C. Laundry			2,623
D. Housekeeping			5,423
E. Operating Expense Component & Per Diem	52.7206	0.0000	110.186
3. Resident Care			
A. Dietary			14,426
B. Other			46,345
C. Nursing			0
D. Resident Care & Per Diem	29.0770	0.0000	60,771
4. Prop Exp & Per Diem	12.8187	0.0000	26,791
5. ROE/Use Per Diem	0.1665	0.0000	348
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,567.50		1,567.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	246,888.00		246,888.00
5. Direct Care Expense Per Diem	118.1282		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,090		2,090
2. Additional Services	16,599		16,599
3. Additional Services Exp & Per Diem	7.9421		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	52.7206		110.186
2. Resident Care Component	155.1474		324,258
3. Property Cost Component	12.8187		26,791
4. ROE/Use Allow Component	0.1665		348
5 Total Cost Per Diem	220.8531		461,583



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028065800 - 2013/10
RI: 262.39
NM: 0.00

Sunrise 22nd Street Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	50.604	181.706	232.311			
2. Inflate Line 1 by Inflation Factor 1.02291454	51.764	185.870	237.634			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	52.228	187.536	239.763			
4. Current Period Cost	52.721	155.147	207.868			
5. Incentive Basis (line 3 - line 4)	0.000	32.388		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	52.228	155.147	207.375			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	16.194	16.194	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.654	4.654	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	4.654	4.654	0.000	0.000	0.000
10. Final Incentive	0.000	4.654	4.654	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	52.228	159.802	212.029	0.000	0.000	0.000
12. Plus: Property Rate Component			12.819			0.000
13. Plus: ROE/Use Rate			0.167			0.000
14. Total Current Period Base			225.015			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	54.677	167.297	221.974	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	54.677	167.297	221.974	0.000	0.000	0.000
19. Property Rate Component			12.819			0.000
20. ROE Component + ROE Interim Component			0.167			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			234.96			0.00
23. Medicaid Days		2,090			0	
24. Resident Days		2,090			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.98			0.00
28. Less Rate Freeze Amount (1.27909%)			3.24			0.00
29. Underpayment Adjustment			11.71			0.00
30. Final Per Diem After Adjustments			262.39			0.00



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

028066600 - 2013/10
RI:309.86 / NM:0.00

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

Provider Number: 028066600
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>290.02</u>	<u>309.86</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>213.43</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028066600

Provider Name: **High Desert Court Group Home**
 Provider Number: 28066600
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,184	0	2,184
2. Operating Expenses Component			
A. Administration			116,177
B. Plant Operation			33,306
C. Laundry			1,172
D. Housekeeping			2,520
E. Operating Expense Component & Per Diem	70.1351	0.0000	153,175
3. Resident Care			
A. Dietary			17,276
B. Other			0
C. Nursing			36,916
D. Resident Care & Per Diem	24.8132	0.0000	54,192
4. Prop Exp & Per Diem	16.2605	0.0000	35,513
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,638.00		1,638.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	206,087.00		206,087.00
5. Direct Care Expense Per Diem	94.3622		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,184		2,184
2. Additional Services	112,298		112,298
3. Additional Services Exp & Per Diem	51.4185		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.1351		153,175
2. Resident Care Component	170.5939		372,577
3. Property Cost Component	16.2605		35,513
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	256.9895		561,265



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028066600 - 2013/10
RI: 309.86
NM: 0.00

High Desert Court Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	85.867	199.929	285.796			
2. Inflate Line 1 by Inflation Factor 1.02291454	87.835	204.511	292.345			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	88.622	206.343	294.965			
4. Current Period Cost	70.135	170.594	240.729			
5. Incentive Basis (line 3 - line 4)	18.487	35.749		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.135	170.594	240.729			
7. Incentive Line 5 x Oper 50% Res 50%	9.243	17.875	27.118	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.014	5.118	12.131	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	7.014	5.118	12.131	0.000	0.000	0.000
10. Final Incentive	7.014	5.118	12.131	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	77.149	175.712	252.860	0.000	0.000	0.000
12. Plus: Property Rate Component			16.261			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			269.121			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	80.767	183.953	264.720	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	80.767	183.953	264.720	0.000	0.000	0.000
19. Property Rate Component			16.261			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			280.98			0.00
23. Medicaid Days		2,184			0	
24. Resident Days		2,184			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.34			0.00
28. Less Rate Freeze Amount (1.27909%)			3.83			0.00
29. Underpayment Adjustment			14.10			0.00
30. Final Per Diem After Adjustments			309.86			0.00



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

028067400 - 2013/10
RI:304.79 / NM:340.54

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

Provider Number: 028067400
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>285.94</u>	<u>304.79</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>321.12</u>	<u>340.54</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028067400

Provider Name: **Frederick Avenue Group Home**
 Provider Number: 28067400
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,830	366	2,196
2. Operating Expenses Component			
A. Administration			125,089
B. Plant Operation			26,411
C. Laundry			885
D. Housekeeping			1,861
E. Operating Expense Component & Per Diem	70,2395	70,2395	154,246
3. Resident Care			
A. Dietary			23,620
B. Other			0
C. Nursing			13,464
D. Resident Care & Per Diem	16,8871	16,8871	37,084
4. Prop Exp & Per Diem	16,3985	16,3985	36,011
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	185,751.32	49,533.68	235,285.00
5. Direct Care Expense Per Diem	101.5035	135.3379	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	91,619	18,328	109,947
3. Additional Services Exp & Per Diem	50.0650	50.0765	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.2395	70.2395	154.246
2. Resident Care Component	168.4555	202.3015	382.316
3. Property Cost Component	16.3985	16.3985	36.011
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	255.0935	288.9395	572.573



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028067400 - 2013/10
RI: 304.79
NM: 340.54

Frederick Avenue Group Home
 Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.622	178.508	256.130	77.622	213.367	290.989
2. Inflate Line 1 by Inflation Factor 1.02291454	79.400	182.598	261.999	79.400	218.256	297.657
3. Line 1 x 1.400 x Inflation Factor 1.03208035	80.112	184.235	264.346	80.112	220.212	300.324
4. Current Period Cost	70.240	168.456	238.695	70.240	202.301	272.541
5. Incentive Basis (line 3 - line 4)	9.872	15.779		9.872	17.911	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.240	168.456	238.695	70.240	202.301	272.541
7. Incentive Line 5 x Oper 50% Res 50%	4.936	7.889	12.826	4.936	8.955	13.892
8. Incentive - Line 4 x Oper 10% Res 3%	7.024	5.054	12.078	7.024	6.069	13.093
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	4.936	5.054	9.990	4.936	6.069	11.005
10. Final Incentive	4.936	5.054	9.990	4.936	6.069	11.005
11. Current Period Base: (line 6 + line 10)	75.176	173.509	248.685	75.176	208.371	283.546
12. Plus: Property Rate Component			16.398			16.398
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			265.083			299.945
15. Prospective Rate: Line 11 x Inflation (1.04690055)	78.702	181.647	260.348	78.702	218.143	296.845
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.702	181.647	260.348	78.702	218.143	296.845
19. Property Rate Component			16.398			16.398
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			276.75			313.24
23. Medicaid Days		1,830			366	
24. Resident Days		1,830			366	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.31			2.59
28. Less Rate Freeze Amount (1.27909%)			3.77			4.24
29. Underpayment Adjustment			13.17			13.17
30. Final Per Diem After Adjustments			304.79			340.54



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

028069100 - 2013/10
RI:339.15 / NM:0.00

Claudia Drive Group Home
 140 Claudia Drive
 Jacksonville FL 32218

Provider Number: 028069100
 Date: 10/25/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	318.70	339.15	10/1/2013
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028069100

Provider Name: **Claudia Drive Group Home**
 Provider Number: 28069100
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,175	0	2,175
2. Operating Expenses Component			
A. Administration			121,819
B. Plant Operation			34,084
C. Laundry			1,300
D. Housekeeping			3,316
E. Operating Expense Component & Per Diem	73,8018	0.0000	160,519
3. Resident Care			
A. Dietary			23,873
B. Other			0
C. Nursing			41,072
D. Resident Care & Per Diem	29,8598	0.0000	64,945
4. Prop Exp & Per Diem	16,7361	0.0000	36,401
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0,75	1,00	
2. Total Staffing Required	1,631.25		1,631.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	240,865.00		240,865.00
5. Direct Care Expense Per Diem	110.7425		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,175		2,175
2. Additional Services	120,272		120,272
3. Additional Services Exp & Per Diem	55,2975		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	73,8018		160,519
2. Resident Care Component	195,8998		426,082
3. Property Cost Component	16,7361		36,401
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	286.4377		623,002



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028069100 - 2013/10
RI: 339.15
NM: 0.00

Claudia Drive Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.676	210.754	292.430			
2. Inflate Line 1 by Inflation Factor 1.02291454	83.547	215.583	299.131			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	84.296	217.515	301.811			
4. Current Period Cost	73.802	195.900	269.702			
5. Incentive Basis (line 3 - line 4)	10.494	21.615		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.802	195.900	269.702			
7. Incentive Line 5 x Oper 50% Res 50%	5.247	10.808	16.055	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.380	5.877	13.257	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	5.247	5.877	11.124	0.000	0.000	0.000
10. Final Incentive	5.247	5.877	11.124	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.049	201.777	280.826	0.000	0.000	0.000
12. Plus: Property Rate Component			16.736			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			297.562			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	82.756	211.240	293.997	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	82.756	211.240	293.997	0.000	0.000	0.000
19. Property Rate Component			16.736			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			310.73			0.00
23. Medicaid Days		2,175			0	
24. Resident Days		2,175			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.57			0.00
28. Less Rate Freeze Amount (1.27909%)			4.20			0.00
29. Underpayment Adjustment			14.24			0.00
30. Final Per Diem After Adjustments			339.15			0.00



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

028427100 - 2013/10
RI:258.81 / NM:330.07

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

Provider Number: 028427100
 Date: 10/22/2013
 FYE: 2/28/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>243.85</u>	<u>258.81</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>314.02</u>	<u>330.07</u>	<u>10/1/2013</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

 Budget
 X Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

 Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)

Home Office:

Progressive Healthcare Providers

230 Fern Park Boulevard

Fern Park Fl 32730

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2013 to 10/2013

028427100

Provider Name: **Fern Park, LLC/PHP**
 Provider Number: 28427100
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 03/01/2012 - 02/28/2013
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4.832	18.251	23.083
2. Operating Expenses Component			
A. Administration			889,154
B. Plant Operation			315,176
C. Laundry			39,027
D. Housekeeping			120,528
E. Operating Expense Component & Per Diem	59.0861	59.0861	1,363.885
3. Resident Care			
A. Dietary			389,546
B. Other			0
C. Nursing			947,010
D. Resident Care & Per Diem	57.9022	57.9022	1,336,556
4. Prop Exp & Per Diem	24.9257	24.9257	575,361
5. ROE/Use Per Diem	0.3208	0.3208	7,406
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,416.00	18,251.00	20,667.00
3. Staffing Percent	11.6901340	88.3098660	100.00
4. Allocation of Direct Care	338,392.21	2,556,289.79	2,894,682.00
5. Direct Care Expense Per Diem	70.0315	140.0630	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4.832	18.251	23.083
2. Additional Services	42,580	160,830	203,410
3. Additional Services Exp & Per Diem	8.8121	8.8121	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	59.0861	59.0861	1,363.885
2. Resident Care Component	136.7458	206.7773	4,434.648
3. Property Cost Component	24.9257	24.9257	575,361
4. ROE/Use Allow Component	0.3208	0.3208	7,406
5 Total Cost Per Diem	221.0785	291.1100	6,381,300



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028427100 - 2013/10
RI: 258.81
NM: 330.07

Fern Park, LLC/PHP
 Ownership:Private[3]

Incentive Rating: Ineligible[1] from 12/11/2012 - 01/11/2013 Days Eligible: 151 of 182
 Eligibility factor :82.97%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2012	2/28/2013	Unaudited [3]	201304
Prior Cost Report	3/1/2011	2/29/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	60.525	135.663	196.188	60.525	204.700	265.225
2. Inflate Line 1 by Inflation Factor 1.02180067	61.844	138.621	200.465	61.844	209.163	271.007
3. Line 1 x 1.400 x Inflation Factor 1.03052094	62.372	139.804	202.176	62.372	210.948	273.320
4. Current Period Cost	59.086	136.746	195.832	59.086	206.777	265.863
5. Incentive Basis (line 3 - line 4)	3.286	3.058		3.286	4.171	
6. Allowed Current Period Costs (Min of line 3 or 4)	59.086	136.746	195.832	59.086	206.777	265.863
7. Incentive Line 5 x Oper 50% Res 50%	1.643	1.529	3.172	1.643	2.085	3.728
8. Incentive - Line 4 x Oper 10% Res 3%	5.909	4.102	10.011	5.909	6.203	12.112
9. Incentive - Min of Line 7.8 x Eligibility factor 82.97%	1.363	1.268	2.632	1.363	1.730	3.093
10. Final Incentive	1.363	1.268	2.632	1.363	1.730	3.093
11. Current Period Base: (line 6 + line 10)	60.449	138.014	198.463	60.449	208.507	268.957
12. Plus: Property Rate Component			24.926			24.926
13. Plus: ROE/Use Rate			0.321			0.321
14. Total Current Period Base			223.710			294.203
15. Prospective Rate: Line 11 x Inflation (1.03193787)	62.380	142.422	204.802	62.380	215.167	277.547
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.380	142.422	204.802	62.380	215.167	277.547
19. Property Rate Component			24.926			24.926
20. ROE Component + ROE Interim Component			0.321			0.321
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			230.05			302.79
23. Medicaid Days		4,832			18,251	
24. Resident Days		4,832			18,251	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.94			2.51
28. Less Rate Freeze Amount (1.27909%)			3.18			4.10
29. Underpayment Adjustment			12.94			12.94
30. Final Per Diem After Adjustments			258.81			330.07



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

028500500 - 2013/10
RI:213.68 / NM:0.00

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

Provider Number: 028500500
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>200.61</u>	<u>213.68</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028500500

Provider Name: **SUNRISE #2 NARANJA**
 Provider Number: 28500500
 Audit Status: Unaudited [3]
 Date: 10/22/2013

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,385	0	4,385
2. Operating Expenses Component			
A. Administration			100,277
B. Plant Operation			41,933
C. Laundry			3,555
D. Housekeeping			4,900
E. Operating Expense Component & Per Diem	34.3592	0.0000	150,665
3. Resident Care			
A. Dietary			32,745
B. Other			111,482
C. Nursing			19,160
D. Resident Care & Per Diem	37.2604	0.0000	163,387
4. Prop Exp & Per Diem	8.5831	0.0000	37,637
5. ROE/Use Per Diem	0.7095	0.0000	3,111
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,192.50		2,192.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	422,266.00		422,266.00
5. Direct Care Expense Per Diem	96.2978		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,385		4,385
2. Additional Services	18,833		18,833
3. Additional Services Exp & Per Diem	4,2949		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	34.3592		150,665
2. Resident Care Component	137.8531		604,486
3. Property Cost Component	8.5831		37,637
4. ROE/Use Allow Component	0.7095		3,111
5 Total Cost Per Diem	181.5049		795,899



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028500500 - 2013/10
RI: 213.68
NM: 0.00

SUNRISE #2 NARANJA

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.865	129.080	169.945			
2. Inflate Line 1 by Inflation Factor 1.02291454	41.802	132.038	173.839			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	42.176	133.221	175.397			
4. Current Period Cost	34.359	137.853	172.212			
5. Incentive Basis (line 3 - line 4)	7.817	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	34.359	133.221	167.580			
7. Incentive Line 5 x Oper 50% Res 50%	3.908	0.000	3.908	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.436	0.000	3.436	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	3.436	0.000	3.436	0.000	0.000	0.000
10. Final Incentive	3.436	0.000	3.436	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	37.795	133.221	171.016	0.000	0.000	0.000
12. Plus: Property Rate Component			8.583			0.000
13. Plus: ROE/Use Rate			0.709			0.000
14. Total Current Period Base			180.309			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	39.568	139.469	179.037	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	39.568	139.469	179.037	0.000	0.000	0.000
19. Property Rate Component			8.583			0.000
20. ROE Component + ROE Interim Component			0.709			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			188.33			0.00
23. Medicaid Days		4,385			0	
24. Resident Days		4,385			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.62			0.00
28. Less Rate Freeze Amount (1.27909%)			2.65			0.00
29. Underpayment Adjustment			8.68			0.00
30. Final Per Diem After Adjustments			213.68			0.00



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

028501300 - 2013/10
RI:306.05 / NM:381.07

SUNRISE MAIN FACILITY
22300 SW 162nd Avenue
Miami FL 33170

Provider Number: 028501300
Date: 10/22/2013
FYE: 6/30/2012
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>286.57</u>	<u>306.05</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>360.39</u>	<u>381.07</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (11)

Home Office:

Sunrise Community

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028501300

Provider Name: **SUNRISE MAIN FACILITY**
 Provider Number: 28501300
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	23.824	19,218	43,042
2. Operating Expenses Component			
A. Administration			1,563,215
B. Plant Operation			1,005,906
C. Laundry			28,355
D. Housekeeping			148,709
E. Operating Expense Component & Per Diem	63.8024	63.8024	2,746,185
3. Resident Care			
A. Dietary			1,432,046
B. Other			1,124,455
C. Nursing			1,809,241
D. Resident Care & Per Diem	101.4298	101.4298	4,365,742
4. Prop Exp & Per Diem	10.8133	10.8133	465,427
5. ROE/Use Per Diem	0.8303	0.8303	35,738
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	11,912.00	19,218.00	31,130.00
3. Staffing Percent	38.2653389	61.7346611	100.00
4. Allocation of Direct Care	1,720,163.59	2,775,193.41	4,495,357.00
5. Direct Care Expense Per Diem	72.2030	144.4059	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	23,824	19,218	43,042
2. Additional Services	306,289	247,070	553,359
3. Additional Services Exp & Per Diem	12.8563	12.8562	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	63.8024	63.8024	2,746,185
2. Resident Care Component	186.4891	258.6919	9,414,458
3. Property Cost Component	10.8133	10.8133	465,427
4. ROE/Use Allow Component	0.8303	0.8303	35,738
5 Total Cost Per Diem	261.9352	334.1380	12,661,808



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028501300 - 2013/10
RI: 306.05
NM: 381.07

SUNRISE MAIN FACILITY

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	62.170	187.386	249.556	62.170	259.187	321.357
2. Inflate Line 1 by Inflation Factor 1.02291454	63.594	191.680	255.274	63.594	265.126	328.721
3. Line 1 x 1.400 x Inflation Factor 1.03208035	64.164	193.397	257.561	64.164	267.502	331.666
4. Current Period Cost	63.802	186.489	250.292	63.802	258.692	322.494
5. Incentive Basis (line 3 - line 4)	0.362	6.908		0.362	8.810	
6. Allowed Current Period Costs (Min of line 3 or 4)	63.802	186.489	250.292	63.802	258.692	322.494
7. Incentive Line 5 x Oper 50% Res 50%	0.181	3.454	3.635	0.181	4.405	4.586
8. Incentive - Line 4 x Oper 10% Res 3%	6.380	5.595	11.975	6.380	7.761	14.141
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.181	3.454	3.635	0.181	4.405	4.586
10. Final Incentive	0.181	3.454	3.635	0.181	4.405	4.586
11. Current Period Base: (line 6 + line 10)	63.983	189.943	253.927	63.983	263.097	327.080
12. Plus: Property Rate Component			10.813			10.813
13. Plus: ROE/Use Rate			0.830			0.830
14. Total Current Period Base			265.570			338.724
15. Prospective Rate: Line 11 x Inflation (1.04690055)	66.984	198.852	265.836	66.984	275.436	342.420
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	66.984	198.852	265.836	66.984	275.436	342.420
19. Property Rate Component			10.813			10.813
20. ROE Component + ROE Interim Component			0.830			0.830
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			277.48			354.06
23. Medicaid Days		23.824			19,218	
24. Resident Days		23,824			19,218	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.31			2.91
28. Less Rate Freeze Amount (1.27909%)			3.78			4.75
29. Underpayment Adjustment			13.72			13.72
30. Final Per Diem After Adjustments			306.05			381.07



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

028505600 - 2013/10
RI:305.93 / NM:451.53

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

Provider Number: 028505600
 Date: 10/22/2013
 FYE: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>285.26</u>	<u>305.93</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>428.52</u>	<u>451.53</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028505600

Provider Name: **PARC COTTAGE**
 Provider Number: 28505600
 Audit Status: Unaudited [3]
 Date: 10/22/2013

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,555	2,178	5,733
2. Operating Expenses Component			
A. Administration			294.044
B. Plant Operation			50,837
C. Laundry			9,119
D. Housekeeping			11,443
E. Operating Expense Component & Per Diem	63.7438	63.7438	365.443
3. Resident Care			
A. Dietary			58.631
B. Other			0
C. Nursing			64,400
D. Resident Care & Per Diem	21.4601	21.4601	123.031
4. Prop Exp & Per Diem	9.9217	9.9217	56,881
5. ROE/Use Per Diem	0.7666	0.7666	4,395
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,777.50	2,178.00	3,955.50
3. Staffing Percent	44.9374289	55.0625711	100.00
4. Allocation of Direct Care	603,987.35	740,075.65	1,344,063.00
5. Direct Care Expense Per Diem	169.8980	339.7960	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,555	2,178	5,733
2. Additional Services	36.196	22,177	58,373
3. Additional Services Exp & Per Diem	10.1817	10.1823	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	63.7438	63.7438	365.443
2. Resident Care Component	201.5398	371.4384	1,525.467
3. Property Cost Component	9.9217	9.9217	56,881
4. ROE/Use Allow Component	0.7666	0.7666	4,395
5 Total Cost Per Diem	275.9719	445.8705	1,952,186



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

028505600 - 2013/10
RI: 305.93
NM: 451.53

PARC COTTAGE

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 10/01/2012 - 10/31/2012 Days Eligible: 152 of 182

