



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

028003800 - 2012/10
RI:268.28 / NM:402.14

SUNLAND MARIANNA #1
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028003800
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>265.35</u>	<u>268.28</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>397.72</u>	<u>402.14</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (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) 04/2012 to 10/2012

028003800

Provider Name: **SUNLAND MARIANNA #1**
 Provider Number: 28003800
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 115

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	37,476	2,810	40,286
2. Operating Expenses Component			
A. Administration			816,824
B. Plant Operation			583,187
C. Laundry			0
D. Housekeeping			110,974
E. Operating Expense Component & Per Diem	37.5065	37.5065	1,510,985
3. Resident Care			
A. Dietary			1,147,775
B. Other			30,363
C. Nursing			1,002,262
D. Resident Care & Per Diem	54.1230	54.1230	2,180,400
4. Prop Exp & Per Diem	3.4988	3.4988	140,953
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	18,738.00	2,810.00	21,548.00
3. Staffing Percent	86.9593466	13.0406534	100.00
4. Allocation of Direct Care	4,897,515.62	734,444.38	5,631,960.00
5. Direct Care Expense Per Diem	130.6841	261.3681	
C. Additional Services Expense			
1. Medicaid Inpatient Days	37,476	2,810	40,286
2. Additional Services	1,157,397	79,231	1,236,628
3. Additional Services Exp & Per Diem	30.8837	28.1961	
D. Medicaid Per Diem Cost			
1. Operating Component	37.5065	37.5065	1,510,985
2. Resident Care Component	215.6908	343.6872	9,048,988
3. Property Cost Component	3.4988	3.4988	140,953
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	256.6960	384.6925	10,700,926



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

028003800 - 2012/10

RI: 268.28

NM: 402.14

SUNLAND MARIANNA #1
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	37.506	215.691	253.197	37.506	343.687	381.194
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)	37.506	215.691	253.197	37.506	343.687	381.194
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)	37.506	215.691	253.197	37.506	343.687	381.194
12. Plus: Property Rate Component			3.499			3.499
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			256.696			384.692
15. Prospective Rate: Line 11 x Inflation (1.04576476)	39.223	225.562	264.785	39.223	359.416	398.639
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	39.223	225.562	264.785	39.223	359.416	398.639
19. Property Rate Component			3.499			3.499
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			268.28			402.14
23. Medicaid Days		37,476			2,810	
24. Resident Days		37,476			2,810	
25. Medicaid Utilization		100.00%			100.00%	
0.000 NM% 0.000						
			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 - 2012/10
RI:293.32 / NM:403.31

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

Provider Number: 028004600
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>290.10</u>	<u>293.32</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>398.87</u>	<u>403.31</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (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) 04/2012 to 10/2012

028004600

Provider Name: **TACACHALE #1**
 Provider Number: 28004600
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 118

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	3,955	27,616	31,571
2. Operating Expenses Component			
A. Administration			981,677
B. Plant Operation			701,882
C. Laundry			0
D. Housekeeping			60,710
E. Operating Expense Component & Per Diem	55.2491	55.2491	1,744,269
3. Resident Care			
A. Dietary			783,730
B. Other			1,221,267
C. Nursing			0
D. Resident Care & Per Diem	63.5076	63.5076	2,004,997
4. Prop Exp & Per Diem	2.9284	2.9284	92,453
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,977.50	27,616.00	29,593.50
3. Staffing Percent	6.6822106	93.3177894	100.00
4. Allocation of Direct Care	433,082.22	6,048,039.78	6,481,122.00
5. Direct Care Expense Per Diem	109.5025	219.0049	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,955	27,404	31,359
2. Additional Services	195,466	1,235,798	1,431,264
3. Additional Services Exp & Per Diem	49.4225	45.0955	
D. Medicaid Per Diem Cost			
1. Operating Component	55.2491	55.2491	1,744,269
2. Resident Care Component	222.4325	327.6080	9,917,383
3. Property Cost Component	2.9284	2.9284	92,453
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	280.6100	385.7855	11,754,105



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

028004600 - 2012/10

RI: 293.32

NM: 403.31

TACACHALE #1
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	55.249	222.433	277.682	55.249	327.608	382.857
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)	55.249	222.433	277.682	55.249	327.608	382.857
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 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)	55.249	222.433	277.682	55.249	327.608	382.857
12. Plus: Property Rate Component			2.928			2.928
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			280.610			385.786
15. Prospective Rate: Line 11 x Inflation (1.04576476)	57.778	232.612	290.390	57.778	342.601	400.378
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	57.778	232.612	290.390	57.778	342.601	400.378
19. Property Rate Component			2.928			2.928
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			293.32			403.31
23. Medicaid Days		3,955			27,404	
24. Resident Days		3,955			27,616	
25. Medicaid Utilization		100.00%			99.23%	
0.000 NM% 0.000						
			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 - 2012/10
RI:274.89 / NM:397.50

