



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

028003800 - 2013/04
RI:258.36 / NM:392.45

SUNLAND MARIANNA #1
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028003800
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>268.28</u>	<u>258.36</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>402.14</u>	<u>392.45</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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

W. Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:

For Information only - No Change in rate



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

028003800

Provider Name: **SUNLAND MARIANNA #1**
 Provider Number: 28003800
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 115

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	37,813	2,287	40,100
2. Operating Expenses Component			
A. Administration			505,839
B. Plant Operation			766,102
C. Laundry			0
D. Housekeeping			116,547
E. Operating Expense Component & Per Diem	34.6256	34.6256	1,388,488
3. Resident Care			
A. Dietary			1,194,361
B. Other			39,883
C. Nursing			913,095
D. Resident Care & Per Diem	53.5496	53.5496	2,147,339
4. Prop Exp & Per Diem	3.2435	3.2435	130,066
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	18,906.50	2,287.00	21,193.50
3. Staffing Percent	89.2089556	10.7910444	100.00
4. Allocation of Direct Care	4,904,847.54	593,308.46	5,498,156.00
5. Direct Care Expense Per Diem	129.7133	259.4265	
C. Additional Services Expense			
1. Medicaid Inpatient Days	37,813	2,287	40,100
2. Additional Services	1,092,524	66,078	1,158,602
3. Additional Services Exp & Per Diem	28.8928	28.8929	
D. Medicaid Per Diem Cost			
1. Operating Component	34.6256	34.6256	1,388,488
2. Resident Care Component	212.1557	341.8690	8,804,097
3. Property Cost Component	3.2435	3.2435	130,066
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	250.0249	379.7382	10,322,651



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

028003800 - 2013/04

RI: 258.36

NM: 392.45

SUNLAND MARIANNA #1
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	34.626	212.156	246.781	34.626	341.869	376.495
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)	34.626	212.156	246.781	34.626	341.869	376.495
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)	34.626	212.156	246.781	34.626	341.869	376.495
12. Plus: Property Rate Component			3.244			3.244
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			250.025			379.738
15. Prospective Rate: Line 11 x Inflation (1.03377628)	35.795	219.322	255.117	35.795	353.416	389.211
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	35.795	219.322	255.117	35.795	353.416	389.211
19. Property Rate Component			3.244			3.244
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			258.36			392.45
23. Medicaid Days		37,813			2,287	
24. Resident Days		37,813			2,287	
25. Medicaid Utilization		100.00%			100.00%	
			0.00			
			0.00			0.00
						0.00



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

028004600 - 2013/04
RI:286.38 / NM:398.02

TACACHALE #1
 1621 N.E. Waldo Road
 Gainesville FL 32609

Provider Number: 028004600
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>293.32</u>	<u>286.38</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>403.31</u>	<u>398.02</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:

_____ For Information only - No Change in rate



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

028004600

Provider Name: **TACACHALE #1**
 Provider Number: 28004600
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 118

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,356	27,003	30,359
2. Operating Expenses Component			
A. Administration			1,151,364
B. Plant Operation			647,975
C. Laundry			0
D. Housekeeping			54,834
E. Operating Expense Component & Per Diem	61.0749	61.0749	1,854,173
3. Resident Care			
A. Dietary			740,296
B. Other			1,120,438
C. Nursing			0
D. Resident Care & Per Diem	61.2910	61.2910	1,860,734
4. Prop Exp & Per Diem	3.2334	3.2334	98,162
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	1,678.00	27,003.00	28,681.00
3. Staffing Percent	5.8505631	94.1494369	100.00
4. Allocation of Direct Care	363,634.61	5,851,743.39	6,215,378.00
5. Direct Care Expense Per Diem	108.3536	216.7072	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,356	26,962	30,318
2. Additional Services	144,898	1,154,448	1,299,346
3. Additional Services Exp & Per Diem	43.1758	42.8176	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	61.0749	61.0749	1,854,173
2. Resident Care Component	212.8204	320.8158	9,375,458
3. Property Cost Component	3.2334	3.2334	98,162
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	277.1287	385.1240	11,327,793