Eligibility factor :83.52%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2011	9/30/2012	Unaudited [3]	201210
Prior Cost Report	10/1/2010	9/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	65.846	183.353	249.199	65.846	321.742	387.588
2. Inflate Line 1 by Inflation Factor 1.02232877	67.316	187.447	254.763	67.316	328.926	396.242
3. Line 1 x 1.400 x Inflation Factor 1.03126028	67.904	189.085	256.989	67.904	331.800	399.704
4. Current Period Cost	63.744	201.540	265.284	63.744	371.438	435.182
5. Incentive Basis (line 3 - line 4)	4.160	0.000		4.160	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	63.744	189.085	252.829	63.744	331.800	395.544
7. Incentive Line 5 x Oper 50% Res 50%	2.080	0.000	2.080	2.080	0.000	2.080
8. Incentive - Line 4 x Oper 10% Res 3%	6.374	0.000	6.374	6.374	0.000	6.374
9. Incentive - Min of Line 7.8 x Eligibility factor 83.52%	1.737	0.000	1.737	1.737	0.000	1.737
10. Final Incentive	1.737	0.000	1.737	1.737	0.000	1.737
11. Current Period Base: (line 6 + line 10)	65.481	189.085	254.566	65.481	331.800	397.281
12. Plus: Property Rate Component			9.922			9.922
13. Plus: ROE/Use Rate			0.767			0.767
14. Total Current Period Base			265.254			407.969
15. Prospective Rate: Line 11 x Inflation (1.04150178)	68.199	196.932	265.131	68.199	345.570	413.769
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	68.199	196.932	265.131	68.199	345.570	413.769
19. Property Rate Component			9.922			9.922
20. ROE Component + ROE Interim Component			0.767			0.767
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			275.82			424.46
23. Medicaid Days		3,555			2,178	
24. Resident Days		3,555			2,178	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.30			3.45
28. Less Rate Freeze Amount (1.27909%)			3.76			5.65
29. Underpayment Adjustment			15.22			15.22
30. Final Per Diem After Adjustments			305.93			451.53



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

028512900 - 2013/10
RI:271.38 / NM:0.00

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

Provider Number: 028512900
 Date: 10/22/2013
 FYE: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>254.90</u>	<u>271.38</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028512900

Provider Name: **MActown, Inc.**
 Provider Number: 28512900
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 10/01/2011 - 09/30/2012
 Days In Reporting Period: 366
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	20.412	0	20.412
2. Operating Expenses Component			
A. Administration			593.906
B. Plant Operation			116.967
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	34.8262	0.0000	710.873
3. Resident Care			
A. Dietary			0
B. Other			0
C. Nursing			0
D. Resident Care & Per Diem	0.0000	0.0000	
4. Prop Exp & Per Diem	11.7832	0.0000	240.518
5. ROE/Use Per Diem	0.3842	0.0000	7.842
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10.206.00		10.206.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,771,942.00		3,771.942.00
5. Direct Care Expense Per Diem	184.7904		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	20.412		20.412
2. Additional Services	0		0
3. Additional Services Exp & Per Diem			
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	34.8262		710.873
2. Resident Care Component	184.7904		3,771.942
3. Property Cost Component	11.7832		240.518
4. ROE/Use Allow Component	0.3842		7.842
5 Total Cost Per Diem	231.7840		4,731,175



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028512900 - 2013/10

RI: 271.38

NM: 0.00

MACtown, Inc.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2011	9/30/2012	Unaudited [3]	201210
Prior Cost Report	10/1/2010	9/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	33.228	184.701	217.929			
2. Inflate Line 1 by Inflation Factor 1.02232877	33.970	188.825	222.795			
3. Line 1 x 1.400 x Inflation Factor 1.03126028	34.266	190.475	224.741			
4. Current Period Cost	34.826	184.790	219.617			
5. Incentive Basis (line 3 - line 4)	0.000	5.684		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	34.266	184.790	219.057			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.842	2.842	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.544	5.544	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	2.842	2.842	0.000	0.000	0.000
10. Final Incentive	0.000	2.842	2.842	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	34.266	187.633	221.899	0.000	0.000	0.000
12. Plus: Property Rate Component			11.783			0.000
13. Plus: ROE/Use Rate			0.384			0.000
14. Total Current Period Base			234.066			0.000
15. Prospective Rate: Line 11 x Inflation (1.04150178)	35.689	195.420	231.108	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	35.689	195.420	231.108	0.000	0.000	0.000
19. Property Rate Component			11.783			0.000
20. ROE Component + ROE Interim Component			0.384			0.000
21. Plus :Property Interim Rate Component *			1.323			0.000
22. Final Per Diem			244.60			0.00
23. Medicaid Days		20.412				0
24. Resident Days		20.412				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.06			0.00
28. Less Rate Freeze Amount (1.27909%)			3.37			0.00
29. Underpayment Adjustment			11.26			0.00
30. Final Per Diem After Adjustments			271.38			0.00

MacTown, Inc. Provider #0285129-00 Cost Settlement - IRR #238 Effective - 12/1/2011	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 (at 10/1/2013 RS)					
Calculation of L4	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	34.826	184.790	219.616	0.000	0.000	0.000
B. Cost Settlement for IRR Effective 12/1/2011	0.000	0.000	0.000	0.000	0.000	0.000
C. Prorated CS IRR eff 12/1/2011 - 2/12 of IRR comp.	0.000	0.000	0.000	0.000	0.000	0.000
D. Grossed Up Current Period (Line A plus Line C)	34.826	184.790	219.616	0.000	0.000	0.000

PROPERTY COMPONENT	
Calculation of L21 - 2/12 of IRR comp.	
Property Interim Rate Component	7.930
Grossed Up Property Interim Rate Component	1.322



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

028513700 - 2013/10
RI:290.27 / NM:340.76

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

Provider Number: 028513700
 Date: 10/22/2013
 FYE: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>271.08</u>	<u>290.27</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>320.75</u>	<u>340.76</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028513700

Provider Name: **New Horizons of NW Florida, Inc.**
 Provider Number: 28513700
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 10/01/2011 - 09/30/2012
 Days In Reporting Period: 366
 Number of Beds: 30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,196	8,480	10,676
2. Operating Expenses Component			
A. Administration			676,603
B. Plant Operation			170,895
C. Laundry			38,257
D. Housekeeping			62,315
E. Operating Expense Component & Per Diem	88,8039	88,8039	948,070
3. Resident Care			
A. Dietary			270,705
B. Other			60,164
C. Nursing			513,441
D. Resident Care & Per Diem	79,0849	79,0849	844,310
4. Prop Exp & Per Diem	4,0214	4,0214	42,932
5. ROE/Use Per Diem	1,2330	1,2330	13,163
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,098.00	8,480.00	9,578.00
3. Staffing Percent	11.4637711	88.5362289	100.00
4. Allocation of Direct Care	132,350.96	1,022,164.04	1,154,515.00
5. Direct Care Expense Per Diem	60.2691	120.5382	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196	8,480	10,676
2. Additional Services	62,887	183,889	246,776
3. Additional Services Exp & Per Diem	28.6371	21.6850	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	88,8039	88,8039	948,070
2. Resident Care Component	167,9910	221,3081	2,245,601
3. Property Cost Component	4,0214	4,0214	42,932
4. ROE/Use Allow Component	1,2330	1,2330	13,163
5 Total Cost Per Diem	262.0492	315.3663	3,249,766



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

028513700 - 2013/10
RI: 290.27
NM: 340.76

New Horizons of NW Florida, Inc.
Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182
Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2011	9/30/2012	Unaudited [3]	201210
Prior Cost Report	10/1/2010	9/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.712	161.866	238.578	76.712	209.852	286.564
2. Inflate Line 1 by Inflation Factor 1.02232877	78.425	165.480	243.905	78.425	214.537	292.962
3. Line 1 x 1.400 x Inflation Factor 1.03126028	79.110	166.926	246.036	79.110	216.412	295.522
4. Current Period Cost	88.804	167.991	256.795	88.804	221.308	310.112
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.110	166.926	246.036	79.110	216.412	295.522
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.110	166.926	246.036	79.110	216.412	295.522
12. Plus: Property Rate Component			4.021			4.021
13. Plus: ROE/Use Rate			1.233			1.233
14. Total Current Period Base			251.290			300.776
15. Prospective Rate: Line 11 x Inflation (1.04150178)	82.393	173.853	256.247	82.393	225.393	307.786
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	82.393	173.853	256.247	82.393	225.393	307.786
19. Property Rate Component			4.021			4.021
20. ROE Component + ROE Interim Component			1.233			1.233
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			261.50			313.04
23. Medicaid Days			2,196			8,480
24. Resident Days			2,196			8,480
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.19			2.59
28. Less Rate Freeze Amount (1.27909%)			3.58			4.23
29. Underpayment Adjustment			13.59			13.59
30. Final Per Diem After Adjustments			290.27			340.76



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

028519600 - 2013/10
RI:337.65 / NM:0.00

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

Provider Number: 028519600
 Date: 10/22/2013
 FYE: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>317.88</u>	<u>337.65</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028519600

Provider Name: **BARC Housing, Inc.**
 Provider Number: 28519600
 Audit Status: Unaudited [3]
 Date: 10/22/2013

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

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



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028519600 - 2013/10
RI: 337.65
NM: 0.00

BARC Housing, Inc.
 Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2011	9/30/2012	Unaudited [3]	201210
Prior Cost Report	10/1/2010	9/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	89.382	190.308	279.690			
2. Inflate Line 1 by Inflation Factor 1.02232877	91.378	194.557	285.935			
3. Line 1 x 1.400 x Inflation Factor 1.03126028	92.176	196.257	288.433			
4. Current Period Cost	91.456	184.023	275.479			
5. Incentive Basis (line 3 - line 4)	0.720	12.234		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	91.456	184.023	275.479			
7. Incentive Line 5 x Oper 50% Res 50%	0.360	6.117	6.477	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	9.146	5.521	14.666	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.360	5.521	5.881	0.000	0.000	0.000
10. Final Incentive	0.360	5.521	5.881	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	91.816	189.543	281.359	0.000	0.000	0.000
12. Plus: Property Rate Component			16.468			0.000
13. Plus: ROE/Use Rate			0.364			0.000
14. Total Current Period Base			298.192			0.000
15. Prospective Rate: Line 11 x Inflation (1.04150178)	95.627	197.410	293.036	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	95.627	197.410	293.036	0.000	0.000	0.000
19. Property Rate Component			16.468			0.000
20. ROE Component + ROE Interim Component			0.364			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			309.87			0.00
23. Medicaid Days		12,911				0
24. Resident Days		12,911				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.56			0.00
28. Less Rate Freeze Amount (1.27909%)			4.19			0.00
29. Underpayment Adjustment			13.59			0.00
30. Final Per Diem After Adjustments			337.65			0.00



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

028520000 - 2013/10
RI:234.54 / NM:313.69

PENSACOLA DEV CTR
 One Villa Drive
 Pensacola FL 32506

Provider Number: 028520000
 Date: 10/22/2013
 FYE: 5/31/2012
 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>234.54</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>296.64</u>	<u>313.69</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 468 Halle Park Drive

 Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028520000

Provider Name: **PENSACOLA DEV CTR**
 Provider Number: 28520000
 Audit Status: Unaudited [3]
 Date: 10/22/2013

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,798	12,100	22,898
2. Operating Expenses Component			
A. Administration			632,011
B. Plant Operation			468,283
C. Laundry			7,003
D. Housekeeping			191,623
E. Operating Expense Component & Per Diem	56,7264	56,7264	1,298,920
3. Resident Care			
A. Dietary			353,444
B. Other			0
C. Nursing			690,177
D. Resident Care & Per Diem	45,5769	45,5769	1,043,621
4. Prop Exp & Per Diem	15,0387	15,0387	344,357
5. ROE/Use Per Diem	1,3323	1,3323	30,506
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,399.00	12,100.00	17,499.00
3. Staffing Percent	30.8531916	69.1468084	100.00
4. Allocation of Direct Care	843,991.83	1,891,517.17	2,735,509.00
5. Direct Care Expense Per Diem	78.1619	156.3237	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,798	12,100	22,898
2. Additional Services	97,257	108,984	206,241
3. Additional Services Exp & Per Diem	9,0069	9,0069	
D. Medicaid Per Diem Cost			
1. Operating Component	56,7264	56,7264	1,298,920
2. Resident Care Component	132,7458	210,9076	3,985,371
3. Property Cost Component	15,0387	15,0387	344,357
4. ROE/Use Allow Component	1,3323	1,3323	30,506
5 Total Cost Per Diem	205,8431	284,0050	5,659,154



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028520000 - 2013/10
RI: 234.54
NM: 313.69

PENSACOLA DEV CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	49.209	126.932	176.141	49.209	201.563	250.772
2. Inflate Line 1 by Inflation Factor 1.02314081	50.348	129.869	180.217	50.348	206.227	256.575
3. Line 1 x 1.400 x Inflation Factor 1.03239713	50.804	131.044	181.847	50.804	208.093	258.896
4. Current Period Cost	56.726	132.746	189.472	56.726	210.908	267.634
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	50.804	131.044	181.847	50.804	208.093	258.896
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)	50.804	131.044	181.847	50.804	208.093	258.896
12. Plus: Property Rate Component			15.039			15.039
13. Plus: ROE/Use Rate			1.332			1.332
14. Total Current Period Base			198.218			275.267
15. Prospective Rate: Line 11 x Inflation (1.04870363)	53.278	137.426	190.704	53.278	218.228	271.506
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	53.278	137.426	190.704	53.278	218.228	271.506
19. Property Rate Component			15.039			15.039
20. ROE Component + ROE Interim Component			1.332			1.332
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			207.07			287.88
23. Medicaid Days		10,798			12,100	
24. Resident Days		10,798			12,100	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.77			2.39
28. Less Rate Freeze Amount (1.27909%)			2.89			3.91
29. Underpayment Adjustment			11.17			11.17
30. Final Per Diem After Adjustments			234.54			313.69



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

028521800 - 2013/10
RI:326.40 / NM:403.13

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

Provider Number: 028521800
 Date: 10/22/2013
 FYE: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>303.80</u>	<u>326.40</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>379.31</u>	<u>403.13</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028521800

Provider Name: **ANN STORCK CENTER**
 Provider Number: 28521800
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 10/01/2011 - 09/30/2012
 Days In Reporting Period: 366
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	366	17,036	17,402
2. Operating Expenses Component			
A. Administration			657,199
B. Plant Operation			611,613
C. Laundry			53,712
D. Housekeeping			124,931
E. Operating Expense Component & Per Diem	83,1775	83,1775	1,447,455
3. Resident Care			
A. Dietary			365,863
B. Other			0
C. Nursing			1,042,585
D. Resident Care & Per Diem	80,9360	80,9360	1,408,448
4. Prop Exp & Per Diem	11,4445	11,4445	199,157
5. ROE/Use Per Diem	0,0000	0,0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0,50	1,00	
2. Total Staffing Required	183,00	17,036,00	17,219,00
3. Staffing Percent	1,062,7795	98,937,2205	100,00
4. Allocation of Direct Care	26,630,75	2,479,133,25	2,505,764,00
5. Direct Care Expense Per Diem	72,7616	145,5232	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	366	17,036	17,402
2. Additional Services	14,784	688,032	702,816
3. Additional Services Exp & Per Diem	40,3934	40,3869	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	83,1775	83,1775	1,447,455
2. Resident Care Component	194,0910	266,8461	4,617,028
3. Property Cost Component	11,4445	11,4445	199,157
4. ROE/Use Allow Component	0,0000		0
5 Total Cost Per Diem	288,7130	361,4681	6,263,640



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028521800 - 2013/10

RI: 326.40

NM: 403.13

ANN STORCK CENTER

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2011	9/30/2012	Unaudited [3]	201210
Prior Cost Report	10/1/2010	9/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.844	194.776	267.619	72.844	270.089	342.933
2. Inflate Line 1 by Inflation Factor 1.02232877	74.470	199.125	273.595	74.470	276.120	350.590
3. Line 1 x 1.400 x Inflation Factor 1.03126028	75.121	200.865	275.985	75.121	278.532	353.653
4. Current Period Cost	83.178	194.091	277.269	83.178	266.846	350.024
5. Incentive Basis (line 3 - line 4)	0.000	6.773		0.000	11.686	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.121	194.091	269.212	75.121	266.846	341.967
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.387	3.387	0.000	5.843	5.843
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.823	5.823	0.000	8.005	8.005
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	3.387	3.387	0.000	5.843	5.843
10. Final Incentive	0.000	3.387	3.387	0.000	5.843	5.843
11. Current Period Base: (line 6 + line 10)	75.121	197.478	272.598	75.121	272.689	347.810
12. Plus: Property Rate Component			11.444			11.444
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			284.043			359.254
15. Prospective Rate: Line 11 x Inflation (1.04150178)	78.238	205.673	283.912	78.238	284.006	362.245
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.238	205.673	283.912	78.238	284.006	362.245
19. Property Rate Component			11.444			11.444
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			295.36			373.69
23. Medicaid Days			366			17,036
24. Resident Days			366			17,036
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.45			3.06
28. Less Rate Freeze Amount (1.27909%)			4.01			5.00
29. Underpayment Adjustment			16.55			16.55
30. Final Per Diem After Adjustments			326.40			403.13



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

028522600 - 2013/10
RI:248.34 / NM:325.34

Tallahassee Developmental
 455 Appleyard Drive
 Tallahassee FL 32304

Provider Number: 028522600
 Date: 10/22/2013
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	228.42	248.34	10/1/2013
#8 Non-Ambulatory & #9 Medical	303.55	325.34	10/1/2013

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
 Collierville TN 38017

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2013 to 10/2013

028522600

Provider Name: **Tallahassee Developmental**
 Provider Number: 28522600
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,919	17,007	19,926
2. Operating Expenses Component			
A. Administration			695,353
B. Plant Operation			338,281
C. Laundry			6,187
D. Housekeeping			162,021
E. Operating Expense Component & Per Diem	60.3153	60.3153	1,201,842
3. Resident Care			
A. Dietary			451,872
B. Other			0
C. Nursing			782,410
D. Resident Care & Per Diem	61.9433	61.9433	1,234,282
4. Prop Exp & Per Diem	12.4375	12.4375	247,830
5. ROE/Use Per Diem	1.0650	1.0650	21,221
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,459.50	17,007.00	18,466.50
3. Staffing Percent	7.9035009	92.0964991	100.00
4. Allocation of Direct Care	249,801.45	2,910,841.55	3,160,643.00
5. Direct Care Expense Per Diem	85.5777	171.1555	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,919	17,007	19,926
2. Additional Services	33,663	196,124	229,787
3. Additional Services Exp & Per Diem	11.5324	11.5320	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	60.3153	60.3153	1,201,842
2. Resident Care Component	159.0534	244.6307	4,624,712
3. Property Cost Component	12.4375	12.4375	247,830
4. ROE/Use Allow Component	1.0650	1.0650	21,221
5 Total Cost Per Diem	232.8712	318.4485	6,095,605



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028522600 - 2013/10

RI: 248.34

NM: 325.34

Tallahassee Developmental

Ownership: Private [3]

Incentive Rating: Eligible [2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201304
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	53.940	140.671	194.611	53.940	214.992	268.932
2. Inflate Line 1 by Inflation Factor 1.02187646	55.120	143.748	198.868	55.120	219.696	274.815
3. Line 1 x 1.400 x Inflation Factor 1.03062704	55.592	144.979	200.571	55.592	221.577	277.168
4. Current Period Cost	60.315	159.053	219.369	60.315	244.631	304.946
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)	55.592	144.979	200.571	55.592	221.577	277.168
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)	55.592	144.979	200.571	55.592	221.577	277.168
12. Plus: Property Rate Component			12.438			12.438
13. Plus: ROE/Use Rate			1.065			1.065
14. Total Current Period Base			214.073			290.671
15. Prospective Rate: Line 11 x Inflation (1.02625285)	57.051	148.786	205.837	57.051	227.394	284.445
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	57.051	148.786	205.837	57.051	227.394	284.445
19. Property Rate Component			12.438			12.438
20. ROE Component + ROE Interim Component			1.065			1.065
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			219.34			297.95
23. Medicaid Days		2,919			17,007	
24. Resident Days		2,919			17,007	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.86			2.47
28. Less Rate Freeze Amount (1.27909%)			3.05			4.04
29. Underpayment Adjustment			12.96			12.96
30. Final Per Diem After Adjustments			248.34			325.34



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

028524200 - 2013/10
RI:244.99 / NM:337.56

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

Provider Number: 028524200
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>228.89</u>	<u>244.99</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>319.98</u>	<u>337.56</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028524200

Provider Name: **FT WALTON BCH DEVELOP CTR**
 Provider Number: 28524200
 Audit Status: Unaudited [3]
 Date: 10/22/2013

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	14,331	8,278	22,609
2. Operating Expenses Component			
A. Administration			694,430
B. Plant Operation			336,362
C. Laundry			1,888
D. Housekeeping			175,831
E. Operating Expense Component & Per Diem	53,4527	53,4527	1,208,511
3. Resident Care			
A. Dietary			338,862
B. Other			0
C. Nursing			596,041
D. Resident Care & Per Diem	41,3509	41,3509	934,903
4. Prop Exp & Per Diem	16,0623	16,0623	363,153
5. ROE/Use Per Diem	1,3015	1,3015	29,425
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	7,165.50	8,278.00	15,443.50
3. Staffing Percent	46.3981610	53.6018390	100.00
4. Allocation of Direct Care	1,300,772.44	1,502,727.56	2,803,500.00
5. Direct Care Expense Per Diem	90.7663	181.5327	
C. Additional Services Expense			
1. Medicaid Inpatient Days	14,331	8,278	22,609
2. Additional Services	100,773	58,209	158,982
3. Additional Services Exp & Per Diem	7,0318	7,0318	
D. Medicaid Per Diem Cost			
1. Operating Component	53,4527	53,4527	1,208,511
2. Resident Care Component	139,1491	229,9154	3,897,385
3. Property Cost Component	16,0623	16,0623	363,153
4. ROE/Use Allow Component	1,3015	1,3015	29,425
5 Total Cost Per Diem	209,9655	300,7318	5,498,474



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028524200 - 2013/10

RI: 244.99

NM: 337.56

FT WALTON BCH DEVELOP CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	49.939	135.175	185.114	49.939	222.268	272.207
2. Inflate Line 1 by Inflation Factor 1.02314081	51.095	138.303	189.398	51.095	227.411	278.506
3. Line 1 x 1.400 x Inflation Factor 1.03239713	51.557	139.554	191.111	51.557	229.469	281.026
4. Current Period Cost	53.453	139.149	192.602	53.453	229.915	283.368
5. Incentive Basis (line 3 - line 4)	0.000	0.405		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	51.557	139.149	190.706	51.557	229.469	281.026
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.203	0.203	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.174	4.174	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.203	0.203	0.000	0.000	0.000
10. Final Incentive	0.000	0.203	0.203	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	51.557	139.352	190.909	51.557	229.469	281.026
12. Plus: Property Rate Component			16.062			16.062
13. Plus: ROE/Use Rate			1.301			1.301
14. Total Current Period Base			208.272			298.389
15. Prospective Rate: Line 11 x Inflation (1.04870363)	54.068	146.139	200.206	54.068	240.645	294.712
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	54.068	146.139	200.206	54.068	240.645	294.712
19. Property Rate Component			16.062			16.062
20. ROE Component + ROE Interim Component			1.301			1.301
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			217.57			312.08
23. Medicaid Days		14,331			8,278	
24. Resident Days		14,331			8,278	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.85			2.58
28. Less Rate Freeze Amount (1.27909%)			3.02			4.22
29. Underpayment Adjustment			11.34			11.34
30. Final Per Diem After Adjustments			244.99			337.56



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

028526900 - 2013/10
RI:235.17 / NM:307.03

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

Provider Number: 028526900
 Date: 10/22/2013
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>212.81</u>	<u>235.17</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>282.93</u>	<u>307.03</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 468 Halle Park Drive

 Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2013 to 10/2013

028526900

Provider Name: **PANAMA CITY DEV CTR**
 Provider Number: 28526900
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,387	19,378	20,765
2. Operating Expenses Component			
A. Administration			654,350
B. Plant Operation			332,244
C. Laundry			2,472
D. Housekeeping			190,283
E. Operating Expense Component & Per Diem	56,7950	56,7950	1,179,349
3. Resident Care			
A. Dietary			412,754
B. Other			0
C. Nursing			680,221
D. Resident Care & Per Diem	52,6354	52,6354	1,092,975
4. Prop Exp & Per Diem	14,2487	14,2487	295,875
5. ROE/Use Per Diem	1,1857	1,1857	24,622
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	693.50	19,378.00	20,071.50
3. Staffing Percent	3,4551478	96,5448522	100.00
4. Allocation of Direct Care	102,294.25	2,858,338.75	2,960,633.00
5. Direct Care Expense Per Diem	73,7522	147,5043	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,387	19,378	20,765
2. Additional Services	10,736	149,985	160,721
3. Additional Services Exp & Per Diem	7,7404	7,7400	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	56,7950	56,7950	1,179,349
2. Resident Care Component	134,1281	207,8797	4,214,329
3. Property Cost Component	14,2487	14,2487	295,875
4. ROE/Use Allow Component	1,1857	1,1857	24,622
5 Total Cost Per Diem	206,3576	280,1092	5,714,175



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028526900 - 2013/10
RI: 235.17
NM: 307.03

PANAMA CITY DEV CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201304
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	53.716	126.805	180.521	53.716	196.170	249.886
2. Inflate Line 1 by Inflation Factor 1.02187646	54.891	129.579	184.470	54.891	200.461	255.352
3. Line 1 x 1.400 x Inflation Factor 1.03062704	55.361	130.689	186.050	55.361	202.178	257.539
4. Current Period Cost	56.795	134.128	190.923	56.795	207.880	264.675
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)	55.361	130.689	186.050	55.361	202.178	257.539
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)	55.361	130.689	186.050	55.361	202.178	257.539
12. Plus: Property Rate Component			14.249			14.249
13. Plus: ROE/Use Rate			1.186			1.186
14. Total Current Period Base			201.484			272.973
15. Prospective Rate: Line 11 x Inflation (1.02625285)	56.814	134.120	190.934	56.814	207.486	264.300
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	56.814	134.120	190.934	56.814	207.486	264.300
19. Property Rate Component			14.249			14.249
20. ROE Component + ROE Interim Component			1.186			1.186
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			206.37			279.73
23. Medicaid Days		1,387			19,378	
24. Resident Days		1,387			19,378	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.76			2.33
28. Less Rate Freeze Amount (1.27909%)			2.88			3.81
29. Underpayment Adjustment			12.49			12.49
30. Final Per Diem After Adjustments			235.17			307.03



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

028530700 - 2013/10
RI:214.20 / NM:281.01

HILLSBOROUGH DEVELOPMENT
 14219 Bruce B Downs Boulevard
 Tampa FL 33613

Provider Number: 028530700
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>198.94</u>	<u>214.20</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>264.77</u>	<u>281.01</u>	<u>10/1/2013</u>

Rate Type:


 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

 X Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

 Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
Collierville TN 38017

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028530700

Provider Name: **HILLSBOROUGH DEVELOPMENT**
 Provider Number: 28530700
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,252	19,108	23,360
2. Operating Expenses Component:			
A. Administration			697,615
B. Plant Operation			397,616
C. Laundry			3,810
D. Housekeeping			144,429
E. Operating Expense Component & Per Diem	53.2307	53.2307	1,243,470
3. Resident Care			
A. Dietary			365,178
B. Other			0
C. Nursing			690,198
D. Resident Care & Per Diem	45.1788	45.1788	1,055,376
4. Prop Exp & Per Diem	6.9258	6.9258	161,787
5. ROE/Use Per Diem	1.5694	1.5694	36,661
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,126.00	19,108.00	21,234.00
3. Staffing Percent	10.0122445	89.9877555	100.00
4. Allocation of Direct Care	275,181.03	2,473,263.97	2,748,445.00
5. Direct Care Expense Per Diem	64.7180	129.4360	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,252	19,108	23,360
2. Additional Services	36.848	165,591	202,439
3. Additional Services Exp & Per Diem	8.6660	8.6661	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	53.2307	53.2307	1,243,470
2. Resident Care Component	118.5628	183.2809	4,006,260
3. Property Cost Component	6.9258	6.9258	161,787
4. ROE/Use Allow Component	1.5694	1.5694	36,661
5 Total Cost Per Diem	180.2888	245.0068	5,448,178



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028530700 - 2013/10

RI: 214.20

NM: 281.01

HILLSBOROUGH DEVELOPMENT

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 12/13/2012 - 01/24/2013 Days Eligible: 140 of 182

Eligibility factor :76.92%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	47.645	118.888	166.534	47.645	182.366	230.011
2. Inflate Line 1 by Inflation Factor 1.02314081	48.748	121.639	170.387	48.748	186.586	235.334
3. Line 1 x 1.400 x Inflation Factor 1.03239713	49.189	122.740	171.929	49.189	188.274	237.463
4. Current Period Cost	53.231	118.563	171.794	53.231	183.281	236.512
5. Incentive Basis (line 3 - line 4)	0.000	4.177		0.000	4.993	
6. Allowed Current Period Costs (Min of line 3 or 4)	49.189	118.563	167.752	49.189	183.281	232.470
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.088	2.088	0.000	2.497	2.497
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.557	3.557	0.000	5.498	5.498
9. Incentive - Min of Line 7,8 x Eligibility factor 76.92%	0.000	1.607	1.607	0.000	1.921	1.921
10. Final Incentive	0.000	1.607	1.607	0.000	1.921	1.921
11. Current Period Base: (line 6 + line 10)	49.189	120.169	169.358	49.189	185.201	234.390
12. Plus: Property Rate Component			6.926			6.926
13. Plus: ROE/Use Rate			1.569			1.569
14. Total Current Period Base			177.853			242.886
15. Prospective Rate: Line 11 x Inflation (1.04870363)	51.585	126.022	177.607	51.585	194.221	245.806
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	51.585	126.022	177.607	51.585	194.221	245.806
19. Property Rate Component			6.926			6.926
20. ROE Component + ROE Interim Component			1.569			1.569
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			186.10			254.30
23. Medicaid Days		4,252			19,108	
24. Resident Days		4,252			19,108	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.60			2.13
28. Less Rate Freeze Amount (1.27909%)			2.62			3.49
29. Underpayment Adjustment			11.38			11.38
30. Final Per Diem After Adjustments			214.20			281.01



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

028531500 - 2013/10
RI:361.21 / NM:439.67

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

Provider Number: 028531500
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>337.69</u>	<u>361.21</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>414.89</u>	<u>439.67</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028531500

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,861	6,762	8,623
2. Operating Expenses Component			
A. Administration			672,079
B. Plant Operation			184,291
C. Laundry			769
D. Housekeeping			99,709
E. Operating Expense Component & Per Diem	110.9646	110.9646	956.848
3. Resident Care			
A. Dietary			215,946
B. Other			0
C. Nursing			431,210
D. Resident Care & Per Diem	75.0500	75.0500	647,156
4. Prop Exp & Per Diem	21.8934	21.8934	188,787
5. ROE/Use Per Diem	0.9595	0.9595	8,274
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	930.50	6,762.00	7,692.50
3. Staffing Percent	12.0961976	87.9038024	100.00
4. Allocation of Direct Care	137,186.36	996,941.64	1,134,128.00
5. Direct Care Expense Per Diem	73.7165	147.4330	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,861	6,762	8,623
2. Additional Services	85,640	311,175	396,815
3. Additional Services Exp & Per Diem	46.0183	46.0182	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	110.9646	110.9646	956.848
2. Resident Care Component	194.7847	268.5011	2,178.099
3. Property Cost Component	21.8934	21.8934	188,787
4. ROE/Use Allow Component	0.9595	0.9595	8,274
5 Total Cost Per Diem	328.6023	402.3187	3,332,008



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028531500 - 2013/10

RI: 361.21

NM: 439.67

Woodhouse, Inc

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	94.887	190.716	285.603	94.887	267.536	362.423
2. Inflate Line 1 by Inflation Factor 1.02291454	97.061	195.086	292.147	97.061	273.666	370.727
3. Line 1 x 1.400 x Inflation Factor 1.03208035	97.931	196.834	294.765	97.931	276.119	374.049
4. Current Period Cost	110.965	194.785	305.749	110.965	268.501	379.466
5. Incentive Basis (line 3 - line 4)	0.000	2.049		0.000	7.617	
6. Allowed Current Period Costs (Min of line 3 or 4)	97.931	194.785	292.715	97.931	268.501	366.432
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.025	1.025	0.000	3.809	3.809
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.844	5.844	0.000	8.055	8.055
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	1.025	1.025	0.000	3.809	3.809
10. Final Incentive	0.000	1.025	1.025	0.000	3.809	3.809
11. Current Period Base: (line 6 + line 10)	97.931	195.809	293.740	97.931	272.310	370.241
12. Plus: Property Rate Component			21.893			21.893
13. Plus: ROE/Use Rate			0.960			0.960
14. Total Current Period Base			316.593			393.093
15. Prospective Rate: Line 11 x Inflation (1.04690055)	102.524	204.993	307.517	102.524	285.081	387.605
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	102.524	204.993	307.517	102.524	285.081	387.605
19. Property Rate Component			21.893			21.893
20. ROE Component + ROE Interim Component			0.960			0.960
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			330.37			410.46
23. Medicaid Days		1.861			6.762	
24. Resident Days		1.861			6.762	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.72			3.34
28. Less Rate Freeze Amount (1.27909%)			4.45			5.47
29. Underpayment Adjustment			17.07			17.07
30. Final Per Diem After Adjustments			361.21			439.67



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

028533100 - 2013/10
RI:318.66 / NM:407.42

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

Provider Number: 028533100
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>297.51</u>	<u>318.66</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>385.45</u>	<u>407.42</u>	<u>10/1/2013</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

9040 Sunset Drive Suite 70-A
 Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028533100

Provider Name: **SUNRISE CAPE CORAL CLUS**
 Provider Number: 28533100
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	403	8,228	8,631
2. Operating Expenses Component			
A. Administration			444,267
B. Plant Operation			137,446
C. Laundry			4,858
D. Housekeeping			60,068
E. Operating Expense Component & Per Diem	74,9205	74,9205	646,639
3. Resident Care			
A. Dietary			132,599
B. Other			161,988
C. Nursing			368,110
D. Resident Care & Per Diem	76,7810	76,7810	662,697
4. Prop Exp & Per Diem	19,8380	19,8380	171,222
5. ROE/Use Per Diem	3,0219	3,0219	26,082
B. Direct Care Expense			
1. Staffing	0,50	1,00	
2. Total Staffing Required	201,50	8,228,00	8,429,50
3. Staffing Percent	2,3904146	97,6095854	100,00
4. Allocation of Direct Care	33,959,54	1,386,695,46	1,420,655,00
5. Direct Care Expense Per Diem	84,2669	168,5337	
C. Additional Services Expense			
1. Medicaid Inpatient Days	403	8,228	8,631
2. Additional Services	4,393	89,719	94,112
3. Additional Services Exp & Per Diem	10,9007	10,9041	
D. Medicaid Per Diem Cost			
1. Operating Component	74,9205	74,9205	646,639
2. Resident Care Component	171,9486	256,2189	2,177,464
3. Property Cost Component	19,8380	19,8380	171,222
4. ROE/Use Allow Component	3,0219	3,0219	26,082
5 Total Cost Per Diem	269,7291	353,9993	3,021,407



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028533100 - 2013/10
RI: 318.66
NM: 407.42

SUNRISE CAPE CORAL CLUS

Ownership: Private[3]

Incentive Rating: Ineligible[1] from 10/09/2012 - 11/15/2012 Days Eligible: 145 of 182

Eligibility factor :79.67%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.895	175.946	252.841	76.895	264.145	341.040
2. Inflate Line 1 by Inflation Factor 1.02291454	78.657	179.977	258.635	78.657	270.198	348.855
3. Line 1 x 1.400 x Inflation Factor 1.03208035	79.362	181.590	260.952	79.362	272.619	351.981
4. Current Period Cost	74.921	171.949	246.869	74.921	256.219	331.139
5. Incentive Basis (line 3 - line 4)	4.442	9.641		4.442	16.400	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.921	171.949	246.869	74.921	256.219	331.139
7. Incentive Line 5 x Oper 50% Res 50%	2.221	4.821	7.042	2.221	8.200	10.421
8. Incentive - Line 4 x Oper 10% Res 3%	7.492	5.158	12.651	7.492	7.687	15.179
9. Incentive - Min of Line 7.8 x Eligibility factor 79.67%	1.769	3.841	5.610	1.769	6.124	7.893
10. Final Incentive	1.769	3.841	5.610	1.769	6.124	7.893
11. Current Period Base: (line 6 + line 10)	76.690	175.789	252.479	76.690	262.343	339.033
12. Plus: Property Rate Component			19.838			19.838
13. Plus: ROE/Use Rate			3.022			3.022
14. Total Current Period Base			275.339			361.893
15. Prospective Rate: Line 11 x Inflation (1.04690055)	80.287	184.034	264.321	80.287	274.647	354.933
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.287	184.034	264.321	80.287	274.647	354.933
19. Property Rate Component			19.838			19.838
20. ROE Component + ROE Interim Component			3.022			3.022
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			287.18			377.79
23. Medicaid Days			403			8.228
24. Resident Days			403			8.228
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.39			3.09
28. Less Rate Freeze Amount (1.27909%)			3.91			5.05
29. Underpayment Adjustment			16.82			16.82
30. Final Per Diem After Adjustments			318.66			407.42



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

028535800 - 2013/10
RI:230.14 / NM:254.10

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

Provider Number: 028535800
 Date: 10/22/2013
 FYE: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	225.78	230.14	10/1/2013
#8 Non-Ambulatory & #9 Medical	249.91	254.10	10/1/2013

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (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) 10/2013 to 10/2013

028535800

Provider Name: **Bayview - Lynn Haven**
 Provider Number: 28535800
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 01/01/2012 - 12/31/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,158	672	1,830
2. Operating Expenses Component			
A. Administration			81,297
B. Plant Operation			20,148
C. Laundry			0
D. Housekeeping			3,096
E. Operating Expense Component & Per Diem	57.1262	57.1262	104,541
3. Resident Care			
A. Dietary			9,955
B. Other			0
C. Nursing			15,721
D. Resident Care & Per Diem	14.0306	14.0306	25,676
4. Prop Exp & Per Diem	17.6787	17.6787	32,352
5. ROE/Use Per Diem	0.5710	0.5710	1,045
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	868.50	672.00	1,540.50
3. Staffing Percent	56.3777994	43.6222006	100.00
4. Allocation of Direct Care	79,624.06	61,608.94	141,233.00
5. Direct Care Expense Per Diem	68.7600	91.6800	
C. Additional Services Expense			
1. Medicaid Inpatient Days	792	672	1,464
2. Additional Services	26,917	22,840	49,757
3. Additional Services Exp & Per Diem	33.9861	33.9881	
D. Medicaid Per Diem Cost			
1. Operating Component	57.1262	57.1262	104,541
2. Resident Care Component	116.7767	139.6987	216,666
3. Property Cost Component	17.6787	17.6787	32,352
4. ROE/Use Allow Component	0.5710	0.5710	1,045
5 Total Cost Per Diem	192.1526	215.0746	354,604



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028535800 - 2013/10

RI: 230.14

NM: 254.10

Bayview - Lynn Haven

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited [3]	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	57.680	124.060	181.740	57.680	147.711	205.391
2. Inflate Line 1 by Inflation Factor 1.02197014	58.947	126.786	185.733	58.947	150.957	209.904
3. Line 1 x 1.400 x Inflation Factor 1.03075819	59.454	127.876	187.330	59.454	152.255	211.709
4. Current Period Cost	57.126	116.777	173.903	57.126	139.699	196.825
5. Incentive Basis (line 3 - line 4)	2.328	11.099		2.328	12.556	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.126	116.777	173.903	57.126	139.699	196.825
7. Incentive Line 5 x Oper 50% Res 50%	1.164	5.550	6.714	1.164	6.278	7.442
8. Incentive - Line 4 x Oper 10% Res 3%	5.713	3.503	9.216	5.713	4.191	9.904
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	1.164	3.503	4.667	1.164	4.191	5.355
10. Final Incentive	1.164	3.503	4.667	1.164	4.191	5.355
11. Current Period Base: (line 6 + line 10)	58.290	120.280	178.570	58.290	143.890	202.180
12. Plus: Property Rate Component			17.679			17.679
13. Plus: ROE/Use Rate			0.571			0.571
14. Total Current Period Base			196.820			220.429
15. Prospective Rate: Line 11 x Inflation (1.03578743)	60.376	124.585	184.961	60.376	149.039	209.415
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	60.376	124.585	184.961	60.376	149.039	209.415
19. Property Rate Component			17.679			17.679
20. ROE Component + ROE Interim Component			0.571			0.571
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			203.21			227.66
23. Medicaid Days			792			672
24. Resident Days			1,158			672
25. Medicaid Utilization			68.39%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.74			1.93
28. Less Rate Freeze Amount (1.27909%)			2.84			3.15
29. Underpayment Adjustment			10.56			10.56
30. Final Per Diem After Adjustments			230.14			254.10



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

028536600 - 2013/10
RI:261.23 / NM:293.00

Squire Court Community Home
 95 Squire Court
 Dunedin FL 34698

Provider Number: 028536600
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>245.69</u>	<u>261.23</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>277.04</u>	<u>293.00</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028536600

Provider Name: **Squire Court Community Home**
 Provider Number: 28536600
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,464	732	2,196
2. Operating Expenses Component			
A. Administration			85,172
B. Plant Operation			18,936
C. Laundry			9
D. Housekeeping			1,363
E. Operating Expense Component & Per Diem	48,0328	48,0328	105,480
3. Resident Care			
A. Dietary			22,651
B. Other			0
C. Nursing			20,768
D. Resident Care & Per Diem	19,7719	19,7719	43,419
4. Prop Exp & Per Diem	13,4467	13,4467	29,529
5. ROE/Use Per Diem	6,2313	6,2313	13,684
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	134,240.40	89,493.60	223,734.00
5. Direct Care Expense Per Diem	91.6943	122.2590	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	73,545	36,767	110,312
3. Additional Services Exp & Per Diem	50,2357	50,2281	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	48,0328	48,0328	105,480
2. Resident Care Component	161,7018	192,2590	377,465
3. Property Cost Component	13,4467	13,4467	29,529
4. ROE/Use Allow Component	6,2313	6,2313	13,684
5 Total Cost Per Diem	229,4126	259,9699	526,158



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028536600 - 2013/10

RI: 261.23

NM: 293.00

Squire Court Community Home

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 01/10/2013 - 02/12/2013 Days Eligible: 149 of 182

Eligibility factor :81.87%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	38.639	164.541	203.180	38.639	195.143	233.782
2. Inflate Line 1 by Inflation Factor 1.02291454	39.525	168.311	207.836	39.525	199.614	239.139
3. Line 1 x 1.400 x Inflation Factor 1.03208035	39.879	169.819	209.698	39.879	201.403	241.282
4. Current Period Cost	48.033	161.702	209.735	48.033	192.259	240.292
5. Incentive Basis (line 3 - line 4)	0.000	8.117		0.000	9.144	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.879	161.702	201.581	39.879	192.259	232.138
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.059	4.059	0.000	4.572	4.572
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.851	4.851	0.000	5.768	5.768
9. Incentive - Min of Line 7.8 x Eligibility factor 81.87%	0.000	3.323	3.323	0.000	3.743	3.743
10. Final Incentive	0.000	3.323	3.323	0.000	3.743	3.743
11. Current Period Base: (line 6 + line 10)	39.879	165.025	204.903	39.879	196.002	235.881
12. Plus: Property Rate Component			13.447			13.447
13. Plus: ROE/Use Rate			6.231			6.231
14. Total Current Period Base			224.582			255.559
15. Prospective Rate: Line 11 x Inflation (1.04690055)	41.749	172.764	214.514	41.749	205.195	246.944
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	41.749	172.764	214.514	41.749	205.195	246.944
19. Property Rate Component			13.447			13.447
20. ROE Component + ROE Interim Component			6.231			6.231
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			234.19			266.62
23. Medicaid Days		1,464			732	
24. Resident Days		1,464			732	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.98			2.23
28. Less Rate Freeze Amount (1.27909%)			3.23			3.65
29. Underpayment Adjustment			11.30			11.30
30. Final Per Diem After Adjustments			261.23			293.00



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

028537400 - 2013/10
RI:293.13 / NM:0.00

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

Provider Number: 028537400
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>277.01</u>	<u>293.13</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028537400