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

028004600 - 2013/04

RI: 286.38

NM: 398.02

TACACHALE #1
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	61.075	212.820	273.895	61.075	320.816	381.891
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)	61.075	212.820	273.895	61.075	320.816	381.891
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)	61.075	212.820	273.895	61.075	320.816	381.891
12. Plus: Property Rate Component			3.233			3.233
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			277.129			385.124
15. Prospective Rate: Line 11 x Inflation (1.03377628)	63.138	220.009	283.146	63.138	331.652	394.790
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	63.138	220.009	283.146	63.138	331.652	394.790
19. Property Rate Component			3.233			3.233
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			286.38			398.02
23. Medicaid Days		3,356			26,962	
24. Resident Days		3,356			27,003	
25. Medicaid Utilization		100.00%			99.85%	
			0.00			
			0.00			0.00
						0.00



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

028006200 - 2013/04
RI:269.15 / NM:383.63

TACACHALE #2
 1621 N. E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028006200
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>274.89</u>	<u>269.15</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>397.50</u>	<u>383.63</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet

028006200

Rate Period(s) 04/2013 to 04/2013

Provider Name: TACACHALE #2
 Provider Number: 28006200
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 106

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13,874	18,397	32,271
2. Operating Expenses Component			
A. Administration			1,036,767
B. Plant Operation			735,053
C. Laundry			0
D. Housekeeping			62,203
E. Operating Expense Component & Per Diem	56.8319	56.8319	1,834,023
3. Resident Care			
A. Dietary			789,025
B. Other			725,806
C. Nursing			0
D. Resident Care & Per Diem	46.9409	46.9409	1,514,831
4. Prop Exp & Per Diem	3.7199	3.7199	120,045
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,937.00	18,397.00	25,334.00
3. Staffing Percent	27.3821742	72.6178258	100.00
4. Allocation of Direct Care	1,532,512.11	4,064,238.89	5,596,751.00
5. Direct Care Expense Per Diem	110.4593	220.9186	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,874	18,338	32,212
2. Additional Services	589,938	784,928	1,374,866
3. Additional Services Exp & Per Diem	42.5211	42.8034	
D. Medicaid Per Diem Cost			
1. Operating Component	56.8319	56.8319	1,834,023
2. Resident Care Component	199.9213	310.6629	8,486,448
3. Property Cost Component	3.7199	3.7199	120,045
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	260.4732	371.2147	10,440,516



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

028006200 - 2013/04

RI: 269.15

NM: 383.63

TACACHALE #2
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	56.832	199.921	256.753	56.832	310.663	367.495
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)	56.832	199.921	256.753	56.832	310.663	367.495
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)	56.832	199.921	256.753	56.832	310.663	367.495
12. Plus: Property Rate Component			3.720			3.720
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			260.473			371.215
15. Prospective Rate: Line 11 x Inflation (1.03377628)	58.751	206.674	265.425	58.751	321.156	379.907
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	58.751	206.674	265.425	58.751	321.156	379.907
19. Property Rate Component			3.720			3.720
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			269.15			383.63
23. Medicaid Days		13,874			18,338	
24. Resident Days		13,874			18,397	
25. Medicaid Utilization		100.00%			99.68%	
			0.00			
			0.00			0.00
						0.00



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

028009700 - 2013/04
RI:403.33 / NM:641.74

SUNLAND MARIANNA #2
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028009700
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>428.04</u>	<u>403.33</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>678.63</u>	<u>641.74</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/MR-DD Profile Sheet

028009700

Rate Period(s) 04/2013 to 04/2013

Provider Name: SUNLAND MARIANNA #2
 Provider Number: 28009700
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 121

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	32,046	1,159	33,205
2. Operating Expenses Component			
A. Administration			729,111
B. Plant Operation			1,252,534
C. Laundry			0
D. Housekeeping			190,547
E. Operating Expense Component & Per Diem	65.4176	65.4176	2,172,192
3. Resident Care			
A. Dietary			994,856
B. Other			65,211
C. Nursing			909,752
D. Resident Care & Per Diem	59.3230	59.3230	1,969,819
4. Prop Exp & Per Diem	6.4042	6.4042	212,651
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	16,023.00	1,159.00	17,182.00
3. Staffing Percent	93.2545687	6.7454313	100.00
4. Allocation of Direct Care	7,390,400.33	534,573.67	7,924,974.00
5. Direct Care Expense Per Diem	230.6185	461.2370	
C. Additional Services Expense			
1. Medicaid Inpatient Days	30,794	1,159	31,953
2. Additional Services	880,702	33,146	913,848
3. Additional Services Exp & Per Diem	28.5998	28.5988	
D. Medicaid Per Diem Cost			
1. Operating Component	65.4176	65.4176	2,172,192
2. Resident Care Component	318.5413	549.1587	10,808,641
3. Property Cost Component	6.4042	6.4042	212,651
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	390.3631	620.9806	13,193,484