Provider Name: **BAYVIEW - SAFETY HARBOR**
 Provider Number: 28537400
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2.196	0	2.196
2. Operating Expenses Component			
A. Administration			81,733
B. Plant Operation			23,516
C. Laundry			506
D. Housekeeping			2,834
E. Operating Expense Component & Per Diem	49.4485	0.0000	108,589
3. Resident Care			
A. Dietary			19,558
B. Other			0
C. Nursing			16,052
D. Resident Care & Per Diem	16.2158	0.0000	35,610
4. Prop Exp & Per Diem	38.0009	0.0000	83,450
5. ROE/Use Per Diem	6.1717	0.0000	13,553
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	219,358.00		219,358.00
5. Direct Care Expense Per Diem	99.8898		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2.196		2.196
2. Additional Services	105,427		105,427
3. Additional Services Exp & Per Diem	48.0087		
D. Medicaid Per Diem Cost			
1. Operating Component	49.4485		108,589
2. Resident Care Component	164.1143		360,395
3. Property Cost Component	38.0009		83,450
4. ROE/Use Allow Component	6.1717		13,553
5 Total Cost Per Diem	257.7354		565,987



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028537400 - 2013/10

RI: 293.13

NM: 0.00

BAYVIEW - SAFETY HARBOR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.571	177.152	219.723			
2. Inflate Line 1 by Inflation Factor 1.02291454	43.547	181.211	224.758			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	43.937	182.835	226.772			
4. Current Period Cost	49.449	164.114	213.563			
5. Incentive Basis (line 3 - line 4)	0.000	18.721		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.937	164.114	208.051			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	9.360	9.360	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.923	4.923	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	4.923	4.923	0.000	0.000	0.000
10. Final Incentive	0.000	4.923	4.923	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.937	169.038	212.975	0.000	0.000	0.000
12. Plus: Property Rate Component			38.001			0.000
13. Plus: ROE/Use Rate			6.172			0.000
14. Total Current Period Base			257.147			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	45.998	176.966	222.963	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	45.998	176.966	222.963	0.000	0.000	0.000
19. Property Rate Component			38.001			0.000
20. ROE Component + ROE Interim Component			6.172			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			267.14			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.23			0.00
28. Less Rate Freeze Amount (1.27909%)			3.65			0.00
29. Underpayment Adjustment			10.93			0.00
30. Final Per Diem After Adjustments			293.13			0.00



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

028539100 - 2013/10
RI:461.23 / NM:554.47

Hendricks
 95154 Hendricks Road
 Fernandina Beach FL 32034

Provider Number: 028539100
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>431.05</u>	<u>461.23</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>523.13</u>	<u>554.47</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

95146 Hendricks Road
Fernandina Beach FL 32034

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028539100

Provider Name: **Amelia Island Properties, Inc.**
 Provider Number: 28539100
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,534	6,424	7,958
2. Operating Expenses Component			
A. Administration			486,275
B. Plant Operation			399,874
C. Laundry			42,061
D. Housekeeping			160,232
E. Operating Expense Component & Per Diem	136.7733	136.7733	1,088,442
3. Resident Care			
A. Dietary			256,825
B. Other			0
C. Nursing			450,069
D. Resident Care & Per Diem	88.8281	88.8281	706,894
4. Prop Exp & Per Diem	64.3552	64.3552	512,139
5. ROE/Use Per Diem	2.6914	2.6914	21,418
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	767.00	6,424.00	7,191.00
3. Staffing Percent	10.6661104	89.3338896	100.00
4. Allocation of Direct Care	145,069.34	1,215,026.66	1,360,096.00
5. Direct Care Expense Per Diem	94.5693	189.1386	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,534	6,424	7,958
2. Additional Services	38,972	163,211	202,183
3. Additional Services Exp & Per Diem	25.4055	25.4064	
D. Medicaid Per Diem Cost			
1. Operating Component	136.7733	136.7733	1,088,442
2. Resident Care Component	208.8029	303.3732	2,269,173
3. Property Cost Component	64.3552	64.3552	512,139
4. ROE/Use Allow Component	2.6914	2.6914	21,418
5 Total Cost Per Diem	412.6228	507.1931	3,891,172



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028539100 - 2013/10

RI: 461.23

NM: 554.47

Hendricks

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	128.250	206.213	334.462	128.250	292.148	420.398
2. Inflate Line 1 by Inflation Factor 1.02314081	131.217	210.985	342.202	131.217	298.909	430.126
3. Line 1 x 1.400 x Inflation Factor 1.03239713	132.404	212.893	345.298	132.404	301.613	434.017
4. Current Period Cost	136.773	208.803	345.576	136.773	303.373	440.147
5. Incentive Basis (line 3 - line 4)	0.000	4.091		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	132.404	208.803	341.207	132.404	301.613	434.017
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.045	2.045	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.264	6.264	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	2.045	2.045	0.000	0.000	0.000
10. Final Incentive	0.000	2.045	2.045	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	132.404	210.848	343.253	132.404	301.613	434.017
12. Plus: Property Rate Component			64.355			64.355
13. Plus: ROE/Use Rate			2.691			2.691
14. Total Current Period Base			410.299			501.064
15. Prospective Rate: Line 11 x Inflation (1.04870363)	138.853	221.117	359.970	138.853	316.302	455.155
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	138.853	221.117	359.970	138.853	316.302	455.155
19. Property Rate Component			64.355			64.355
20. ROE Component + ROE Interim Component			2.691			2.691
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			427.02			522.20
23. Medicaid Days		1,534			6,424	
24. Resident Days		1,534			6,424	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			3.47			4.21
28. Less Rate Freeze Amount (1.27909%)			5.68			6.89
29. Underpayment Adjustment			22.41			22.41
30. Final Per Diem After Adjustments			461.23			554.47



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

028540400 - 2013/10
RI:204.66 / NM:221.80

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

Provider Number: 028540400
 Date: 10/22/2013
 FYE: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	214.78	204.66	10/1/2013
#8 Non-Ambulatory & #9 Medical	235.69	221.80	10/1/2013

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective 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) 10/2013 to 10/2013

028540400

Provider Name: **Seaview CRF, Inc.**
 Provider Number: 28540400
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 01/01/2012 - 12/31/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,466	728	2,194
2. Operating Expenses Component			
A. Administration			114,146
B. Plant Operation			15,667
C. Laundry			0
D. Housekeeping			3,240
E. Operating Expense Component & Per Diem	60.6440	60.6440	133.053
3. Resident Care			
A. Dietary			10,109
B. Other			0
C. Nursing			18,176
D. Resident Care & Per Diem	12.8920	12.8920	28,285
4. Prop Exp & Per Diem	15.2138	15.2138	33,379
5. ROE/Use Per Diem	0.4175	0.4175	916
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,099.50	728.00	1,827.50
3. Staffing Percent	60.1641587	39.8358413	100.00
4. Allocation of Direct Care	72,162.10	47,779.90	119,942.00
5. Direct Care Expense Per Diem	49.2238	65.6317	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,466	728	2,194
2. Additional Services	40,502	20,113	60,615
3. Additional Services Exp & Per Diem	27.6276	27.6277	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	60.6440	60.6440	133.053
2. Resident Care Component	89.7433	106.1515	208.842
3. Property Cost Component	15.2138	15.2138	33.379
4. ROE/Use Allow Component	0.4175	0.4175	916
5 Total Cost Per Diem	166.0186	182.4268	376,190



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

028540400 - 2013/10
RI: 204.66
NM: 221.80

Seaview CRF, Inc.
Ownership: Private [3]

Incentive Rating: Eligible [2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182
Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited [3]	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.701	107.736	174.436	66.701	128.233	194.934
2. Inflate Line 1 by Inflation Factor 1.02197014	68.166	110.103	178.269	68.166	131.050	199.217
3. Line 1 x 1.400 x Inflation Factor 1.03075819	68.752	111.049	179.802	68.752	132.177	200.930
4. Current Period Cost	60.644	89.743	150.387	60.644	106.151	166.795
5. Incentive Basis (line 3 - line 4)	8.108	21.306		8.108	26.026	
6. Allowed Current Period Costs (Min of line 3 or 4)	60.644	89.743	150.387	60.644	106.151	166.795
7. Incentive Line 5 x Oper 50% Res 50%	4.054	10.653	14.707	4.054	13.013	17.067
8. Incentive - Line 4 x Oper 10% Res 3%	6.064	2.692	8.757	6.064	3.185	9.249
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.054	2.692	6.746	4.054	3.185	7.239
10. Final Incentive	4.054	2.692	6.746	4.054	3.185	7.239
11. Current Period Base: (line 6 + line 10)	64.698	92.436	157.134	64.698	109.336	174.034
12. Plus: Property Rate Component			15.214			15.214
13. Plus: ROE/Use Rate			0.418			0.418
14. Total Current Period Base			172.765			189.665
15. Prospective Rate: Line 11 x Inflation (1.03578743)	67.014	95.744	162.757	67.014	113.249	180.262
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	67.014	95.744	162.757	67.014	113.249	180.262
19. Property Rate Component			15.214			15.214
20. ROE Component + ROE Interim Component			0.418			0.418
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			178.39			195.89
23. Medicaid Days		1,466			728	
24. Resident Days		1,466			728	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.54			1.68
28. Less Rate Freeze Amount (1.27909%)			2.53			2.75
29. Underpayment Adjustment			9.39			9.39
30. Final Per Diem After Adjustments			204.66			221.80



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

028541200 - 2013/10
RI:269.07 / NM:302.53

Twin Lane Community Home
 2281 Twin Lane Drive
 Dundedun FL 34698

Provider Number: 028541200
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	252.12	269.07	10/1/2013
#8 Non-Ambulatory & #9 Medical	285.04	302.53	10/1/2013

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
 Louisville KY 40222

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028541200

Provider Name: **Twin Lane Community Home**
 Provider Number: 28541200
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,435	761	2,196
2. Operating Expenses Component			
A. Administration			87,324
B. Plant Operation			20,622
C. Laundry			521
D. Housekeeping			1,772
E. Operating Expense Component & Per Diem	50.1999	50.1999	110,239
3. Resident Care			
A. Dietary			20,985
B. Other			0
C. Nursing			21,846
D. Resident Care & Per Diem	19.5041	19.5041	42,831
4. Prop Exp & Per Diem	14.0515	14.0515	30,857
5. ROE/Use Per Diem	6.5228	6.5228	14,324
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,076.25	761.00	1,837.25
3. Staffing Percent	58.5793986	41.4206014	100.00
4. Allocation of Direct Care	136,398.03	96,444.97	232,843.00
5. Direct Care Expense Per Diem	95.0509	126.7345	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,435	761	2,196
2. Additional Services	71.930	38,140	110,070
3. Additional Services Exp & Per Diem	50.1254	50.1183	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	50.1999	50.1999	110,239
2. Resident Care Component	164.6804	196.3569	385,744
3. Property Cost Component	14.0515	14.0515	30,857
4. ROE/Use Allow Component	6.5228	6.5228	14,324
5 Total Cost Per Diem	235.4546	267.1310	541,164



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028541200 - 2013/10

RI: 269.07

NM: 302.53

Twin Lane Community Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.221	180.052	220.274	40.221	216.602	256.824
2. Inflate Line 1 by Inflation Factor 1.02291454	41.143	184.178	225.321	41.143	221.565	262.709
3. Line 1 x 1.400 x Inflation Factor 1.03208035	41.512	185.829	227.340	41.512	223.551	265.063
4. Current Period Cost	50.200	164.680	214.880	50.200	196.357	246.557
5. Incentive Basis (line 3 - line 4)	0.000	21.148		0.000	27.194	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.512	164.680	206.192	41.512	196.357	237.869
7. Incentive Line 5 x Oper 50% Res 50%	0.000	10.574	10.574	0.000	13.597	13.597
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.940	4.940	0.000	5.891	5.891
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	4.940	4.940	0.000	5.891	5.891
10. Final Incentive	0.000	4.940	4.940	0.000	5.891	5.891
11. Current Period Base: (line 6 + line 10)	41.512	169.621	211.133	41.512	202.248	243.759
12. Plus: Property Rate Component			14.051			14.051
13. Plus: ROE/Use Rate			6.523			6.523
14. Total Current Period Base			231.707			264.334
15. Prospective Rate: Line 11 x Inflation (1.04690055)	43.459	177.576	221.035	43.459	211.733	255.192
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.459	177.576	221.035	43.459	211.733	255.192
19. Property Rate Component			14.051			14.051
20. ROE Component + ROE Interim Component			6.523			6.523
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			241.61			275.77
23. Medicaid Days		1,435			761	
24. Resident Days		1,435			761	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.03			2.30
28. Less Rate Freeze Amount (1.27909%)			3.33			3.76
29. Underpayment Adjustment			11.87			11.87
30. Final Per Diem After Adjustments			269.07			302.53



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

028545500 - 2013/10
RI:308.03 / NM:0.00

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

Provider Number: 028545500
 Date: 10/25/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>290.39</u>	<u>308.03</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective 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) 04/2013 to 10/2013

028545500

Provider Name: **Second Street Group Home**
 Provider Number: 28545500
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,798	0	1,798
2. Operating Expenses Component			
A. Administration			123,068
B. Plant Operation			27,939
C. Laundry			700
D. Housekeeping			2,310
E. Operating Expense Component & Per Diem	85.6602	0.0000	154,017
3. Resident Care			
A. Dietary			23,651
B. Other			0
C. Nursing			18,997
D. Resident Care & Per Diem	23.7197	0.0000	42,648
4. Prop Exp & Per Diem	19.9766	0.0000	35,918
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,348.50		1,348.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	229,417.00		229,417.00
5. Direct Care Expense Per Diem	127.5957		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,798		1,798
2. Additional Services	91,350		91,350
3. Additional Services Exp & Per Diem	50.8065		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	85.6602		154,017
2. Resident Care Component	202.1218		363,415
3. Property Cost Component	19.9766		35,918
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	307.7586		553,350



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028545500 - 2013/10

RI: 308.03

NM: 0.00

Second Street Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.616	165.285	241.901			
2. Inflate Line 1 by Inflation Factor 1.02291454	78.372	169.073	247.444			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	79.074	170.588	249.662			
4. Current Period Cost	85.660	202.122	287.782			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.074	170.588	249.662			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.074	170.588	249.662	0.000	0.000	0.000
12. Plus: Property Rate Component			19.977			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			269.638			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	82.783	178.588	261.371	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	82.783	178.588	261.371	0.000	0.000	0.000
19. Property Rate Component			19.977			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			281.35			0.00
23. Medicaid Days		1,798			0	
24. Resident Days		1,798			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.34			0.00
28. Less Rate Freeze Amount (1.27909%)			3.83			0.00
29. Underpayment Adjustment			11.91			0.00
30. Final Per Diem After Adjustments			308.03			0.00



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

028546300 - 2013/10
RI:312.83 / NM:349.32

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

Provider Number: 028546300
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>294.82</u>	<u>312.83</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>330.72</u>	<u>349.32</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028546300

Provider Name: **107th Place Home**
 Provider Number: 28546300
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,392	396	1,788
2. Operating Expenses Component			
A. Administration			118,872
B. Plant Operation			29,292
C. Laundry			693
D. Housekeeping			2,697
E. Operating Expense Component & Per Diem	84.7617	84.7617	151,554
3. Resident Care			
A. Dietary			19,271
B. Other			0
C. Nursing			15,999
D. Resident Care & Per Diem	19.7260	19.7260	35,270
4. Prop Exp & Per Diem	30.9368	30.9368	55,315
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,044.00	396.00	1,440.00
3. Staffing Percent	72.5000000	27.5000000	100.00
4. Allocation of Direct Care	155,599.50	59,020.50	214,620.00
5. Direct Care Expense Per Diem	111.7813	149.0417	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,392	396	1,788
2. Additional Services	53,920	15,342	69,262
3. Additional Services Exp & Per Diem	38.7356	38.7424	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	84.7617	84.7617	151,554
2. Resident Care Component	170.2428	207.5100	319,152
3. Property Cost Component	30.9368	30.9368	55,315
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	285.9414	323.2086	526,021



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028546300 - 2013/10
RI: 312.83
NM: 349.32

107th Place Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.932	158.943	235.875	76.932	193.416	270.347
2. Inflate Line 1 by Inflation Factor 1.02291454	78.694	162.586	241.280	78.694	197.848	276.542
3. Line 1 x 1.400 x Inflation Factor 1.03208035	79.400	164.042	243.442	79.400	199.621	279.020
4. Current Period Cost	84.762	170.243	255.005	84.762	207.510	292.272
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.400	164.042	243.442	79.400	199.621	279.020
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.400	164.042	243.442	79.400	199.621	279.020
12. Plus: Property Rate Component			30.937			30.937
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			274.379			309.957
15. Prospective Rate: Line 11 x Inflation (1.04690055)	83.123	171.736	254.859	83.123	208.983	292.106
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.123	171.736	254.859	83.123	208.983	292.106
19. Property Rate Component			30.937			30.937
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			285.80			323.04
23. Medicaid Days		1,392			396	
24. Resident Days		1,392			396	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.38			2.67
28. Less Rate Freeze Amount (1.27909%)			3.89			4.36
29. Underpayment Adjustment			12.35			12.35
30. Final Per Diem After Adjustments			312.83			349.32



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

028547100 - 2013/10
RI:232.13 / NM:0.00

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

Provider Number: 028547100
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	217.87	232.13	10/1/2013
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028547100

Provider Name: **Sunrise Group Home #17**
 Provider Number: 28547100
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			54,748
B. Plant Operation			28,383
C. Laundry			1,223
D. Housekeeping			1,496
E. Operating Expense Component & Per Diem	39.0938	0.0000	85,850
3. Resident Care			
A. Dietary			21,899
B. Other			46,545
C. Nursing			-503
D. Resident Care & Per Diem	30.9385	0.0000	67,941
4. Prop Exp & Per Diem	16.5770	0.0000	36,403
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	229,192.00		229,192.00
5. Direct Care Expense Per Diem	104.3679		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	726		726
3. Additional Services Exp & Per Diem	0.3306		
D. Medicaid Per Diem Cost			
1. Operating Component	39.0938		85,850
2. Resident Care Component	135.6371		297,859
3. Property Cost Component	16.5770		36,403
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	191.3078		420,112



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028547100 - 2013/10
RI: 232.13
NM: 0.00

Sunrise Group Home #17

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.260	147.924	190.185			
2. Inflate Line 1 by Inflation Factor 1.02291454	43.229	151.314	194.543			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	43.616	152.670	196.286			
4. Current Period Cost	39.094	135.637	174.731			
5. Incentive Basis (line 3 - line 4)	4.522	17.033		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.094	135.637	174.731			
7. Incentive Line 5 x Oper 50% Res 50%	2.261	8.516	10.777	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.909	4.069	7.978	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	2.261	4.069	6.330	0.000	0.000	0.000
10. Final Incentive	2.261	4.069	6.330	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.355	139.706	181.061	0.000	0.000	0.000
12. Plus: Property Rate Component			16.577			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			197.638			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	43.294	146.258	189.553	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	43.294	146.258	189.553	0.000	0.000	0.000
19. Property Rate Component			16.577			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			206.13			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.76			0.00
28. Less Rate Freeze Amount (1.27909%)			2.88			0.00
29. Underpayment Adjustment			9.69			0.00
30. Final Per Diem After Adjustments			232.13			0.00



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

028548000 - 2013/10
RI:237.19 / NM:274.65

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

Provider Number: 028548000
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>222.99</u>	<u>237.19</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>259.86</u>	<u>274.65</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028548000

Provider Name: **Sunrise Group Home #16**
 Provider Number: 28548000
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,464	725	2,189
2. Operating Expenses Component			
A. Administration			63,424
B. Plant Operation			27,861
C. Laundry			1,066
D. Housekeeping			2,264
E. Operating Expense Component & Per Diem	43.2229	43.2229	94,615
3. Resident Care			
A. Dietary			15,628
B. Other			31,891
C. Nursing			3,258
D. Resident Care & Per Diem	23.1964	23.1964	50,777
4. Prop Exp & Per Diem	19.9561	19.9561	43,684
5. ROE/Use Per Diem	0.0283	0.0283	62
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	725.00	1,823.00
3. Staffing Percent	60.2303895	39.7696105	100.00
4. Allocation of Direct Care	171,050.69	112,943.31	283,994.00
5. Direct Care Expense Per Diem	116.8379	155.7839	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,464	725	2,189
2. Additional Services	8,390	4,154	12,544
3. Additional Services Exp & Per Diem	5.7309	5.7297	
D. Medicaid Per Diem Cost			
1. Operating Component	43.2229	43.2229	94,615
2. Resident Care Component	145.7652	184.7100	347,315
3. Property Cost Component	19.9561	19.9561	43,684
4. ROE/Use Allow Component	0.0283	0.0283	62
5 Total Cost Per Diem	208.9726	247.9174	485,676



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

028548000 - 2013/10

RI: 237.19

NM: 274.65

Sunrise Group Home #16

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.323	135.855	177.178	41.323	171.250	212.573
2. Inflate Line 1 by Inflation Factor 1.02291454	42.270	138.968	181.238	42.270	175.174	217.444
3. Line 1 x 1.400 x Inflation Factor 1.03208035	42.649	140.213	182.862	42.649	176.744	219.393
4. Current Period Cost	43.223	145.765	188.988	43.223	184.710	227.933
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.649	140.213	182.862	42.649	176.744	219.393
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.649	140.213	182.862	42.649	176.744	219.393
12. Plus: Property Rate Component			19.956			19.956
13. Plus: ROE/Use Rate			0.028			0.028
14. Total Current Period Base			202.846			239.377
15. Prospective Rate: Line 11 x Inflation (1.04690055)	44.649	146.789	191.438	44.649	185.033	229.682
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.649	146.789	191.438	44.649	185.033	229.682
19. Property Rate Component			19.956			19.956
20. ROE Component + ROE Interim Component			0.028			0.028
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			211.42			249.67
23. Medicaid Days		1,464			725	
24. Resident Days		1,464			725	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.80			2.10
28. Less Rate Freeze Amount (1.27909%)			2.95			3.43
29. Underpayment Adjustment			9.56			9.56
30. Final Per Diem After Adjustments			237.19			274.65



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

028552800 - 2013/10
RI:211.94 / NM:245.66

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

Provider Number: 028552800
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>198.82</u>	<u>211.94</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>231.99</u>	<u>245.66</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (8)
 Home Office:
Sunrise Community, Inc.
9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028552800

Provider Name: **Sunrise Group Home #12**
 Provider Number: 28552800
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,459	732	2,191
2. Operating Expenses Component			
A. Administration			73,240
B. Plant Operation			25,031
C. Laundry			1,726
D. Housekeeping			1,298
E. Operating Expense Component & Per Diem	46,2323	46,2323	101,295
3. Resident Care			
A. Dietary			14,256
B. Other			38,967
C. Nursing			0
D. Resident Care & Per Diem	24,2916	24,2916	53,223
4. Prop Exp & Per Diem	11,2072	11,2072	24,555
5. ROE/Use Per Diem	0,2839	0,2839	622
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,094.25	732.00	1,826.25
3. Staffing Percent	59.9178645	40.0821355	100.00
4. Allocation of Direct Care	181,853.12	121,650.88	303,504.00
5. Direct Care Expense Per Diem	124.6423	166.1897	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,459	732	2,191
2. Additional Services	4,767	2,391	7,158
3. Additional Services Exp & Per Diem	3,2673	3,2664	
D. Medicaid Per Diem Cost			
1. Operating Component	46,2323	46,2323	101,295
2. Resident Care Component	152,2013	193,7478	363,885
3. Property Cost Component	11,2072	11,2072	24,555
4. ROE/Use Allow Component	0,2839	0,2839	622
5 Total Cost Per Diem	209,9247	251,4712	490,357



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028552800 - 2013/10

RI: 211.94

NM: 245.66

Sunrise Group Home #12

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.247	120.677	161.923	41.247	152.533	193.779
2. Inflate Line 1 by Inflation Factor 1.02291454	42.192	123.442	165.634	42.192	156.028	198.220
3. Line 1 x 1.400 x Inflation Factor 1.03208035	42.570	124.548	167.118	42.570	157.426	199.996
4. Current Period Cost	46.232	152.201	198.434	46.232	193.748	239.980
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.570	124.548	167.118	42.570	157.426	199.996
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.570	124.548	167.118	42.570	157.426	199.996
12. Plus: Property Rate Component			11.207			11.207
13. Plus: ROE/Use Rate			0.284			0.284
14. Total Current Period Base			178.609			211.487
15. Prospective Rate: Line 11 x Inflation (1.04690055)	44.566	130.389	174.956	44.566	164.809	209.376
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.566	130.389	174.956	44.566	164.809	209.376
19. Property Rate Component			11.207			11.207
20. ROE Component + ROE Interim Component			0.284			0.284
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			186.45			220.87
23. Medicaid Days		1,459			732	
24. Resident Days		1,459			732	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.61			1.87
28. Less Rate Freeze Amount (1.27909%)			2.63			3.07
29. Underpayment Adjustment			8.78			8.78
30. Final Per Diem After Adjustments			211.94			245.66



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

028553600 - 2013/10
RI:323.07 / NM:369.62

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

Provider Number: 028553600
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>304.07</u>	<u>323.07</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>349.87</u>	<u>369.62</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028553600

Provider Name: **Sunrise Group Home #13**
 Provider Number: 28553600
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1.830	366	2,196
2. Operating Expenses Component			
A. Administration			121,723
B. Plant Operation			39,180
C. Laundry			947
D. Housekeeping			1,276
E. Operating Expense Component & Per Diem	74.2832	74.2832	163,126
3. Resident Care			
A. Dietary			17,174
B. Other			62,579
C. Nursing			0
D. Resident Care & Per Diem	36.3174	36.3174	79,753
4. Prop Exp & Per Diem	22.6576	22.6576	49,756
5. ROE/Use Per Diem	0.4727	0.4727	1,038
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	280,053.95	74,681.05	354,735.00
5. Direct Care Expense Per Diem	153.0349	204.0466	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	32,490	6,499	38,989
3. Additional Services Exp & Per Diem	17,7541	17,7568	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	74.2832	74.2832	163,126
2. Resident Care Component	207.1064	258.1208	473,477
3. Property Cost Component	22.6576	22.6576	49,756
4. ROE/Use Allow Component	0.4727	0.4727	1,038
5 Total Cost Per Diem	304.5199	355.5343	687,397



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028553600 - 2013/10

RI: 323.07

NM: 369.62

Sunrise Group Home #13

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.003	182.074	252.077	70.003	226.053	296.055
2. Inflate Line 1 by Inflation Factor 1.02291454	71.607	186.247	257.853	71.607	231.232	302.839
3. Line 1 x 1.400 x Inflation Factor 1.03208035	72.248	187.916	260.164	72.248	233.304	305.553
4. Current Period Cost	74.283	207.106	281.390	74.283	258.121	332.404
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	72.248	187.916	260.164	72.248	233.304	305.553
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	72.248	187.916	260.164	72.248	233.304	305.553
12. Plus: Property Rate Component			22.658			22.658
13. Plus: ROE/Use Rate			0.473			0.473
14. Total Current Period Base			283.294			328.683
15. Prospective Rate: Line 11 x Inflation (1.04690055)	75.637	196.729	272.366	75.637	244.246	319.883
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.637	196.729	272.366	75.637	244.246	319.883
19. Property Rate Component			22.658			22.658
20. ROE Component + ROE Interim Component			0.473			0.473
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			295.50			343.01
23. Medicaid Days		1,830			366	
24. Resident Days		1,830			366	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.45			2.82
28. Less Rate Freeze Amount (1.27909%)			4.01			4.61
29. Underpayment Adjustment			13.09			13.09
30. Final Per Diem After Adjustments			323.07			369.62



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

028554400 - 2013/10
RI:325.33 / NM:367.34

Coletta Drive Group Home
 1604 Coletta Drive
 Orlando FL 32807

Provider Number: 028554400
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>304.61</u>	<u>325.33</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>345.98</u>	<u>367.34</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 10140 Linn Station Road

 Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028554400

Provider Name: **Coletta Drive Group Home**
 Provider Number: 28554400
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,044	0	2,044
2. Operating Expenses Component			
A. Administration			128,781
B. Plant Operation			31,222
C. Laundry			421
D. Housekeeping			2,666
E. Operating Expense Component & Per Diem	79,7896	0.0000	163,090
3. Resident Care			
A. Dietary			23,539
B. Other			0
C. Nursing			15,817
D. Resident Care & Per Diem	19,2544	0.0000	39,356
4. Prop Exp & Per Diem	20,7715	0.0000	42,457
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,533.00		1,533.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	247,738.00		247,738.00
5. Direct Care Expense Per Diem	121.2025		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,044		2,044
2. Additional Services	115,451		115,451
3. Additional Services Exp & Per Diem	56,4829		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	79,7896		163,090
2. Resident Care Component	196,9398		402,545
3. Property Cost Component	20,7715		42,457
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	297,5010		608,092



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028554400 - 2013/10

RI: 325.33

NM: 367.34

Coletta Drive Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.182	177.629	254.811	77.182		77.182
2. Inflate Line 1 by Inflation Factor 1.02291454	78.950	181.700	260.650	78.951		78.951
3. Line 1 x 1.400 x Inflation Factor 1.03208035	79.658	183.328	262.986	79.658		79.658
4. Current Period Cost	79.790	196.940	276.729	79.790	224.301	304.090
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.658	183.328	262.986	79.658	224.301	303.959
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.658	183.328	262.986	79.658	224.301	303.959
12. Plus: Property Rate Component			20.772			20.772
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			283.757			324.730
15. Prospective Rate: Line 11 x Inflation (1.04690055)	83.394	191.926	275.320	83.394	234.821	318.215
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.394	191.926	275.320	83.394	234.821	318.215
19. Property Rate Component			20.772			20.772
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			296.09			338.99
23. Medicaid Days		2,044			0	
24. Resident Days		2,044			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.46			2.79
28. Less Rate Freeze Amount (1.27909%)			4.02			4.56
29. Underpayment Adjustment			14.76			14.76
30. Final Per Diem After Adjustments			325.33			367.34



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

028555200 - 2013/10
RI:208.53 / NM:227.67

Gulfview
 2603 State Avenue
 Panama City FL 32405

Provider Number: 028555200
 Date: 10/22/2013
 FYE: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>214.10</u>	<u>208.53</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>236.45</u>	<u>227.67</u>	<u>10/1/2013</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective 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) 10/2013 to 10/2013

028555200

Provider Name: **Gulfview**
 Provider Number: 28555200
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 01/01/2012 - 12/31/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,065	1,098	2,163
2. Operating Expenses Component			
A. Administration			100,794
B. Plant Operation			17,769
C. Laundry			0
D. Housekeeping			2,659
E. Operating Expense Component & Per Diem	56.0435	56.0435	121,222
3. Resident Care			
A. Dietary			10,695
B. Other			0
C. Nursing			17,978
D. Resident Care & Per Diem	13.2561	13.2561	28,673
4. Prop Exp & Per Diem	15.5312	15.5312	33,594
5. ROE/Use Per Diem	0.4623	0.4623	1,000
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	798.75	1,098.00	1,896.75
3. Staffing Percent	42.1115065	57.8884935	100.00
4. Allocation of Direct Care	58,516.47	80,439.53	138,956.00
5. Direct Care Expense Per Diem	54.9450	73.2601	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,065	1,098	2,163
2. Additional Services	30,452	31,396	61,848
3. Additional Services Exp & Per Diem	28,5934	28,5938	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	56.0435	56.0435	121,222
2. Resident Care Component	96.7946	115.1100	229,477
3. Property Cost Component	15.5312	15.5312	33,594
4. ROE/Use Allow Component	0.4623	0.4623	1,000
5 Total Cost Per Diem	168.8316	187.1470	385,293



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028555200 - 2013/10

RI: 208.53

NM: 227.67

Gulfview

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited [3]	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	62.752	109.302	172.054	62.752	131.200	193.952
2. Inflate Line 1 by Inflation Factor 1.02197014	64.131	111.703	175.834	64.131	134.082	198.213
3. Line 1 x 1.400 x Inflation Factor 1.03075819	64.682	112.664	177.346	64.682	135.235	199.917
4. Current Period Cost	56.043	96.795	152.838	56.043	115.110	171.153
5. Incentive Basis (line 3 - line 4)	8.639	15.869		8.639	20.125	
6. Allowed Current Period Costs (Min of line 3 or 4)	56.043	96.795	152.838	56.043	115.110	171.153
7. Incentive Line 5 x Oper 50% Res 50%	4.319	7.935	12.254	4.319	10.063	14.382
8. Incentive - Line 4 x Oper 10% Res 3%	5.604	2.904	8.508	5.604	3.453	9.058
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	4.319	2.904	7.223	4.319	3.453	7.773
10. Final Incentive	4.319	2.904	7.223	4.319	3.453	7.773
11. Current Period Base: (line 6 + line 10)	60.363	99.698	160.061	60.363	118.563	178.926
12. Plus: Property Rate Component			15.531			15.531
13. Plus: ROE/Use Rate			0.462			0.462
14. Total Current Period Base			176.055			194.920
15. Prospective Rate: Line 11 x Inflation (1.03578743)	62.523	103.266	165.790	62.523	122.806	185.329
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.523	103.266	165.790	62.523	122.806	185.329
19. Property Rate Component			15.531			15.531
20. ROE Component + ROE Interim Component			0.462			0.462
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			181.78			201.32
23. Medicaid Days		1,065			1,098	
24. Resident Days		1,065			1,098	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.57			1.72
28. Less Rate Freeze Amount (1.27909%)			2.57			2.82
29. Underpayment Adjustment			9.94			9.94
30. Final Per Diem After Adjustments			208.53			227.67



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

028557900 - 2013/10
RI:249.36 / NM:0.00

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

Provider Number: 028557900
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>234.52</u>	<u>249.36</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028557900

Provider Name: **Sunrise 148th Court**
 Provider Number: 28557900
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			58,383
B. Plant Operation			25,606
C. Laundry			1,341
D. Housekeeping			1,822
E. Operating Expense Component & Per Diem	39.6867	0.0000	87,152
3. Resident Care			
A. Dietary			14,535
B. Other			60,953
C. Nursing			2,894
D. Resident Care & Per Diem	35.6931	0.0000	78,382
4. Prop Exp & Per Diem	16.2067	0.0000	35,590
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	242,247.00		242,247.00
5. Direct Care Expense Per Diem	110.3128		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	12,579		12,579
3. Additional Services Exp & Per Diem	5.7281		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	39.6867		87,152
2. Resident Care Component	151.7341		333,208
3. Property Cost Component	16.2067		35,590
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	207.6275		455,950



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

028557900 - 2013/10

RI: 249.36

NM: 0.00

Sunrise 148th Court

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.951	155.125	198.076			
2. Inflate Line 1 by Inflation Factor 1.02291454	43.935	158.679	202.615			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	44.329	160.101	204.430			
4. Current Period Cost	39.687	151.734	191.421			
5. Incentive Basis (line 3 - line 4)	4.642	8.367		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.687	151.734	191.421			
7. Incentive Line 5 x Oper 50% Res 50%	2.321	4.184	6.505	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.969	4.552	8.521	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	2.321	4.184	6.505	0.000	0.000	0.000
10. Final Incentive	2.321	4.184	6.505	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.008	155.918	197.925	0.000	0.000	0.000
12. Plus: Property Rate Component			16.207			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			214.132			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	43.978	163.230	207.208	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	43.978	163.230	207.208	0.000	0.000	0.000
19. Property Rate Component			16.207			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			223.41			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.89			0.00
28. Less Rate Freeze Amount (1.27909%)			3.10			0.00
29. Underpayment Adjustment			9.99			0.00
30. Final Per Diem After Adjustments			249.36			0.00



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

028558700 - 2013/10
RI:235.39 / NM:0.00

Sunrise Oakmont
 19420 W. Oakmont Drive
 Miami Lakes FL 33015

Provider Number: 028558700
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>221.50</u>	<u>235.39</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

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

Distribution:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028558700

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,193	0	2,193
2. Operating Expenses Component			
A. Administration			56,086
B. Plant Operation			24,137
C. Laundry			1,684
D. Housekeeping			2,368
E. Operating Expense Component & Per Diem	38,4291	0.0000	84,275
3. Resident Care			
A. Dietary			23,186
B. Other			41,376
C. Nursing			158
D. Resident Care & Per Diem	29,5121	0.0000	64,720
4. Prop Exp & Per Diem	18,9056	0.0000	41,460
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,644.75		1,644.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	244,861.00		244,861.00
5. Direct Care Expense Per Diem	111.6557		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,193		2,193
2. Additional Services	584		584
3. Additional Services Exp & Per Diem	0.2663		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	38,4291		84,275
2. Resident Care Component	141,4341		310,165
3. Property Cost Component	18,9056		41,460
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	198,7688		435,900



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028558700 - 2013/10

RI: 235.39

NM: 0.00

Sunrise Oakmont

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	43.955	136.158	180.113			
2. Inflate Line 1 by Inflation Factor 1.02291454	44.962	139.278	184.240			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	45.365	140.526	185.891			
4. Current Period Cost	38.429	141.434	179.863			
5. Incentive Basis (line 3 - line 4)	6.936	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	38.429	140.526	178.955			
7. Incentive Line 5 x Oper 50% Res 50%	3.468	0.000	3.468	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.843	0.000	3.843	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	3.468	0.000	3.468	0.000	0.000	0.000
10. Final Incentive	3.468	0.000	3.468	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.897	140.526	182.423	0.000	0.000	0.000
12. Plus: Property Rate Component			18.906			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			201.329			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	43.862	147.117	190.979	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	43.862	147.117	190.979	0.000	0.000	0.000
19. Property Rate Component			18.906			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			209.88			0.00
23. Medicaid Days		2,193			0	
24. Resident Days		2,193			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.79			0.00
28. Less Rate Freeze Amount (1.27909%)			2.93			0.00
29. Underpayment Adjustment			9.27			0.00
30. Final Per Diem After Adjustments			235.39			0.00



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

028559500 - 2013/10
RI:231.67 / NM:0.00

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

Provider Number: 028559500
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>216.82</u>	<u>231.67</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:
 Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028559500

Provider Name: **Sunrise 53rd Ct.**
 Provider Number: 28559500
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,145	0	2,145
2. Operating Expenses Component			
A. Administration			55,634
B. Plant Operation			24,424
C. Laundry			1,630
D. Housekeeping			1,734
E. Operating Expense Component & Per Diem	38,8914	0.0000	83,422
3. Resident Care			
A. Dietary			20,732
B. Other			41,356
C. Nursing			6,913
D. Resident Care & Per Diem	32.1683	0.0000	69,001
4. Prop Exp & Per Diem	17.5818	0.0000	37,713
5. ROE/Use Per Diem	0.0886	0.0000	190
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,608.75		1,608.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	207,497.00		207,497.00
5. Direct Care Expense Per Diem	96.7352		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,145		2,145
2. Additional Services	7,579		7,579
3. Additional Services Exp & Per Diem	3,5333		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	38,8914		83,422
2. Resident Care Component	132.4368		284,077
3. Property Cost Component	17.5818		37,713
4. ROE/Use Allow Component	0.0886		190
5 Total Cost Per Diem	188.9986		405,402



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

028559500 - 2013/10
RI: 231.67
NM: 0.00

Sunrise 53rd Ct.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.774	153.904	198.678			
2. Inflate Line 1 by Inflation Factor 1.02291454	45.800	157.431	203.231			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	46.210	158.842	205.052			
4. Current Period Cost	38.891	132.437	171.328			
5. Incentive Basis (line 3 - line 4)	7.319	26.405		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	38.891	132.437	171.328			
7. Incentive Line 5 x Oper 50% Res 50%	3.659	13.202	16.862	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.889	3.973	7.862	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	3.659	3.973	7.633	0.000	0.000	0.000
10. Final Incentive	3.659	3.973	7.633	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.551	136.410	178.961	0.000	0.000	0.000
12. Plus: Property Rate Component			17.582			0.000
13. Plus: ROE/Use Rate			0.089			0.000
14. Total Current Period Base			196.631			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	44.546	142.808	187.354	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	44.546	142.808	187.354	0.000	0.000	0.000
19. Property Rate Component			17.582			0.000
20. ROE Component + ROE Interim Component			0.089			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			205.02			0.00
23. Medicaid Days		2,145			0	
24. Resident Days		2,145			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.75			0.00
28. Less Rate Freeze Amount (1.27909%)			2.86			0.00
29. Underpayment Adjustment			10.31			0.00
30. Final Per Diem After Adjustments			231.67			0.00



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

028560900 - 2013/10
RI:236.72 / NM:0.00

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

Provider Number: 028560900
 Date: 10/25/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	221.65	236.72	10/1/2013
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028560900

Provider Name: **Sunrise 55th Court**
 Provider Number: 28560900
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,071	0	2,071
2. Operating Expenses Component			
A. Administration			58,854
B. Plant Operation			20,511
C. Laundry			1,345
D. Housekeeping			1,770
E. Operating Expense Component & Per Diem	39.8262	0.0000	82,480
3. Resident Care			
A. Dietary			20,477
B. Other			40,434
C. Nursing			-6,932
D. Resident Care & Per Diem	26.0642	0.0000	53,979
4. Prop Exp & Per Diem	10.9903	0.0000	22,761
5. ROE/Use Per Diem	0.1371	0.0000	284
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,553.25		1,553.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	235,506.00		235,506.00
5. Direct Care Expense Per Diem	113.7161		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,071		2,071
2. Additional Services	4,614		4,614
3. Additional Services Exp & Per Diem	2,2279		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	39.8262		82,480
2. Resident Care Component	142.0082		294,099
3. Property Cost Component	10.9903		22,761
4. ROE/Use Allow Component	0.1371		284
5 Total Cost Per Diem	192.9619		399,624



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028560900 - 2013/10

RI: 236.72

NM: 0.00

Sunrise 55th Court

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	47.225	163.470	210.695			
2. Inflate Line 1 by Inflation Factor 1.02291454	48.307	167.216	215.522			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	48.740	168.714	217.454			
4. Current Period Cost	39.826	142.008	181.834			
5. Incentive Basis (line 3 - line 4)	8.914	26.706		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.826	142.008	181.834			
7. Incentive Line 5 x Oper 50% Res 50%	4.457	13.353	17.810	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.983	4.260	8.243	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	3.983	4.260	8.243	0.000	0.000	0.000
10. Final Incentive	3.983	4.260	8.243	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.809	146.268	190.077	0.000	0.000	0.000
12. Plus: Property Rate Component			10.990			0.000
13. Plus: ROE/Use Rate			0.137			0.000
14. Total Current Period Base			201.205			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	45.863	153.129	198.992	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	45.863	153.129	198.992	0.000	0.000	0.000
19. Property Rate Component			10.990			0.000
20. ROE Component + ROE Interim Component			0.137			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			210.12			0.00
23. Medicaid Days		2,071			0	
24. Resident Days		2,071			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.79			0.00
28. Less Rate Freeze Amount (1.27909%)			2.93			0.00
29. Underpayment Adjustment			10.37			0.00
30. Final Per Diem After Adjustments			236.72			0.00



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

028561700 - 2013/10
RI:252.33 / NM:0.00

Sunrise Wentworth
18711 Wentworth Drive
Miami Lakes FL 33015

Provider Number: 028561700
Date: 10/22/2013
FYE: 6/30/2012
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.31</u>	<u>252.33</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (10)
Home Office:
Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028561700

Provider Name: **Sunrise Wentworth**
 Provider Number: 28561700
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			57,978
B. Plant Operation			21,427
C. Laundry			1,414
D. Housekeeping			1,388
E. Operating Expense Component & Per Diem	37,4349	0.0000	82,207
3. Resident Care			
A. Dietary			21,091
B. Other			44,927
C. Nursing			349
D. Resident Care & Per Diem	30,2218	0.0000	66,367
4. Prop Exp & Per Diem	16,1166	0.0000	35,392
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	289,690.00		289,690.00
5. Direct Care Expense Per Diem	131.9171		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	4,480		4,480
3. Additional Services Exp & Per Diem	2,0401		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	37,4349		82,207
2. Resident Care Component	164,1790		360,537
3. Property Cost Component	16,1166		35,392
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	217.7304		478,136