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

028009700 - 2013/04

RI: 403.33

NM: 641.74

SUNLAND MARIANNA #2
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	65.418	318.541	383.959	65.418	549.159	614.576
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	65.418	318.541	383.959	65.418	549.159	614.576
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	65.418	318.541	383.959	65.418	549.159	614.576
12. Plus: Property Rate Component			6.404			6.404
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			390.363			620.981
15. Prospective Rate: Line 11 x Inflation (1.03377628)	67.627	329.300	396.928	67.627	567.707	635.334
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	67.627	329.300	396.928	67.627	567.707	635.334
19. Property Rate Component			6.404			6.404
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			403.33			641.74
23. Medicaid Days		30,794			1,159	
24. Resident Days		32,046			1,159	
25. Medicaid Utilization		96.09%			100.00%	
			0.00			
			0.00			0.00
						0.00



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

028011900 - 2013/04
RI:261.31 / NM:384.25

TACACHALE #3
 1621 N.E. Waldo Road
 Gainesville FL 32609

Provider Number: 028011900
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>275.82</u>	<u>261.31</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>417.83</u>	<u>384.25</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:

_____ For Information only - No Change in rate



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

028011900

Provider Name: TACACHALE #3
 Provider Number: 28011900
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	8,449	8,684	17,133
2. Operating Expenses Component			
A. Administration			559,513
B. Plant Operation			219,307
C. Laundry			0
D. Housekeeping			18,558
E. Operating Expense Component & Per Diem	46.5405	46.5405	797,378
3. Resident Care			
A. Dietary			420,607
B. Other			347,840
C. Nursing			0
D. Resident Care & Per Diem	44.8519	44.8519	768,447
4. Prop Exp & Per Diem	3.3541	3.3541	57,465
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	4,224.50	8,684.00	12,908.50
3. Staffing Percent	32.7264980	67.2735020	100.00
4. Allocation of Direct Care	988,473.11	2,031,932.89	3,020,406.00
5. Direct Care Expense Per Diem	116.9929	233.9858	
C. Additional Services Expense			
1. Medicaid Inpatient Days	8,449	8,676	17,125
2. Additional Services	347,577	373,722	721,299
3. Additional Services Exp & Per Diem	41.1382	43.0754	
D. Medicaid Per Diem Cost			
1. Operating Component	46.5405	46.5405	797,378
2. Resident Care Component	202.9830	321.9131	4,510,152
3. Property Cost Component	3.3541	3.3541	57,465
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	252.8775	371.8076	5,364,995



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

028011900 - 2013/04

RI: 261.31

NM: 384.25

TACACHALE #3
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	46.540	202.983	249.523	46.540	321.913	368.454
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)	46.540	202.983	249.523	46.540	321.913	368.454
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)	46.540	202.983	249.523	46.540	321.913	368.454
12. Plus: Property Rate Component			3.354			3.354
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			252.878			371.808
15. Prospective Rate: Line 11 x Inflation (1.03377628)	48.112	209.839	257.951	48.112	332.786	380.899
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.112	209.839	257.951	48.112	332.786	380.899
19. Property Rate Component			3.354			3.354
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			261.31			384.25
23. Medicaid Days		8,449			8,676	
24. Resident Days		8,449			8,684	
25. Medicaid Utilization		100.00%			99.91%	
			0.00			0.00
			0.00			0.00
						0.00



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

028015100 - 2013/04
RI:256.92 / NM:372.33

TACACHALE #4
 1621 N.E. Waldo Road
 Gainesville FL 32609

Provider Number: 028015100
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>256.61</u>	<u>256.92</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>381.90</u>	<u>372.33</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:

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

028015100

Provider Name: **TACACHALE #4**
 Provider Number: 28015100
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	12,101	8,719	20,820
2. Operating Expenses Component			
A. Administration			593,908
B. Plant Operation			341,969
C. Laundry			0
D. Housekeeping			28,939
E. Operating Expense Component & Per Diem	46.3408	46.3408	964,816
3. Resident Care			
A. Dietary			507,409
B. Other			477,959
C. Nursing			0
D. Resident Care & Per Diem	47.3280	47.3280	985,368
4. Prop Exp & Per Diem	2.7364	2.7364	56,971
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,050.50	8,719.00	14,769.50
3. Staffing Percent	40.9661803	59.0338197	100.00
4. Allocation of Direct Care	1,313,407.28	1,892,669.72	3,206,077.00
5. Direct Care Expense Per Diem	108.5371	217.0742	
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,101	8,701	20,802
2. Additional Services	528,529	406,953	935,482
3. Additional Services Exp & Per Diem	43.6765	46.7708	
D. Medicaid Per Diem Cost			
1. Operating Component	46.3408	46.3408	964,816
2. Resident Care Component	199.5415	311.1730	5,126,927
3. Property Cost Component	2.7364	2.7364	56,971
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	248.6187	360.2501	6,148,714



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

028015100 - 2013/04

RI: 256.92

NM: 372.33

TACACHALE #4
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	46.341	199.542	245.882	46.341	311.173	357.514
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)	46.341	199.542	245.882	46.341	311.173	357.514
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)	46.341	199.542	245.882	46.341	311.173	357.514
12. Plus: Property Rate Component			2.736			2.736
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			248.619			360.250
15. Prospective Rate: Line 11 x Inflation (1.03377628)	47.906	206.281	254.187	47.906	321.683	369.589
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	47.906	206.281	254.187	47.906	321.683	369.589
19. Property Rate Component			2.736			2.736
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			256.92			372.33
23. Medicaid Days		12,101			8,701	
24. Resident Days		12,101			8,719	
25. Medicaid Utilization		100.00%			99.79%	
			0.00			
			0.00			0.00
						0.00



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

028016000 - 2013/04
RI:253.45 / NM:377.24

SUNLAND MARIANNA #3
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028016000
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.71</u>	<u>253.45</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>349.93</u>	<u>377.24</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:

For Information only - No Change in rate



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

028016000

Provider Name: **SUNLAND MARIANNA #3**
 Provider Number: 28016000
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 44

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	10,674	2,460	13,134
2. Operating Expenses Component			
A. Administration			171,792
B. Plant Operation			435,243
C. Laundry			0
D. Housekeeping			66,213
E. Operating Expense Component & Per Diem	51.2599	51.2599	673,248
3. Resident Care			
A. Dietary			377,479
B. Other			22,660
C. Nursing			281,023
D. Resident Care & Per Diem	51.8625	51.8625	681,162
4. Prop Exp & Per Diem	5.6262	5.6262	73,894
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,337.00	2,460.00	7,797.00
3. Staffing Percent	68.4494036	31.5505964	100.00
4. Allocation of Direct Care	1,278,137.23	589,135.77	1,867,273.00
5. Direct Care Expense Per Diem	119.7430	239.4861	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	9,942	2,460	12,402
2. Additional Services	167,682	41,490	209,172
3. Additional Services Exp & Per Diem	16.8660	16.8659	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	51.2599	51.2599	673,248
2. Resident Care Component	188.4716	308.2144	2,757,607
3. Property Cost Component	5.6262	5.6262	73,894
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	245.3577	365.1005	3,504,749



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

028016000 - 2013/04

RI: 253.45

NM: 377.24

SUNLAND MARIANNA #3
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	51.260	188.472	239.731	51.260	308.214	359.474
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)	51.260	188.472	239.731	51.260	308.214	359.474
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)	51.260	188.472	239.731	51.260	308.214	359.474
12. Plus: Property Rate Component			5.626			5.626
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			245.358			365.101
15. Prospective Rate: Line 11 x Inflation (1.03377628)	52.991	194.837	247.829	52.991	318.625	371.616
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	52.991	194.837	247.829	52.991	318.625	371.616
19. Property Rate Component			5.626			5.626
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			253.45			377.24
23. Medicaid Days		9,942			2,460	
24. Resident Days		10,674			2,460	
25. Medicaid Utilization		93.14%			100.00%	
			0.00			0.00
			0.00			0.00
						0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
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028024100 - 2013/04
RI:262.55 / NM:375.09