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028561700 - 2013/10

RI: 252.33

NM: 0.00

Sunrise Wentworth

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.337	155.741	197.079			
2. Inflate Line 1 by Inflation Factor 1.02291454	42.285	159.310	201.595			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	42.664	160.738	203.401			
4. Current Period Cost	37.435	164.179	201.614			
5. Incentive Basis (line 3 - line 4)	5.229	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	37.435	160.738	198.172			
7. Incentive Line 5 x Oper 50% Res 50%	2.614	0.000	2.614	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.743	0.000	3.743	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	2.614	0.000	2.614	0.000	0.000	0.000
10. Final Incentive	2.614	0.000	2.614	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	40.049	160.738	200.787	0.000	0.000	0.000
12. Plus: Property Rate Component			16.117			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			216.903			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	41.928	168.276	210.204	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	41.928	168.276	210.204	0.000	0.000	0.000
19. Property Rate Component			16.117			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			226.32			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.92			0.00
28. Less Rate Freeze Amount (1.27909%)			3.13			0.00
29. Underpayment Adjustment			10.11			0.00
30. Final Per Diem After Adjustments			252.33			0.00



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

028563300 - 2013/10
RI:322.16 / NM:0.00

TUNIS STREET GROUP HOME
 4748 Tunis Street
 Jacksonville FL 32210

Provider Number: 028563300
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>302.06</u>	<u>322.16</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028563300

Provider Name: **TUNIS STREET GROUP HOME**
 Provider Number: 28563300
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,192	0	2,192
2. Operating Expenses Component			
A. Administration			120,222
B. Plant Operation			29,675
C. Laundry			1,499
D. Housekeeping			2,260
E. Operating Expense Component & Per Diem	70.0985	0.0000	153,656
3. Resident Care			
A. Dietary			20,787
B. Other			0
C. Nursing			39,657
D. Resident Care & Per Diem	27.5748	0.0000	60,444
4. Prop Exp & Per Diem	15.8239	0.0000	34,686
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,644.00		1,644.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	219,861.00		219,861.00
5. Direct Care Expense Per Diem	100.3016		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,192		2,192
2. Additional Services	120,020		120,020
3. Additional Services Exp & Per Diem	54,7536		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.0985		153,656
2. Resident Care Component	182.6300		400,325
3. Property Cost Component	15.8239		34,686
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	268.5525		588,667



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

028563300 - 2013/10

RI: 322.16

NM: 0.00

TUNIS STREET GROUP HOME

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.870	207.494	290.364			
2. Inflate Line 1 by Inflation Factor 1.02291454	84.769	212.249	297.017			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	85.528	214.150	299.679			
4. Current Period Cost	70.099	182.630	252.729			
5. Incentive Basis (line 3 - line 4)	15.430	31.520		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.099	182.630	252.729			
7. Incentive Line 5 x Oper 50% Res 50%	7.715	15.760	23.475	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.010	5.479	12.489	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.010	5.479	12.489	0.000	0.000	0.000
10. Final Incentive	7.010	5.479	12.489	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	77.108	188.109	265.217	0.000	0.000	0.000
12. Plus: Property Rate Component			15.824			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			281.041			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	80.725	196.931	277.656	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	80.725	196.931	277.656	0.000	0.000	0.000
19. Property Rate Component			15.824			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			293.48			0.00
23. Medicaid Days		2,192				0
24. Resident Days		2,192				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.44			0.00
28. Less Rate Freeze Amount (1.27909%)			3.99			0.00
29. Underpayment Adjustment			14.15			0.00
30. Final Per Diem After Adjustments			322.16			0.00



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

028565000 - 2013/10
RI:324.39 / NM:391.91

LAKEVIEW COURT
 920 W. Kennedy Blvd
 Orlando FL 32810

Provider Number: 028565000
 Date: 10/22/2013
 FYE: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>307.48</u>	<u>324.39</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>374.99</u>	<u>391.91</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 DSI

P.O. BOX 2064
WINTER PARK FL 32790

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2013 to 10/2013

028565000

Provider Name: **LAKEVIEW COURT**
 Provider Number: 28565000
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 12/01/2011 - 11/30/2012
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	11,499	11,588	23,087
2. Operating Expenses Component			
A. Administration			1,312,964
B. Plant Operation			361,400
C. Laundry			40,407
D. Housekeeping			17,712
E. Operating Expense Component & Per Diem	75,0415	75,0415	1,732,483
3. Resident Care			
A. Dietary			549,592
B. Other			55,546
C. Nursing			718,440
D. Resident Care & Per Diem	57,3300	57,3300	1,323,578
4. Prop Exp & Per Diem	26,5172	26,5172	612,202
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,749.50	11,588.00	17,337.50
3. Staffing Percent	33.1622206	66.8377794	100.00
4. Allocation of Direct Care	744,785.67	1,501,100.33	2,245,886.00
5. Direct Care Expense Per Diem	64.7696	129.5392	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	11,499	11,588	23,087
2. Additional Services	649,596	654,622	1,304,218
3. Additional Services Exp & Per Diem	56.4915	56.4914	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	75.0415	75.0415	1,732,483
2. Resident Care Component	178.5911	243.3606	4,873,682
3. Property Cost Component	26.5172	26.5172	612,202
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	280.1498	344.9193	7,218,367



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2013 through 03/31/2014

028565000 - 2013/10

RI: 324.39

NM: 391.91

LAKEVIEW COURT

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2011	11/30/2012	Unaudited [3]	201304
Prior Cost Report	12/1/2010	11/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.158	181.306	256.464	75.158	247.338	322.495
2. Inflate Line 1 by Inflation Factor 1.02207422	76.817	185.309	262.125	76.817	252.797	329.614
3. Line 1 x 1.400 x Inflation Factor 1.03090391	77.480	186.909	264.390	77.480	254.981	332.462
4. Current Period Cost	75.041	178.591	253.633	75.041	243.361	318.402
5. Incentive Basis (line 3 - line 4)	2.439	8.318		2.439	11.621	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.041	178.591	253.633	75.041	243.361	318.402
7. Incentive Line 5 x Oper 50% Res 50%	1.219	4.159	5.379	1.219	5.810	7.030
8. Incentive - Line 4 x Oper 10% Res 3%	7.504	5.358	12.862	7.504	7.301	14.805
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	1.219	4.159	5.379	1.219	5.810	7.030
10. Final Incentive	1.219	4.159	5.379	1.219	5.810	7.030
11. Current Period Base: (line 6 + line 10)	76.261	182.750	259.011	76.261	249.171	325.432
12. Plus: Property Rate Component			26.517			26.517
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			285.528			351.949
15. Prospective Rate: Line 11 x Inflation (1.03769326)	79.135	189.639	268.774	79.135	258.563	337.698
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.135	189.639	268.774	79.135	258.563	337.698
19. Property Rate Component			26.517			26.517
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			295.29			364.22
23. Medicaid Days		11,499			11,588	
24. Resident Days		11,499			11,588	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.45			2.98
28. Less Rate Freeze Amount (1.27909%)			4.01			4.88
29. Underpayment Adjustment			14.61			14.61
30. Final Per Diem After Adjustments			324.39			391.91



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

028566800 - 2013/10
RI:328.54 / NM:385.84

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

Provider Number: 028566800
 Date: 10/22/2013
 FYE: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>310.53</u>	<u>328.54</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>367.06</u>	<u>385.84</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 DSI

P.O. BOX 2064
WINTER PARK FL 32790

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2013 to 10/2013

028566800

Provider Name: **WASHINGTON SQUARE**
 Provider Number: 28566800
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 12/01/2011 - 11/30/2012
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,858	19,158	23,016
2. Operating Expenses Component			
A. Administration			1,377,612
B. Plant Operation			327,604
C. Laundry			37,905
D. Housekeeping			22,198
E. Operating Expense Component & Per Diem	76.6996	76.6996	1,765,319
3. Resident Care			
A. Dietary			578,554
B. Other			63,186
C. Nursing			858,559
D. Resident Care & Per Diem	65.1850	65.1850	1,500,299
4. Prop Exp & Per Diem	27.2339	27.2339	626,816
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,929.00	19,158.00	21,087.00
3. Staffing Percent	9.1478162	90.8521838	100.00
4. Allocation of Direct Care	215,038.17	2,135,666.83	2,350,705.00
5. Direct Care Expense Per Diem	55.7383	111.4765	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,858	19,158	23,016
2. Additional Services	231.001	1,147,101	1,378,102
3. Additional Services Exp & Per Diem	59.8758	59.8758	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	76.6996	76.6996	1,765,319
2. Resident Care Component	180.7991	236.5374	5,229,106
3. Property Cost Component	27.2339	27.2339	626,816
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	284.7327	340.4709	7,621,241



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028566800 - 2013/10

RI: 328.54

NM: 385.84

WASHINGTON SQUARE

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2011	11/30/2012	Unaudited [3]	201304
Prior Cost Report	12/1/2010	11/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.001	181.838	257.839	76.001	237.135	313.136
2. Inflate Line 1 by Inflation Factor 1.02207422	77.679	185.852	263.531	77.679	242.370	320.048
3. Line 1 x 1.400 x Inflation Factor 1.03090391	78.350	187.458	265.807	78.350	244.464	322.813
4. Current Period Cost	76.700	180.799	257.499	76.700	236.537	313.237
5. Incentive Basis (line 3 - line 4)	1.650	6.659		1.650	7.926	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.700	180.799	257.499	76.700	236.537	313.237
7. Incentive Line 5 x Oper 50% Res 50%	0.825	3.329	4.154	0.825	3.963	4.788
8. Incentive - Line 4 x Oper 10% Res 3%	7.670	5.424	13.094	7.670	7.096	14.766
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.825	3.329	4.154	0.825	3.963	4.788
10. Final Incentive	0.825	3.329	4.154	0.825	3.963	4.788
11. Current Period Base: (line 6 + line 10)	77.525	184.129	261.653	77.525	240.501	318.025
12. Plus: Property Rate Component			27.234			27.234
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			288.887			345.259
15. Prospective Rate: Line 11 x Inflation (1.03769326)	80.447	191.069	271.516	80.447	249.566	330.013
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.447	191.069	271.516	80.447	249.566	330.013
19. Property Rate Component			27.234			27.234
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			298.75			357.25
23. Medicaid Days		3,858			19,158	
24. Resident Days		3,858			19,158	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.48			2.93
28. Less Rate Freeze Amount (1.27909%)			4.05			4.79
29. Underpayment Adjustment			15.37			15.37
30. Final Per Diem After Adjustments			328.54			385.84



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

028567600 - 2013/10
RI:320.39 / NM:375.95

HOWELL BRANCH COURT
 3664 Howell Branch Road
 Winter Park FL 32792

Provider Number: 028567600
 Date: 10/22/2013
 FYE: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>296.64</u>	<u>320.39</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>350.37</u>	<u>375.95</u>	<u>10/1/2013</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective 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) 10/2013 to 10/2013

028567600

Provider Name: **HOWELL BRANCH COURT**
 Provider Number: 28567600
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2013
 Cost Report: 12/01/2011 - 11/30/2012
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,347	19,541	22,888
2. Operating Expenses Component			
A. Administration			1,299,427
B. Plant Operation			319,567
C. Laundry			36,181
D. Housekeeping			21,622
E. Operating Expense Component & Per Diem	73,2610	73,2610	1,676,797
3. Resident Care			
A. Dietary			551,937
B. Other			72,391
C. Nursing			827,706
D. Resident Care & Per Diem	63,4408	63,4408	1,452,034
4. Prop Exp & Per Diem	26,8742	26,8742	615,097
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,673.50	19,541.00	21,214.50
3. Staffing Percent	7.8884725	92.1115275	100.00
4. Allocation of Direct Care	185,019.07	2,160,416.93	2,345,436.00
5. Direct Care Expense Per Diem	55.2791	110.5582	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,347	19,541	22,888
2. Additional Services	197,192	1,151,272	1,348,464
3. Additional Services Exp & Per Diem	58,9160	58,9157	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	73,2610	73,2610	1,676,797
2. Resident Care Component	177,6360	232,9147	5,145,934
3. Property Cost Component	26,8742	26,8742	615,097
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	277,7711	333,0499	7,437,828



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028567600 - 2013/10

RI: 320.39

NM: 375.95

HOWELL BRANCH COURT

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2011	11/30/2012	Unaudited [3]	201304
Prior Cost Report	12/1/2010	11/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.086	173.243	245.329	72.086	225.802	297.888
2. Inflate Line 1 by Inflation Factor 1.02207422	73.677	177.067	250.744	73.677	230.786	304.463
3. Line 1 x 1.400 x Inflation Factor 1.03090391	74.313	178.597	252.910	74.313	232.780	307.094
4. Current Period Cost	73.261	177.636	250.897	73.261	232.915	306.176
5. Incentive Basis (line 3 - line 4)	1.053	0.961		1.053	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.261	177.636	250.897	73.261	232.780	306.041
7. Incentive Line 5 x Oper 50% Res 50%	0.526	0.480	1.007	0.526	0.000	0.526
8. Incentive - Line 4 x Oper 10% Res 3%	7.326	5.329	12.655	7.326	0.000	7.326
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.526	0.480	1.007	0.526	0.000	0.526
10. Final Incentive	0.526	0.480	1.007	0.526	0.000	0.526
11. Current Period Base: (line 6 + line 10)	73.787	178.116	251.904	73.787	232.780	306.567
12. Plus: Property Rate Component			26.874			26.874
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			278.778			333.441
15. Prospective Rate: Line 11 x Inflation (1.03769326)	76.569	184.830	261.399	76.569	241.554	318.123
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.569	184.830	261.399	76.569	241.554	318.123
19. Property Rate Component			26.874			26.874
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			288.27			345.00
23. Medicaid Days		3,347			19,541	
24. Resident Days		3,347			19,541	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.40			2.84
28. Less Rate Freeze Amount (1.27909%)			3.92			4.64
29. Underpayment Adjustment			17.48			17.48
30. Final Per Diem After Adjustments			320.39			375.95



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

028568400 - 2013/10
RI:255.85 / NM:0.00

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

Provider Number: 028568400
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>239.77</u>	<u>255.85</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028568400

Provider Name: **Sunrise 157th Terrace**
 Provider Number: 28568400
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			61,010
B. Plant Operation			25,777
C. Laundry			1,000
D. Housekeeping			1,178
E. Operating Expense Component & Per Diem	40,5123	0.0000	88,965
3. Resident Care			
A. Dietary			15,117
B. Other			54,878
C. Nursing			2,426
D. Resident Care & Per Diem	32,9786	0.0000	72,421
4. Prop Exp & Per Diem	10,1034	0.0000	22,187
5. ROE/Use Per Diem	1,1621	0.0000	2,552
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	265,714.00		265,714.00
5. Direct Care Expense Per Diem	120.9991		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	13,843		13,843
3. Additional Services Exp & Per Diem	6,3037		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	40,5123		88,965
2. Resident Care Component	160,2814		351,978
3. Property Cost Component	10,1034		22,187
4. ROE/Use Allow Component	1,1621		2,552
5 Total Cost Per Diem	212,0592		465,682



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028568400 - 2013/10

RI: 255.85

NM: 0.00

Sunrise 157th Terrace

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	43.710	172.548	216.258			
2. Inflate Line 1 by Inflation Factor 1.02291454	44.712	176.502	221.214			
3. Line 1 x 1.400 x Inflation Factor 1.03208035	45.112	178.084	223.196			
4. Current Period Cost	40.512	160.281	200.794			
5. Incentive Basis (line 3 - line 4)	4.600	17.802		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.512	160.281	200.794			
7. Incentive Line 5 x Oper 50% Res 50%	2.300	8.901	11.201	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.051	4.808	8.860	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	2.300	4.808	7.108	0.000	0.000	0.000
10. Final Incentive	2.300	4.808	7.108	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.812	165.090	207.902	0.000	0.000	0.000
12. Plus: Property Rate Component			10.103			0.000
13. Plus: ROE/Use Rate			1.162			0.000
14. Total Current Period Base			219.168			0.000
15. Prospective Rate: Line 11 x Inflation (1.04690055)	44.820	172.833	217.653	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	44.820	172.833	217.653	0.000	0.000	0.000
19. Property Rate Component			10.103			0.000
20. ROE Component + ROE Interim Component			1.162			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			228.92			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			1.94			0.00
28. Less Rate Freeze Amount (1.27909%)			3.17			0.00
29. Underpayment Adjustment			11.09			0.00
30. Final Per Diem After Adjustments			255.85			0.00



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

028569200 - 2013/10
RI:308.41 / NM:353.01

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

Provider Number: 028569200
 Date: 10/22/2013
 FYE: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>288.09</u>	<u>308.41</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>331.98</u>	<u>353.01</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 9040 Sunset Drive Suite 70-A

 Miami Fl 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

028569200

Provider Name: **Sunrise 145th St. Group Home**
 Provider Number: 28569200
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	366	1,830	2,196
2. Operating Expenses Component			
A. Administration			81,107
B. Plant Operation			42,591
C. Laundry			1,484
D. Housekeeping			2,182
E. Operating Expense Component & Per Diem	57,9982	57,9982	127,364
3. Resident Care			
A. Dietary			15,777
B. Other			46,002
C. Nursing			8,765
D. Resident Care & Per Diem	32,1239	32,1239	70,544
4. Prop Exp & Per Diem	27,0556	27,0556	59,414
5. ROE/Use Per Diem	1,7345	1,7345	3,809
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	274.50	1,830.00	2,104.50
3. Staffing Percent	13.0434783	86.9565217	100.00
4. Allocation of Direct Care	46,362.52	309,083.48	355,446.00
5. Direct Care Expense Per Diem	126.6736	168.8981	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	366	1,830	2,196
2. Additional Services	5,560	27,797	33,357
3. Additional Services Exp & Per Diem	15.1913	15.1896	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	57,9982	57,9982	127,364
2. Resident Care Component	173,9887	216,2116	459,347
3. Property Cost Component	27,0556	27,0556	59,414
4. ROE/Use Allow Component	1,7345	1,7345	3,809
5 Total Cost Per Diem	260.7769	302.9998	649,934



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

028569200 - 2013/10
RI: 308.41
NM: 353.01

Sunrise 145th St. Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2011	6/30/2012	Unaudited [3]	201210
Prior Cost Report	7/1/2010	6/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	59.345	179.982	239.327	59.345	224.147	283.492
2. Inflate Line 1 by Inflation Factor 1.02291454	60.705	184.107	244.812	60.705	229.284	289.989
3. Line 1 x 1.400 x Inflation Factor 1.03208035	61.249	185.756	247.005	61.249	231.338	292.587
4. Current Period Cost	57.998	173.989	231.987	57.998	216.212	274.210
5. Incentive Basis (line 3 - line 4)	3.251	11.768		3.251	15.126	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.998	173.989	231.987	57.998	216.212	274.210
7. Incentive Line 5 x Oper 50% Res 50%	1.625	5.884	7.509	1.625	7.563	9.189
8. Incentive - Line 4 x Oper 10% Res 3%	5.800	5.220	11.019	5.800	6.486	12.286
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	1.625	5.220	6.845	1.625	6.486	8.112
10. Final Incentive	1.625	5.220	6.845	1.625	6.486	8.112
11. Current Period Base: (line 6 + line 10)	59.624	179.208	238.832	59.624	222.698	282.321
12. Plus: Property Rate Component			27.056			27.056
13. Plus: ROE/Use Rate			1.735			1.735
14. Total Current Period Base			267.622			311.112
15. Prospective Rate: Line 11 x Inflation (1.04690055)	62.420	187.613	250.033	62.420	233.143	295.562
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.420	187.613	250.033	62.420	233.143	295.562
19. Property Rate Component			27.056			27.056
20. ROE Component + ROE Interim Component			1.735			1.735
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			278.82			324.35
23. Medicaid Days			366			1,830
24. Resident Days			366			1,830
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.32			2.68
28. Less Rate Freeze Amount (1.27909%)			3.80			4.38
29. Underpayment Adjustment			14.76			14.76
30. Final Per Diem After Adjustments			308.41			353.01



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

031256800 - 2013/10
RI:380.56 / NM:511.84

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

Provider Number: 031256800
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>361.37</u>	<u>380.56</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>481.95</u>	<u>511.84</u>	<u>10/1/2013</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (14)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031256800

Provider Name: **Mentor Avon Park Cluster**
 Provider Number: 31256800
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,284	8,284
2. Operating Expenses Component			
A. Administration			476,503
B. Plant Operation			218,840
C. Laundry			0
D. Housekeeping			114,094
E. Operating Expense Component & Per Diem	97.7109	97.7109	809,437
3. Resident Care			
A. Dietary			208,563
B. Other			0
C. Nursing			891,715
D. Resident Care & Per Diem	132.8197	132.8197	1,100,278
4. Prop Exp & Per Diem	11.4063	11.4063	94,490
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,284.00	8,284.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,129,269.00	1,129,269.00
5. Direct Care Expense Per Diem	68.1596	136.3193	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,284	8,284
2. Additional Services	0	137,458	137,458
3. Additional Services Exp & Per Diem	16.5932	16.5932	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	97.7109	97.7109	809,437
2. Resident Care Component	217.5725	285.7321	2,367,005
3. Property Cost Component	11.4063	11.4063	94,490
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	326.6897	394.8493	3,270,932



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031256800 - 2013/10

RI: 380.56

NM: 511.84

Mentor Avon Park Cluster

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	100.186	212.792	312.978	100.186	287.318	387.504
2. Inflate Line 1 by Inflation Factor 1.02314081	102.504	217.716	320.220	102.504	354.686	457.191
3. Line 1 x 1.400 x Inflation Factor 1.03239713	103.432	219.686	323.117	103.432	357.346	460.778
4. Current Period Cost	97.711	217.572	315.283	97.711	336.332	434.043
5. Incentive Basis (line 3 - line 4)	5.721	2.113		5.721	21.014	
6. Allowed Current Period Costs (Min of line 3 or 4)	97.711	217.572	315.283	97.711	336.332	434.043
7. Incentive Line 5 x Oper 50% Res 50%	2.860	1.057	3.917	2.860	10.507	13.367
8. Incentive - Line 4 x Oper 10% Res 3%	9.771	6.527	16.298	9.771	10.090	19.861
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	2.860	1.057	3.917	2.860	10.090	12.950
10. Final Incentive	2.860	1.057	3.917	2.860	10.090	12.950
11. Current Period Base: (line 6 + line 10)	100.571	218.629	319.200	100.571	346.422	446.993
12. Plus: Property Rate Component			11.406			11.406
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			330.607			458.400
15. Prospective Rate: Line 11 x Inflation (1.04870363)	105.470	229.277	334.747	105.470	363.294	468.764
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	105.470	229.277	334.747	105.470	363.294	468.764
19. Property Rate Component			11.406			11.406
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			346.15			480.17
23. Medicaid Days			0		8.284	
24. Resident Days			0		8.284	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.84			3.88
28. Less Rate Freeze Amount (1.27909%)			4.65			6.35
29. Underpayment Adjustment			20.96			20.96
30. Final Per Diem After Adjustments			380.56			511.84

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2013 Rate Semester

Mentor Avon Park Cluster/Provider #0312568-00

Adjustment to Prior Period Cost (L1, L2, L3)

Staffing IRR #241 - Effective 4/1/2012

Status: COST SETTLEMENT

	1	2	3	4
B	(L1)		(L2)	(L3)
@ 10/1/2013	Prior Period		Inflate Col 8	Factor in
Residential	Allow Base		By Factor	Col 10 X 1.400
Institutional	Plus Incentives	IRR	1.02314081	X Col 8
	Excl IRR	10/1/2013	IRR	1.03239713
			@ 10/1/2013 (Col. 9)	IRR
				@ 10/1/2013 (Col. 9)
Operating	100.1860	0.000	102.504	103.432
Resident Care	212.7920	0.000	217.716	219.686
Total	312.978	0.000	320.221	323.118
N-A/Medical				
Operating	100.1860	0.000	102.504	103.432
Resident Care	287.3180	60.720	354.687	357.346
Total	387.504	60.720	457.191	460.778

updated 04/19/2012

Mentor Avon Park Cluster Provider #0312568-00 Cost Settlement - IRR #241 Effective - 4/1/2012 Calculation of L4	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 (w/ 10/1/2013 RS						
	Residential/Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
A. Current Period Cost	97.711	217.573	315.283	97.711	285.732	383.443	
B. Cost Settlement for IRR Effective 4/1/2012	0.000	0.000	0.000	0.000	60.720	60.720	
C. Prorated CS IRR eff 4/1/2012 - 10/12 of IRR comp.	0.000	0.000	0.000	0.000	50.600	50.600	
D. Grossed Up Current Period (Line A plus Line C)	97.711	217.573	315.283	97.711	336.332	434.043	

PROPERTY COMPONENT	
Calculation of L21 - 10/12 of IRR comp.	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	0.000



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

031257600 - 2013/10
RI:402.74 / NM:503.40

Mentor Eagle Watch Cluster
 1725 Fifth Street
 Daytona Beach FL 32117

Provider Number: 031257600
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>376.37</u>	<u>402.74</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>475.35</u>	<u>503.40</u>	<u>10/1/2013</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective 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) 04/2013 to 10/2013

031257600

Provider Name: **Mentor Eagle Watch Cluster**
 Provider Number: 31257600
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,711	6,801	8,512
2. Operating Expenses Component			
A. Administration			559,891
B. Plant Operation			203,034
C. Laundry			0
D. Housekeeping			100,887
E. Operating Expense Component & Per Diem	101,4817	101,4817	863,812
3. Resident Care			
A. Dietary			196,071
B. Other			0
C. Nursing			706,006
D. Resident Care & Per Diem	105,9771	105,9771	902,077
4. Prop Exp & Per Diem	9,5450	9,5450	81,247
5. ROE/Use Per Diem	0,7165	0,7165	6,099
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	855.50	6,801.00	7,656.50
3. Staffing Percent	11.1735127	88.8264873	100.00
4. Allocation of Direct Care	168,587.75	1,340,228.25	1,508,816.00
5. Direct Care Expense Per Diem	98.5317	197.0634	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,711	6,801	8,512
2. Additional Services	54,618	217,099	271,717
3. Additional Services Exp & Per Diem	31,9217	31,9216	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	101,4817	101,4817	863,812
2. Resident Care Component	236,4305	334,9621	2,682,610
3. Property Cost Component	9,5450	9,5450	81,247
4. ROE/Use Allow Component	0,7165	0,7165	6,099
5 Total Cost Per Diem	348,1737	446,7053	3,633,768



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031257600 - 2013/10

RI: 402.74

NM: 503.40

Mentor Eagle Watch Cluster

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 03/11/2013 - 03/31/2013 Days Eligible: 162 of 182

Eligibility factor :89.01%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	97.943	240.856	338.799	97.943	335.111	433.055
2. Inflate Line 1 by Inflation Factor 1.02314081	100.210	246.429	346.639	100.210	342.866	443.076
3. Line 1 x 1.400 x Inflation Factor 1.03239713	101.116	248.659	349.775	101.116	345.968	447.084
4. Current Period Cost	101.482	236.430	337.912	101.482	334.962	436.444
5. Incentive Basis (line 3 - line 4)	0.000	12.228		0.000	11.006	
6. Allowed Current Period Costs (Min of line 3 or 4)	101.116	236.430	337.547	101.116	334.962	436.078
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.114	6.114	0.000	5.503	5.503
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	7.093	7.093	0.000	10.049	10.049
9. Incentive - Min of Line 7.8 x Eligibility factor 89.01%	0.000	5.442	5.442	0.000	4.898	4.898
10. Final Incentive	0.000	5.442	5.442	0.000	4.898	4.898
11. Current Period Base: (line 6 + line 10)	101.116	241.873	342.989	101.116	339.860	440.977
12. Plus: Property Rate Component			9.545			9.545
13. Plus: ROE/Use Rate			0.717			0.717
14. Total Current Period Base			353.251			451.238
15. Prospective Rate: Line 11 x Inflation (1.04870363)	106.041	253.653	359.694	106.041	356.413	462.454
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	106.041	253.653	359.694	106.041	356.413	462.454
19. Property Rate Component			9.545			9.545
20. ROE Component + ROE Interim Component			0.717			0.717
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			369.96			472.72
23. Medicaid Days		1,711			6,801	
24. Resident Days		1,711			6,801	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			3.03			3.82
28. Less Rate Freeze Amount (1.27909%)			4.96			6.26
29. Underpayment Adjustment			19.82			19.82
30. Final Per Diem After Adjustments			402.74			503.40



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

031258400 - 2013/10
RI:409.85 / NM:512.00

Mentor Point West Cluster
 4550 Ricker Road
 Jacksonville FL 32231

Provider Number: 031258400
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>381.40</u>	<u>409.85</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>481.92</u>	<u>512.00</u>	<u>10/1/2013</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031258400

Provider Name: **Mentor Point West Cluster**
 Provider Number: 31258400
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	854	7,729	8,583
2. Operating Expenses Component			
A. Administration			521,387
B. Plant Operation			250,281
C. Laundry			0
D. Housekeeping			69,338
E. Operating Expense Component & Per Diem	97,9851	97,9851	841,006
3. Resident Care			
A. Dietary			180,405
B. Other			0
C. Nursing			909,838
D. Resident Care & Per Diem	127,0235	127,0235	1,090,243
4. Prop Exp & Per Diem	12,2540	12,2540	105,176
5. ROE/Use Per Diem	0,9783	0,9783	8,397
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	427.00	7,729.00	8,156.00
3. Staffing Percent	5.2354095	94.7645905	100.00
4. Allocation of Direct Care	83,399.13	1,509,582.87	1,592,982.00
5. Direct Care Expense Per Diem	97.6571	195.3141	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	854	7,729	8,583
2. Additional Services	16,532	149,608	166,140
3. Additional Services Exp & Per Diem	19,3583	19,3567	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	97,9851	97,9851	841,006
2. Resident Care Component	244,0389	341,6944	2,849,365
3. Property Cost Component	12,2540	12,2540	105,176
4. ROE/Use Allow Component	0,9783	0,9783	8,397
5 Total Cost Per Diem	355,2563	452,9118	3,803,944



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031258400 - 2013/10

RI: 409.85

NM: 512.00

Mentor Point West Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	105.220	234.857	340.077	105.220	331.381	436.601
2. Inflate Line 1 by Inflation Factor 1.02314081	107.655	240.292	347.947	107.655	339.049	446.704
3. Line 1 x 1.400 x Inflation Factor 1.03239713	108.629	242.466	351.095	108.629	342.116	450.745
4. Current Period Cost	97.985	244.039	342.024	97.985	341.694	439.679
5. Incentive Basis (line 3 - line 4)	10.644	0.000		10.644	0.422	
6. Allowed Current Period Costs (Min of line 3 or 4)	97.985	242.466	340.451	97.985	341.694	439.679
7. Incentive Line 5 x Oper 50% Res 50%	5.322	0.000	5.322	5.322	0.211	5.533
8. Incentive - Line 4 x Oper 10% Res 3%	9.799	0.000	9.799	9.799	10.251	20.049
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	5.322	0.000	5.322	5.322	0.211	5.533
10. Final Incentive	5.322	0.000	5.322	5.322	0.211	5.533
11. Current Period Base: (line 6 + line 10)	103.307	242.466	345.773	103.307	341.905	445.212
12. Plus: Property Rate Component			12.254			12.254
13. Plus: ROE/Use Rate			0.978			0.978
14. Total Current Period Base			359.005			458.445
15. Prospective Rate: Line 11 x Inflation (1.04870363)	108.338	254.275	362.613	108.338	358.557	466.896
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	108.338	254.275	362.613	108.338	358.557	466.896
19. Property Rate Component			12.254			12.254
20. ROE Component + ROE Interim Component			0.978			0.978
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			375.85			480.13
23. Medicaid Days			854			7,729
24. Resident Days			854			7,729
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			3.07			3.88
28. Less Rate Freeze Amount (1.27909%)			5.03			6.35
29. Underpayment Adjustment			21.16			21.16
30. Final Per Diem After Adjustments			409.85			512.00



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

031259200 - 2013/10
RI:381.32 / NM:475.67

Mentor Hodges Cluster
 3615 Hodges Boulevard
 Jacksonville FL 32224

Provider Number: 031259200
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>363.27</u>	<u>381.32</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>447.47</u>	<u>475.67</u>	<u>10/1/2013</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031259200

Provider Name: **Mentor Hodges Cluster**
 Provider Number: 31259200
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,484	8,484
2. Operating Expenses Component			
A. Administration			495,388
B. Plant Operation			267,299
C. Laundry			0
D. Housekeeping			80,306
E. Operating Expense Component & Per Diem	99.3627	99.3627	842,993
3. Resident Care			
A. Dietary			99,825
B. Other			0
C. Nursing			908,790
D. Resident Care & Per Diem	118.8844	118.8844	1,008,615
4. Prop Exp & Per Diem	10.3561	10.3561	87,861
5. ROE/Use Per Diem	0.4723	0.4723	4,007
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,484.00	8,484.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,429,059.00	1,429,059.00
5. Direct Care Expense Per Diem	84.2208	168.4417	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,484	8,484
2. Additional Services	0	181,542	181,542
3. Additional Services Exp & Per Diem	21.3982	21.3982	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	99.3627	99.3627	842,993
2. Resident Care Component	224.5034	308.7242	2,619,216
3. Property Cost Component	10.3561	10.3561	87,861
4. ROE/Use Allow Component	0.4723	0.4723	4,007
5 Total Cost Per Diem	334.6944	418.9153	3,554,077



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031259200 - 2013/10

RI: 381.32

NM: 475.67

Mentor Hodges Cluster

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	101.640	212.574	314.214	101.640	304.033	405.673
2. Inflate Line 1 by Inflation Factor 1.02314081	103.992	217.493	321.485	103.992	311.068	415.060
3. Line 1 x 1.400 x Inflation Factor 1.03239713	104.933	219.460	324.393	104.933	313.883	418.815
4. Current Period Cost	99.363	224.503	323.866	99.363	308.724	408.087
5. Incentive Basis (line 3 - line 4)	5.570	0.000		5.570	5.159	
6. Allowed Current Period Costs (Min of line 3 or 4)	99.363	219.460	318.823	99.363	308.724	408.087
7. Incentive Line 5 x Oper 50% Res 50%	2.785	0.000	2.785	2.785	2.579	5.364
8. Incentive - Line 4 x Oper 10% Res 3%	9.936	0.000	9.936	9.936	9.262	19.198
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	2.785	0.000	2.785	2.785	2.579	5.364
10. Final Incentive	2.785	0.000	2.785	2.785	2.579	5.364
11. Current Period Base: (line 6 + line 10)	102.148	219.460	321.608	102.148	311.303	413.451
12. Plus: Property Rate Component			10.356			10.356
13. Plus: ROE/Use Rate			0.472			0.472
14. Total Current Period Base			332.437			424.280
15. Prospective Rate: Line 11 x Inflation (1.04870363)	107.123	230.149	337.272	107.123	326.465	433.588
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	107.123	230.149	337.272	107.123	326.465	433.588
19. Property Rate Component			10.356			10.356
20. ROE Component + ROE Interim Component			0.472			0.472
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			348.10			444.42
23. Medicaid Days			0		8,484	
24. Resident Days			0		8,484	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.86			3.61
28. Less Rate Freeze Amount (1.27909%)			4.68			5.90
29. Underpayment Adjustment			19.81			19.81
30. Final Per Diem After Adjustments			381.32			475.67



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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031260600 - 2013/10
RI:389.72 / NM:488.57

Mentor Kinkaid Cluster
 5808 Kinkaid Road
 Jacksonville FL 32244

Provider Number: 031260600
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	360.29	389.72	10/1/2013
#8 Non-Ambulatory & #9 Medical	457.56	488.57	10/1/2013

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031260600

Provider Name: **Mentor Kinkaid Cluster**
 Provider Number: 31260600
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	366	8,289	8,655
2. Operating Expenses Component			
A. Administration			489,683
B. Plant Operation			222,888
C. Laundry			0
D. Housekeeping			90,512
E. Operating Expense Component & Per Diem	92,7883	92,7883	803,083
3. Resident Care			
A. Dietary			162,357
B. Other			0
C. Nursing			714,009
D. Resident Care & Per Diem	101,2555	101,2555	876,366
4. Prop Exp & Per Diem	10,3628	10,3628	89,690
5. ROE/Use Per Diem	1,3190	1,3190	11,416
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	183.00	8,289.00	8,472.00
3. Staffing Percent	2,1600567	97,8399433	100.00
4. Allocation of Direct Care	33,530.37	1,518,760.63	1,552,291.00
5. Direct Care Expense Per Diem	91.6130	183.2260	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	366	8,289	8,655
2. Additional Services	9,777	221,424	231,201
3. Additional Services Exp & Per Diem	26,7131	26,7130	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	92,7883	92,7883	803,083
2. Resident Care Component	219,5816	311,1945	2,659,858
3. Property Cost Component	10,3628	10,3628	89,690
4. ROE/Use Allow Component	1,3190	1,3190	11,416
5 Total Cost Per Diem	324,0517	415,6646	3,564,047



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031260600 - 2013/10

RI: 389.72

NM: 488.57

Mentor Kinkaid Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	117.314	221.844	339.157	117.314	381.617	498.931
2. Inflate Line 1 by Inflation Factor 1.02314081	120.028	226.977	347.006	120.028	390.448	510.477
3. Line 1 x 1.400 x Inflation Factor 1.03239713	121.114	229.031	350.145	121.114	393.981	515.095
4. Current Period Cost	92.788	219.582	312.370	92.788	311.194	403.983
5. Incentive Basis (line 3 - line 4)	28.326	9.449		28.326	82.786	
6. Allowed Current Period Costs (Min of line 3 or 4)	92.788	219.582	312.370	92.788	311.194	403.983
7. Incentive Line 5 x Oper 50% Res 50%	14.163	4.725	18.888	14.163	41.393	55.556
8. Incentive - Line 4 x Oper 10% Res 3%	9.279	6.587	15.866	9.279	9.336	18.615
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.279	4.725	14.003	9.279	9.336	18.615
10. Final Incentive	9.279	4.725	14.003	9.279	9.336	18.615
11. Current Period Base: (line 6 + line 10)	102.067	224.306	326.373	102.067	320.530	422.597
12. Plus: Property Rate Component			10.363			10.363
13. Plus: ROE/Use Rate			1.319			1.319
14. Total Current Period Base			338.055			434.279
15. Prospective Rate: Line 11 x Inflation (1.04870363)	107.038	235.231	342.269	107.038	336.141	443.180
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	107.038	235.231	342.269	107.038	336.141	443.180
19. Property Rate Component			10.363			10.363
20. ROE Component + ROE Interim Component			1.319			1.319
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			353.95			454.86
23. Medicaid Days			366			8,289
24. Resident Days			366			8,289
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.90			3.69
28. Less Rate Freeze Amount (1.27909%)			4.75			6.03
29. Underpayment Adjustment			22.48			22.48
30. Final Per Diem After Adjustments			389.72			488.57



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

031261400 - 2013/10
RI:398.63 / NM:479.86

Mentor Flamingo Cluster

1285 Flamingo Drive
 Lantana FL 33462

Provider Number: 031261400
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>371.10</u>	<u>398.63</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>451.04</u>	<u>479.86</u>	<u>10/1/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (9)
 Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031261400

Provider Name: **Mentor Flamingo Cluster**
 Provider Number: 31261400
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,582	8,582
2. Operating Expenses Component			
A. Administration			513,205
B. Plant Operation			259,769
C. Laundry			0
D. Housekeeping			93,139
E. Operating Expense Component & Per Diem	100.9220	100.9220	866,113
3. Resident Care			
A. Dietary			111,662
B. Other			0
C. Nursing			863,156
D. Resident Care & Per Diem	113.5887	113.5887	974,818
4. Prop Exp & Per Diem	11.7835	11.7835	101,126
5. ROE/Use Per Diem	1.4445	1.4445	12,397
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,582.00	8,582.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,317,810.00	1,317,810.00
5. Direct Care Expense Per Diem	76.7776	153.5551	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,582	8,582
2. Additional Services	0	254,894	254,894
3. Additional Services Exp & Per Diem	29.7010	29.7010	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	100.9220	100.9220	866,113
2. Resident Care Component	220.0672	296.8448	2,547,522
3. Property Cost Component	11.7835	11.7835	101,126
4. ROE/Use Allow Component	1.4445	1.4445	12,397
5 Total Cost Per Diem	334.2173	410.9949	3,527,158



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031261400 - 2013/10
RI: 398.63
NM: 479.86

Mentor Flamingo Cluster

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	113.231	231.518	344.749	113.231	313.729	426.960
2. Inflate Line 1 by Inflation Factor 1.02314081	115.852	236.875	352.727	115.852	320.989	436.840
3. Line 1 x 1.400 x Inflation Factor 1.03239713	116.900	239.018	355.918	116.900	323.893	440.792
4. Current Period Cost	100.922	220.067	320.989	100.922	296.845	397.767
5. Incentive Basis (line 3 - line 4)	15.978	18.951		15.978	27.048	
6. Allowed Current Period Costs (Min of line 3 or 4)	100.922	220.067	320.989	100.922	296.845	397.767
7. Incentive Line 5 x Oper 50% Res 50%	7.989	9.476	17.464	7.989	13.524	21.513
8. Incentive - Line 4 x Oper 10% Res 3%	10.092	6.602	16.694	10.092	8.905	18.998
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	7.989	6.602	14.591	7.989	8.905	16.894
10. Final Incentive	7.989	6.602	14.591	7.989	8.905	16.894
11. Current Period Base: (line 6 + line 10)	108.911	226.669	335.580	108.911	305.750	414.661
12. Plus: Property Rate Component			11.784			11.784
13. Plus: ROE/Use Rate			1.445			1.445
14. Total Current Period Base			348.808			427.889
15. Prospective Rate: Line 11 x Inflation (1.04870363)	114.215	237.709	351.924	114.215	320.641	434.856
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	114.215	237.709	351.924	114.215	320.641	434.856
19. Property Rate Component			11.784			11.784
20. ROE Component + ROE Interim Component			1.445			1.445
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			365.15			448.08
23. Medicaid Days			0		8.582	
24. Resident Days			0		8.582	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.99			3.63
28. Less Rate Freeze Amount (1.27909%)			4.89			5.95
29. Underpayment Adjustment			20.41			20.41
30. Final Per Diem After Adjustments			398.63			479.86



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

031262200 - 2013/10
RI:334.88 / NM:0.00

Mentor Barranger Group
 9513 Barranger Drive
 Pensacola FL 32514

Provider Number: 031262200
 Date: 10/25/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>314.62</u>	<u>334.88</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031262200

Provider Name: **Mentor Barranger Group**
 Provider Number: 31262200
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,103	0	2,103
2. Operating Expenses Component			
A. Administration			80,736
B. Plant Operation			50,371
C. Laundry			0
D. Housekeeping			2,599
E. Operating Expense Component & Per Diem	63,5787	0.0000	133,706
3. Resident Care			
A. Dietary			18,424
B. Other			0
C. Nursing			36,503
D. Resident Care & Per Diem	26,1184	0.0000	54,927
4. Prop Exp & Per Diem	20,9030	0.0000	43,959
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,577.25		1,577.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	332,696.00		332,696.00
5. Direct Care Expense Per Diem	158.2007		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,103		2,103
2. Additional Services	25,537		25,537
3. Additional Services Exp & Per Diem	12,1431		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	63,5787		133,706
2. Resident Care Component	196,4622		413,160
3. Property Cost Component	20,9030		43,959
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	280,9439		590,825



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031262200 - 2013/10
RI: 334.88
NM: 0.00

Mentor Barranger Group

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.920	211.984	293.904			
2. Inflate Line 1 by Inflation Factor 1.02314081	83.816	216.889	300.705			
3. Line 1 x 1.400 x Inflation Factor 1.03239713	84.574	218.851	303.426			
4. Current Period Cost	63.579	196.462	260.041			
5. Incentive Basis (line 3 - line 4)	20.996	22.389		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	63.579	196.462	260.041			
7. Incentive Line 5 x Oper 50% Res 50%	10.498	11.195	21.692	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.358	5.894	12.252	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	6.358	5.894	12.252	0.000	0.000	0.000
10. Final Incentive	6.358	5.894	12.252	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	69.937	202.356	272.293	0.000	0.000	0.000
12. Plus: Property Rate Component			20.903			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			293.196			0.000
15. Prospective Rate: Line 11 x Inflation (1.04870363)	73.343	212.212	285.554	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	73.343	212.212	285.554	0.000	0.000	0.000
19. Property Rate Component			20.903			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			306.46			0.00
23. Medicaid Days		2,103			0	
24. Resident Days		2,103			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.54			0.00
28. Less Rate Freeze Amount (1.27909%)			4.15			0.00
29. Underpayment Adjustment			14.16			0.00
30. Final Per Diem After Adjustments			334.88			0.00



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

031263100 - 2013/10
RI:306.01 / NM:0.00

Mentor Greenridge Group Home
 222 Greenridge Road
 Pensacola FL 32514

Provider Number: 031263100
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>287.69</u>	<u>306.01</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031263100