TACACHALE #5
 1621 N.E. Waldo Road
 Gainesville FL 32609

Provider Number: 028024100
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>263.21</u>	<u>262.55</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>382.13</u>	<u>375.09</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:

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

028024100

Provider Name: **TACACHALE #5**
 Provider Number: 28024100
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	6,713	7,817	14,530
2. Operating Expenses Component			
A. Administration			429,485
B. Plant Operation			233,219
C. Laundry			0
D. Housekeeping			19,736
E. Operating Expense Component & Per Diem	46.9677	46.9677	682,440
3. Resident Care			
A. Dietary			356,155
B. Other			495,480
C. Nursing			0
D. Resident Care & Per Diem	58.6122	58.6122	851,635
4. Prop Exp & Per Diem	4.5724	4.5724	66,437
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	3,356.50	7,817.00	11,173.50
3. Staffing Percent	30.0398264	69.9601736	100.00
4. Allocation of Direct Care	696,466.77	1,622,011.23	2,318,478.00
5. Direct Care Expense Per Diem	103.7490	207.4979	
C. Additional Services Expense			
1. Medicaid Inpatient Days	6,713	7,815	14,528
2. Additional Services	270,008	354,267	624,275
3. Additional Services Exp & Per Diem	40.2217	45.3317	
D. Medicaid Per Diem Cost			
1. Operating Component	46.9677	46.9677	682,440
2. Resident Care Component	202.5828	311.4418	3,794,388
3. Property Cost Component	4.5724	4.5724	66,437
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	254.1229	362.9818	4,543,265



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

028024100 - 2013/04

RI: 262.55

NM: 375.09

TACACHALE #5
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	46.968	202.583	249.550	46.968	311.442	358.409
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)	46.968	202.583	249.550	46.968	311.442	358.409
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)	46.968	202.583	249.550	46.968	311.442	358.409
12. Plus: Property Rate Component			4.572			4.572
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			254.123			362.982
15. Prospective Rate: Line 11 x Inflation (1.03377628)	48.554	209.425	257.979	48.554	321.961	370.515
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.554	209.425	257.979	48.554	321.961	370.515
19. Property Rate Component			4.572			4.572
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			262.55			375.09
23. Medicaid Days		6,713			7,815	
24. Resident Days		6,713			7,817	
25. Medicaid Utilization		100.00%			99.97%	
			0.00			0.00
			0.00			0.00
						0.00



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

028026700 - 2013/04
RI:283.51 / NM:386.52

TACACHALE #7
 1621 N.E. Waldo Road
 Gainesville FL 32609

Provider Number: 028026700
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>296.48</u>	<u>283.51</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>406.98</u>	<u>386.52</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:

_____ For Information only - No Change in rate



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

028026700

Provider Name: **TACACHALE #7**
 Provider Number: 28026700
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 32

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	11,137	11,137
2. Operating Expenses Component			
A. Administration			411,167
B. Plant Operation			156,465
C. Laundry			0
D. Housekeeping			13,241
E. Operating Expense Component & Per Diem	52.1570	52.1570	580,873
3. Resident Care			
A. Dietary			269,082
B. Other			526,674
C. Nursing			0
D. Resident Care & Per Diem	71.4516	71.4516	795,756
4. Prop Exp & Per Diem	3.3127	3.3127	36,893
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	11,137.00	11,137.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	2,219,590.00	2,219,590.00
5. Direct Care Expense Per Diem	99.6494	199.2987	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	11,120	11,120
2. Additional Services	0	531,342	531,342
3. Additional Services Exp & Per Diem	47.7826	47.7826	
D. Medicaid Per Diem Cost			
1. Operating Component	52.1570	52.1570	580,873
2. Resident Care Component	218.8835	318.5328	3,546,688
3. Property Cost Component	3.3127	3.3127	36,893
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	274.3532	374.0025	4,164,454