Provider Name: **Mentor Greenridge Group Home**
 Provider Number: 31263100
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			79,335
B. Plant Operation			53,017
C. Laundry			0
D. Housekeeping			3,159
E. Operating Expense Component & Per Diem	61,7081	0.0000	135,511
3. Resident Care			
A. Dietary			18,266
B. Other			0
C. Nursing			22,595
D. Resident Care & Per Diem	18,6070	0.0000	40,861
4. Prop Exp & Per Diem	15,1944	0.0000	33,367
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	326,913.00		326,913.00
5. Direct Care Expense Per Diem	148.8675		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	24,276		24,276
3. Additional Services Exp & Per Diem	11,0546		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	61,7081		135,511
2. Resident Care Component	178,5291		392,050
3. Property Cost Component	15,1944		33,367
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	255.4317		560,928



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031263100 - 2013/10

RI: 306.01

NM: 0.00

Mentor Greenridge Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.264	182.599	253.863			
2. Inflate Line 1 by Inflation Factor 1.02314081	72.914	186.824	259.738			
3. Line 1 x 1.400 x Inflation Factor 1.03239713	73.573	188.514	262.088			
4. Current Period Cost	61.708	178.529	240.237			
5. Incentive Basis (line 3 - line 4)	11.865	9.985		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	61.708	178.529	240.237			
7. Incentive Line 5 x Oper 50% Res 50%	5.933	4.993	10.925	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.171	5.356	11.527	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	5.933	4.993	10.925	0.000	0.000	0.000
10. Final Incentive	5.933	4.993	10.925	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	67.641	183.522	251.162	0.000	0.000	0.000
12. Plus: Property Rate Component			15.194			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			266.357			0.000
15. Prospective Rate: Line 11 x Inflation (1.04870363)	70.935	192.460	263.395	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	70.935	192.460	263.395	0.000	0.000	0.000
19. Property Rate Component			15.194			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			278.59			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.32			0.00
28. Less Rate Freeze Amount (1.27909%)			3.80			0.00
29. Underpayment Adjustment			12.59			0.00
30. Final Per Diem After Adjustments			306.01			0.00



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

031264900 - 2013/10
RI:378.18 / NM:506.91

Mentor Pensacola Cluster
 9460 S. University Parkway
 Pensacola FL 32514

Provider Number: 031264900
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>358.24</u>	<u>378.18</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>476.39</u>	<u>506.91</u>	<u>10/1/2013</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031264900

Provider Name: **Mentor Pensacola Cluster**
 Provider Number: 31264900
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,540	8,540
2. Operating Expenses Component			
A. Administration			475,687
B. Plant Operation			331,863
C. Laundry			0
D. Housekeeping			108,038
E. Operating Expense Component & Per Diem	107.2117	107.2117	915,588
3. Resident Care			
A. Dietary			137,248
B. Other			0
C. Nursing			818,922
D. Resident Care & Per Diem	111.9637	111.9637	956,170
4. Prop Exp & Per Diem	8.7260	8.7260	74,520
5. ROE/Use Per Diem	0.6423	0.6423	5,485
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,540.00	8,540.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,256,000.00	1,256,000.00
5. Direct Care Expense Per Diem	73.5363	147.0726	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,540	8,540
2. Additional Services	0	170,249	170,249
3. Additional Services Exp & Per Diem	19.9355	19.9355	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	107.2117	107.2117	915,588
2. Resident Care Component	205.4355	278.9718	2,382,419
3. Property Cost Component	8.7260	8.7260	74,520
4. ROE/Use Allow Component	0.6423	0.6423	5,485
5 Total Cost Per Diem	322.0155	395.5518	3,378,012



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031264900 - 2013/10

RI: 378.18

NM: 506.91

Mentor Pensacola Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
1. Prior Period Base:	*	103.327	210.700	314.026	103.327	287.214	390.541
2. Inflate Line 1 by Inflation Factor 1.02314081	*	105.718	215.575	321.293	105.718	365.450	471.168
3. Line 1 x 1.400 x Inflation Factor 1.03239713	*	106.674	217.526	324.200	106.674	368.109	474.783
4. Current Period Cost		107.212	205.435	312.647	107.212	326.979	434.191
5. Incentive Basis (line 3 - line 4)		0.000	12.090		0.000	41.130	
6. Allowed Current Period Costs (Min of line 3 or 4)		106.674	205.435	312.110	106.674	326.979	433.653
7. Incentive Line 5 x Oper 50% Res 50%		0.000	6.045	6.045	0.000	20.565	20.565
8. Incentive - Line 4 x Oper 10% Res 3%		0.000	6.163	6.163	0.000	9.809	9.809
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%		0.000	6.045	6.045	0.000	9.809	9.809
10. Final Incentive		0.000	6.045	6.045	0.000	9.809	9.809
11. Current Period Base: (line 6 + line 10)		106.674	211.481	318.155	106.674	336.789	443.463
12. Plus: Property Rate Component			8.726			8.726	
13. Plus: ROE/Use Rate			0.642			0.642	
14. Total Current Period Base			327.523			452.831	
15. Prospective Rate: Line 11 x Inflation (1.04870363)		111.870	221.781	333.650	111.870	353.191	465.061
16. Interim Rate Component:		0.000	0.000	0.000	0.000	0.000	0.000
17. NA		0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate		111.870	221.781	333.650	111.870	353.191	465.061
19. Property Rate Component			8.726			8.726	
20. ROE Component + ROE Interim Component			0.642			0.642	
21. Plus :Property Interim Rate Component			0.000			0.000	
22. Final Per Diem			343.02			474.43	
23. Medicaid Days			0		8,540		
24. Resident Days			0		8,540		
25. Medicaid Utilization			NA		100.00%		
26. Quality Assessment (20.95)			20.95			20.95	
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.82			3.84	
28. Less Rate Freeze Amount (1.27909%)			4.61			6.28	
29. Underpayment Adjustment			21.65			21.65	
30. Final Per Diem After Adjustments			378.18			506.91	

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 10/1/2013 Rate Semester				
Mentor Pensacola Cluster/Provider #0312649-00 Adjustment to Prior Period Cost (L1, L2, L3) Vacancy IRR #236 - Effective 9/1/2011 Status: COST SETTLEMENT				
	1	2	3	4
B @ 10/1/2013 Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2013	(L2) Inflate Col 8 By Factor 1.02314081 IRR @ 10/1/2013 (Col. 9)	(L3) Factor in Col 10 X 1.400 X Col 8 1.03239713 IRR @ 10/1/2013 (Col. 9)
Operating	103.3270	0.000	105.718	106.674
Resident Care	210.7000	0.000	215.576	217.526
Total	314.027	0.000	321.294	324.201
N-A/Medical				
Operating	103.3270	0.000	105.718	106.674
Resident Care	287.2140	11.370	305.230	307.889
Total	390.541	11.370	410.948	414.563

updated 04/19/2012

Mentor Pensacola Cluster Provider #0312649-00 Cost Settlement - IRR #236 Effective - 9/1/2011	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 @ 10/1/2013 RS						
	Calculation of L4			Residential/Institutional		Non-Ambulatory Medical	
	Operating	Resident Care	Total	Operating	Resident Care	Total	Total
A. Current Period Cost	107.212	205.436	312.647	107.212	278.972	386.184	
B. Cost Settlement for IRR Effective 9/1/2011	0.000	0.000	0.000	0.000	11.370	11.370	
C. Prorated CS IRR eff 9/1/2011 - 3/12 of IRR comp.	0.000	0.000	0.000	0.000	2.843	2.843	
D. Grossed Up Current Period (Line A plus Line C)	107.212	205.436	312.647	107.212	281.814	389.026	

PROPERTY COMPONENT	
Calculation of L21 - 3/12 of IRR comp.	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	0.000

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 10/1/2013 Rate Semester				
Mentor Pensacola Cluster/Provider #0312649-00				
Adjustment to Prior Period Cost (L1, L2, L3)				
Staffing IRR #240 - Effective 3/1/2012				
Status: COST SETTLEMENT				
B @ 10/1/2013 Residential Institutional	1 (L1) Prior Period Allow Base Plus Incentives Excl IRR	2 IRR 10/1/2013	3 (L2) Inflate Col 8 By Factor 1.02314081 IRR @ 10/1/2013 (Col. 9)	4 (L3) Factor in Col 10 X 1.400 X Col 8 1.03239713 IRR @ 10/1/2013 (Col. 9)
Operating	103.3270	0.000	105.718	106.674
Resident Care	210.7000	0.000	215.576	217.526
Total	314.027	0.000	321.294	324.201
N-A/Medical				
Operating	103.3270	0.000	105.718	106.674
Resident Care	287.2140	60.220	354.080	356.739
Total	390.541	60.220	459.798	463.413

updated 04/19/2012

Mentor Pensacola Cluster Provider #0312649-00 Cost Settlement - IRR #240 Effective - 3/1/2012	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L21 @ 10/1/2013 RS						
	Calculation of L4			Residential/Institutional		Non-Ambulatory Medical	
	Operating	Resident Care	Total	Operating	Resident Care	Total	Total
A. Current Period Cost	107.212	205.436	312.647	107.212	278.972	386.184	
B. Cost Settlement for IRR Effective 3/1/2012	0.000	0.000	0.000	0.000	60.220	60.220	
C. Prorated CS IRR eff 3/1/2012 - 9/12 of IRR comp.	0.000	0.000	0.000	0.000	45.165	45.165	
D. Grossed Up Current Period (Line A plus Line C)	107.212	205.436	312.647	107.212	324.137	431.349	

PROPERTY COMPONENT	
Calculation of L21 - 9/12 of IRR comp.	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	0.000



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

031265700 - 2013/10
RI:385.19 / NM:0.00

Mentor Caprona Group Home

111 N.E Caprona Avenue
 Port St. Lucie FL 34983

Provider Number: 031265700
 Date: 10/25/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	362.07	385.19	10/1/2013
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (15)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031265700

Provider Name: **Mentor Caprona Group Home**
 Provider Number: 31265700
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses Component			
A. Administration			91,731
B. Plant Operation			68,352
C. Laundry			0
D. Housekeeping			3,749
E. Operating Expense Component & Per Diem	74.6047	0.0000	163.832
3. Resident Care			
A. Dietary			27,305
B. Other			0
C. Nursing			55,855
D. Resident Care & Per Diem	37.8689	0.0000	83.160
4. Prop Exp & Per Diem	24.8638	0.0000	54.601
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00		1,647.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	383,994.00		383,994.00
5. Direct Care Expense Per Diem	174.8607		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196		2,196
2. Additional Services	33,829		33,829
3. Additional Services Exp & Per Diem	15.4048		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	74.6047		163.832
2. Resident Care Component	228.1343		500.983
3. Property Cost Component	24.8638		54.601
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	327.6029		719,416



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031265700 - 2013/10
RI: 385.19
NM: 0.00

Mentor Caprona Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.538	241.102	324.640			
2. Inflate Line 1 by Inflation Factor 1.02314081	85.471	246.681	332.152			
3. Line 1 x 1.400 x Inflation Factor 1.03239713	86.244	248.913	335.157			
4. Current Period Cost	74.605	228.134	302.739			
5. Incentive Basis (line 3 - line 4)	11.640	20.779		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.605	228.134	302.739			
7. Incentive Line 5 x Oper 50% Res 50%	5.820	10.389	16.209	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.460	6.844	14.305	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	5.820	6.844	12.664	0.000	0.000	0.000
10. Final Incentive	5.820	6.844	12.664	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	80.424	234.978	315.403	0.000	0.000	0.000
12. Plus: Property Rate Component			24.864			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			340.267			0.000
15. Prospective Rate: Line 11 x Inflation (1.04870363)	84.341	246.423	330.764	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.341	246.423	330.764	0.000	0.000	0.000
19. Property Rate Component			24.864			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			355.63			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.92			0.00
28. Less Rate Freeze Amount (1.27909%)			4.77			0.00
29. Underpayment Adjustment			16.30			0.00
30. Final Per Diem After Adjustments			385.19			0.00



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

031266500 - 2013/10
RI:269.41 / NM:312.23

Mentor Rich Street Group
 2318 Rich Street
 Port St. Lucie FL 34984

Provider Number: 031266500
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	251.31	269.41	10/1/2013
#8 Non-Ambulatory & #9 Medical	293.44	312.23	10/1/2013

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (15)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031266500

Provider Name: **Mentor Rich Street Group**
 Provider Number: 31266500
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,525	671	2,196
2. Operating Expenses Component			
A. Administration			66,160
B. Plant Operation			25,359
C. Laundry			0
D. Housekeeping			5,424
E. Operating Expense Component & Per Diem	44,145.3	44,145.3	96,943
3. Resident Care			
A. Dietary			22,347
B. Other			0
C. Nursing			18,601
D. Resident Care & Per Diem	18,646.6	18,646.6	40,948
4. Prop Exp & Per Diem	20,031.4	20,031.4	43,989
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,143.75	671.00	1,814.75
3. Staffing Percent	63.0252101	36.9747899	100.00
4. Allocation of Direct Care	185,139.08	108,614.92	293,754.00
5. Direct Care Expense Per Diem	121.4027	161.8702	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,525	671	2,196
2. Additional Services	26,187	11,524	37,711
3. Additional Services Exp & Per Diem	17,171.8	17,174.4	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	44,145.3	44,145.3	96,943
2. Resident Care Component	157,221.1	197,691.2	372,413
3. Property Cost Component	20,031.4	20,031.4	43,989
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	221,397.8	261,867.9	513,345



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031266500 - 2013/10
RI: 269.41
NM: 312.23

Mentor Rich Street Group

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	65.864	178.590	244.454	65.864	224.045	289.910
2. Inflate Line 1 by Inflation Factor 1.02314081	67.389	182.723	250.111	67.389	229.230	296.618
3. Line 1 x 1.400 x Inflation Factor 1.03239713	67.998	184.376	252.374	67.998	231.304	299.302
4. Current Period Cost	44.145	157.221	201.366	44.145	197.691	241.836
5. Incentive Basis (line 3 - line 4)	23.853	27.155		23.853	33.612	
6. Allowed Current Period Costs (Min of line 3 or 4)	44.145	157.221	201.366	44.145	197.691	241.836
7. Incentive Line 5 x Oper 50% Res 50%	11.926	13.577	25.504	11.926	16.806	28.733
8. Incentive - Line 4 x Oper 10% Res 3%	4.415	4.717	9.131	4.415	5.931	10.345
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	4.415	4.717	9.131	4.415	5.931	10.345
10. Final Incentive	4.415	4.717	9.131	4.415	5.931	10.345
11. Current Period Base: (line 6 + line 10)	48.560	161.938	210.498	48.560	203.622	252.182
12. Plus: Property Rate Component			20.031			20.031
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			230.529			272.213
15. Prospective Rate: Line 11 x Inflation (1.04870363)	50.925	169.825	220.750	50.925	213.539	264.464
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	50.925	169.825	220.750	50.925	213.539	264.464
19. Property Rate Component			20.031			20.031
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			240.78			284.50
23. Medicaid Days		1,525			671	
24. Resident Days		1,525			671	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.03			2.37
28. Less Rate Freeze Amount (1.27909%)			3.32			3.87
29. Underpayment Adjustment			13.02			13.02
30. Final Per Diem After Adjustments			269.41			312.23



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

031267300 - 2013/10
RI:352.81 / NM:427.77

Mentor Sandpiper Cluster

1000 East 14th Street
 Stuart FL 34996

Provider Number: 031267300
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>328.22</u>	<u>352.81</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>401.99</u>	<u>427.77</u>	<u>10/1/2013</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

 Budget
 X Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

 Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (15)
 Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031267300

Provider Name: **Mentor Sandpiper Cluster**
 Provider Number: 31267300
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,533	6,981	8,514
2. Operating Expenses Component			
A. Administration			450,015
B. Plant Operation			226,040
C. Laundry			0
D. Housekeeping			113,716
E. Operating Expense Component & Per Diem	92,7615	92,7615	789,771
3. Resident Care			
A. Dietary			171,053
B. Other			0
C. Nursing			701,324
D. Resident Care & Per Diem	102,4638	102,4638	872,377
4. Prop Exp & Per Diem	12,2088	12,2088	103,946
5. ROE/Use Per Diem	1,0247	1,0247	8,724
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	766.50	6,981.00	7,747.50
3. Staffing Percent	9.8935140	90.1064860	100.00
4. Allocation of Direct Care	108,611.00	989,189.00	1,097,800.00
5. Direct Care Expense Per Diem	70.8487	141.6973	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,533	6,981	8,514
2. Additional Services	28,806	131,179	159,985
3. Additional Services Exp & Per Diem	18,7906	18,7909	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	92,7615	92,7615	789,771
2. Resident Care Component	192,1031	262,9520	2,130,162
3. Property Cost Component	12,2088	12,2088	103,946
4. ROE/Use Allow Component	1,0247	1,0247	8,724
5 Total Cost Per Diem	298.0980	368.9470	3,032,603



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031267300 - 2013/10
RI: 352.81
NM: 427.77

Mentor Sandpiper Cluster

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	94.740	219.655	314.395	94.740	297.623	392.363
2. Inflate Line 1 by Inflation Factor 1.02314081	96.932	224.738	321.671	96.932	304.511	401.443
3. Line 1 x 1.400 x Inflation Factor 1.03239713	97.809	226.771	324.581	97.809	307.266	405.075
4. Current Period Cost	92.761	192.103	284.865	92.761	262.952	355.713
5. Incentive Basis (line 3 - line 4)	5.048	34.668		5.048	44.314	
6. Allowed Current Period Costs (Min of line 3 or 4)	92.761	192.103	284.865	92.761	262.952	355.713
7. Incentive Line 5 x Oper 50% Res 50%	2.524	17.334	19.858	2.524	22.157	24.681
8. Incentive - Line 4 x Oper 10% Res 3%	9.276	5.763	15.039	9.276	7.889	17.165
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	2.524	5.763	8.287	2.524	7.889	10.413
10. Final Incentive	2.524	5.763	8.287	2.524	7.889	10.413
11. Current Period Base: (line 6 + line 10)	95.285	197.866	293.152	95.285	270.841	366.126
12. Plus: Property Rate Component			12.209			12.209
13. Plus: ROE/Use Rate			1.025			1.025
14. Total Current Period Base			306.385			379.359
15. Prospective Rate: Line 11 x Inflation (1.04870363)	99.926	207.503	307.429	99.926	284.031	383.958
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	99.926	207.503	307.429	99.926	284.031	383.958
19. Property Rate Component			12.209			12.209
20. ROE Component + ROE Interim Component			1.025			1.025
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			320.66			397.19
23. Medicaid Days		1,533			6,981	
24. Resident Days		1,533			6,981	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.95)			20.95			20.95
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.65			3.24
28. Less Rate Freeze Amount (1.27909%)			4.33			5.30
29. Underpayment Adjustment			18.17			18.17
30. Final Per Diem After Adjustments			352.81			427.77



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

031345900 - 2013/10
RI:383.52 / NM:0.00

New Horizons Village
 1275 N. Rainbow Loop
 Lecanto FL 32661

Provider Number: 031345900
 Date: 10/22/2013
 FYE: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>360.67</u>	<u>383.52</u>	<u>10/1/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (13)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2013 to 10/2013

031345900

Provider Name: **New Horizons Village**
 Provider Number: 31345900
 Audit Status: Unaudited [3]
 Date: 10/22/2013

Cost Report Entered by: Baker, Randy
 Rate Semester: October, 2013
 Cost Report: 06/01/2011 - 05/31/2012
 Days In Reporting Period: 366
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	17,406	0	17,406
2. Operating Expenses Component			
A. Administration			981,690
B. Plant Operation			350,767
C. Laundry			40,406
D. Housekeeping			299,062
E. Operating Expense Component & Per Diem	96,0545	0.0000	1,671,925
3. Resident Care			
A. Dietary			449,407
B. Other			0
C. Nursing			536,238
D. Resident Care & Per Diem	56,6267	0.0000	985,645
4. Prop Exp & Per Diem	29,7635	0.0000	518,064
5. ROE/Use Per Diem	0,9045	0.0000	15,743
<u>B. Direct Care Expense</u>			
1. Staffing	0,50	1,00	
2. Total Staffing Required	8,703.00		8,703.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,114,978.00		2,114,978.00
5. Direct Care Expense Per Diem	121,5086		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	17,406		17,406
2. Additional Services	417,026		417,026
3. Additional Services Exp & Per Diem	23,9587		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	96,0545		1,671,925
2. Resident Care Component	202,0940		3,517,649
3. Property Cost Component	29,7635		518,064
4. ROE/Use Allow Component	0,9045		15,743
5 Total Cost Per Diem	328,8166		5,723,381



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2013 through 03/31/2014

031345900 - 2013/10
RI: 383.52
NM: 0.00

New Horizons Village

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2012 - 03/31/2013 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2011	5/31/2012	Unaudited [3]	201210
Prior Cost Report	6/1/2010	5/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	101.177	221.993	323.170			
2. Inflate Line 1 by Inflation Factor 1.02314081	103.518	227.130	330.649			
3. Line 1 x 1.400 x Inflation Factor 1.03239713	104.455	229.185	333.640			
4. Current Period Cost	96.055	202.094	298.149			
5. Incentive Basis (line 3 - line 4)	8.400	27.091		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	96.055	202.094	298.149			
7. Incentive Line 5 x Oper 50% Res 50%	4.200	13.546	17.746	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	9.605	6.063	15.668	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	4.200	6.063	10.263	0.000	0.000	0.000
10. Final Incentive	4.200	6.063	10.263	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	100.255	208.157	308.411	0.000	0.000	0.000
12. Plus: Property Rate Component			29.764			0.000
13. Plus: ROE/Use Rate			0.904			0.000
14. Total Current Period Base			339.079			0.000
15. Prospective Rate: Line 11 x Inflation (1.04870363)	105.137	218.295	323.432	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	105.137	218.295	323.432	0.000	0.000	0.000
19. Property Rate Component			29.764			0.000
20. ROE Component + ROE Interim Component			0.904			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			354.10			0.00
23. Medicaid Days		17,406			0	
24. Resident Days		17,406			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.95)			20.95			0.00
27. Less Rate Cut (0.775%) (*Based on Bed Days)			2.91			0.00
28. Less Rate Freeze Amount (1.27909%)			4.75			0.00
29. Underpayment Adjustment			16.13			0.00
30. Final Per Diem After Adjustments			383.52			0.00