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

028026700 - 2013/04

RI: 283.51

NM: 386.52

TACACHALE #7
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	52.157	218.883	271.041	52.157	318.533	370.690
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)	52.157	218.883	271.041	52.157	318.533	370.690
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)	52.157	218.883	271.041	52.157	318.533	370.690
12. Plus: Property Rate Component			3.313			3.313
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			274.353			374.003
15. Prospective Rate: Line 11 x Inflation (1.03377628)	53.919	226.277	280.195	53.919	329.292	383.210
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	53.919	226.277	280.195	53.919	329.292	383.210
19. Property Rate Component			3.313			3.313
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			283.51			386.52
23. Medicaid Days			0			11,120
24. Resident Days			0			11,137
25. Medicaid Utilization			NA			99.85%
			0.00			
			0.00			0.00
						0.00



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

028055100 - 2013/04
RI:367.15 / NM:547.83

TACACHALE FACILITY #8
 1621 N.E. WALDO ROAD
 GAINESVILLE FL 32609

Provider Number: 028055100
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>366.05</u>	<u>367.15</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>550.73</u>	<u>547.83</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:

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

028055100

Provider Name: **TACACHALE FACILITY #8**
 Provider Number: 28055100
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,378	9,477	19,855
2. Operating Expenses Component			
A. Administration			982,325
B. Plant Operation			464,998
C. Laundry			0
D. Housekeeping			39,350
E. Operating Expense Component & Per Diem	74.8765	74.8765	1,486,673
3. Resident Care			
A. Dietary			484,614
B. Other			548,254
C. Nursing			0
D. Resident Care & Per Diem	52.0205	52.0205	1,032,868
4. Prop Exp & Per Diem	1.0558	1.0558	20,963
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,189.00	9,477.00	14,666.00
3. Staffing Percent	35.3811537	64.6188463	100.00
4. Allocation of Direct Care	1,876,213.75	3,426,648.25	5,302,862.00
5. Direct Care Expense Per Diem	180.7876	361.5752	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,368	9,460	19,828
2. Additional Services	481,527	382,505	864,032
3. Additional Services Exp & Per Diem	46.4436	40.4339	
D. Medicaid Per Diem Cost			
1. Operating Component	74.8765	74.8765	1,486,673
2. Resident Care Component	279.2517	454.0297	7,199,762
3. Property Cost Component	1.0558	1.0558	20,963
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	355.1840	529.9620	8,707,398



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

028055100 - 2013/04

RI: 367.15

NM: 547.83

TACACHALE FACILITY #8
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	74.877	279.252	354.128	74.877	454.030	528.906
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)	74.877	279.252	354.128	74.877	454.030	528.906
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)	74.877	279.252	354.128	74.877	454.030	528.906
12. Plus: Property Rate Component			1.056			1.056
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			355.184			529.962
15. Prospective Rate: Line 11 x Inflation (1.03377628)	77.406	288.684	366.089	77.406	469.365	546.771
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.406	288.684	366.089	77.406	469.365	546.771
19. Property Rate Component			1.056			1.056
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			367.15			547.83
23. Medicaid Days		10,368			9,460	
24. Resident Days		10,378			9,477	
25. Medicaid Utilization		99.90%			99.82%	
			0.00			
			0.00			0.00
						0.00



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

028058500 - 2013/04
RI:244.30 / NM:339.39

Sunland Marianna #4
 3700 Williams Road
 Marianna FL 32446

Provider Number: 028058500
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>256.28</u>	<u>244.30</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>355.38</u>	<u>339.39</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

 For Information only - No Change in rate



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

028058500

Provider Name: **Sunland Marianna #4**
 Provider Number: 28058500
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 20

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	6,395	924	7,319
2. Operating Expenses Component			
A. Administration			69,759
B. Plant Operation			254,493
C. Laundry			0
D. Housekeeping			38,716
E. Operating Expense Component & Per Diem	49.5926	49.5926	362,968
3. Resident Care			
A. Dietary			225,396
B. Other			13,250
C. Nursing			118,778
D. Resident Care & Per Diem	48.8351	48.8351	357,424
4. Prop Exp & Per Diem	5.9034	5.9034	43,207
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	3,197.50	924.00	4,121.50
3. Staffing Percent	77.5809778	22.4190222	100.00
4. Allocation of Direct Care	588,248.45	169,989.55	758,238.00
5. Direct Care Expense Per Diem	91.9857	183.9714	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	6,395	924	7,319
2. Additional Services	257,053	37,140	294,193
3. Additional Services Exp & Per Diem	40.1959	40.1948	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	49.5926	49.5926	362,968
2. Resident Care Component	181.0167	273.0013	1,409,855
3. Property Cost Component	5.9034	5.9034	43,207
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	236.5127	328.4972	1,816,030



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

028058500 - 2013/04

RI: 244.30

NM: 339.39

Sunland Marianna #4
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	49.593	181.017	230.609	49.593	273.001	322.594
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)	49.593	181.017	230.609	49.593	273.001	322.594
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)	49.593	181.017	230.609	49.593	273.001	322.594
12. Plus: Property Rate Component			5.903			5.903
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			236.513			328.497
15. Prospective Rate: Line 11 x Inflation (1.03377628)	51.268	187.131	238.398	51.268	282.222	333.490
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	51.268	187.131	238.398	51.268	282.222	333.490
19. Property Rate Component			5.903			5.903
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			244.30			339.39
23. Medicaid Days		6,395			924	
24. Resident Days		6,395			924	
25. Medicaid Utilization		100.00%			100.00%	
			0.00			0.00
			0.00			0.00
						0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
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028562500 - 2013/04
RI:302.88 / NM:422.58

SUNLAND MARIANNA #5
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028562500
 Date: 03/05/2013
 FYE: 06/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>278.29</u>	<u>302.88</u>	<u>04/01/2013</u>
#8 Non-Ambulatory & #9 Medical	<u>399.66</u>	<u>422.58</u>	<u>04/01/2013</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:

 For Information only - No Change in rate



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

028562500

Provider Name: **SUNLAND MARIANNA #5**
 Provider Number: 28562500
 Audit Status: Unaudited [3]
 Date: 3/5/2013

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2013
 Cost Report: 07/01/2011 - 06/30/2012
 Days In Reporting Period: 366
 Number of Beds: 49

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,443	10,657	15,100
2. Operating Expenses Component			
A. Administration			274,396
B. Plant Operation			551,746
C. Laundry			0
D. Housekeeping			83,937
E. Operating Expense Component & Per Diem	60.2701	60.2701	910,079
3. Resident Care			
A. Dietary			435,338
B. Other			28,726
C. Nursing			771,399
D. Resident Care & Per Diem	81.8187	81.8187	1,235,463
4. Prop Exp & Per Diem	6.2036	6.2036	93,674
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,221.50	10,657.00	12,878.50
3. Staffing Percent	17.2496797	82.7503203	100.00
4. Allocation of Direct Care	514,473.08	2,468,034.92	2,982,508.00
5. Direct Care Expense Per Diem	115.7941	231.5882	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,443	10,278	14,721
2. Additional Services	129,286	299,013	428,299
3. Additional Services Exp & Per Diem	29.0988	29.0925	
D. Medicaid Per Diem Cost			
1. Operating Component	60.2701	60.2701	910,079
2. Resident Care Component	226.7116	342.4994	4,646,270
3. Property Cost Component	6.2036	6.2036	93,674
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	293.1853	408.9731	5,650,023



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

028562500 - 2013/04

RI: 302.88

NM: 422.58

SUNLAND MARIANNA #5
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	60.270	226.712	286.982	60.270	342.499	402.770
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)	60.270	226.712	286.982	60.270	342.499	402.770
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)	60.270	226.712	286.982	60.270	342.499	402.770
12. Plus: Property Rate Component			6.204			6.204
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			293.185			408.973
15. Prospective Rate: Line 11 x Inflation (1.03377628)	62.306	234.369	296.675	62.306	354.068	416.374
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.306	234.369	296.675	62.306	354.068	416.374
19. Property Rate Component			6.204			6.204
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			302.88			422.58
23. Medicaid Days		4,443			10,278	
24. Resident Days		4,443			10,657	
25. Medicaid Utilization		100.00%			96.44%	
			0.00			
			0.00			0.00
						0.00