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

Provider Number: 028006200
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>271.88</u>	<u>274.89</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>393.13</u>	<u>397.50</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (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) 04/2012 to 10/2012

028006200

Provider Name: **TACACHALE #2**
 Provider Number: 28006200
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 106

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	15,727	17,123	32,850
2. Operating Expenses Component			
A. Administration			872,386
B. Plant Operation			858,703
C. Laundry			0
D. Housekeeping			74,274
E. Operating Expense Component & Per Diem	54.9578	54.9578	1,805,363
3. Resident Care			
A. Dietary			820,569
B. Other			806,217
C. Nursing			0
D. Resident Care & Per Diem	49.5216	49.5216	1,626,786
4. Prop Exp & Per Diem	3.4898	3.4898	114,641
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	7,863.50	17,123.00	24,986.50
3. Staffing Percent	31.4709943	68.5290057	100.00
4. Allocation of Direct Care	1,812,593.95	3,946,976.05	5,759,570.00
5. Direct Care Expense Per Diem	115.2536	230.5073	
C. Additional Services Expense			
1. Medicaid Inpatient Days	15,686	17,104	32,790
2. Additional Services	624,174	714,566	1,338,740
3. Additional Services Exp & Per Diem	39.7918	41.7777	
D. Medicaid Per Diem Cost			
1. Operating Component	54.9578	54.9578	1,805,363
2. Resident Care Component	204.5671	321.8066	8,725,096
3. Property Cost Component	3.4898	3.4898	114,641
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	263.0147	380.2542	10,645,100



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

028006200 - 2012/10

RI: 274.89

NM: 397.50

TACACHALE #2
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	54.958	204.567	259.525	54.958	321.807	376.764
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)	54.958	204.567	259.525	54.958	321.807	376.764
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)	54.958	204.567	259.525	54.958	321.807	376.764
12. Plus: Property Rate Component			3.490			3.490
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			263.015			380.254
15. Prospective Rate: Line 11 x Inflation (1.04576476)	57.473	213.929	271.402	57.473	336.534	394.007
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	57.473	213.929	271.402	57.473	336.534	394.007
19. Property Rate Component			3.490			3.490
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			274.89			397.50
23. Medicaid Days		15,686			17,104	
24. Resident Days		15,727			17,123	
25. Medicaid Utilization		99.74%			99.89%	
0.000 NM% 0.000						
			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 - 2012/10
RI:428.04 / NM:678.63

SUNLAND MARIANNA #2
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028009700
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>423.38</u>	<u>428.04</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>671.18</u>	<u>678.63</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:

_____ For Information only - No Change in rate



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

028009700

Provider Name: **SUNLAND MARIANNA #2**
 Provider Number: 28009700
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 121

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	31,190	1,057	32,247
2. Operating Expenses Component			
A. Administration			1,152,871
B. Plant Operation			955,100
C. Laundry			0
D. Housekeeping			181,745
E. Operating Expense Component & Per Diem	71.0056	71.0056	2,289,716
3. Resident Care			
A. Dietary			992,677
B. Other			49,726
C. Nursing			944,369
D. Resident Care & Per Diem	61.6111	61.6111	1,986,772
4. Prop Exp & Per Diem	7.1586	7.1586	230,843
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	15,595.00	1,057.00	16,652.00
3. Staffing Percent	93.6524141	6.3475859	100.00
4. Allocation of Direct Care	7,444,418.22	504,568.78	7,948,987.00
5. Direct Care Expense Per Diem	238.6796	477.3593	
C. Additional Services Expense			
1. Medicaid Inpatient Days	30,327	1,057	31,384
2. Additional Services	945,249	33,939	979,188
3. Additional Services Exp & Per Diem	31.1686	32.1088	
D. Medicaid Per Diem Cost			
1. Operating Component	71.0056	71.0056	2,289,716
2. Resident Care Component	331.4593	571.0792	10,914,947
3. Property Cost Component	7.1586	7.1586	230,843
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	409.6234	649.2433	13,435,506



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

028009700 - 2012/10

RI: 428.04

ICF/MR-DD Calculation Sheet

NM: 678.63

Rates Effective 10/01/2012 through 03/31/2013

SUNLAND MARIANNA #2
Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	71.006	331.459	402.465	71.006	571.079	642.085
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.006	331.459	402.465	71.006	571.079	642.085
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 66.12%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	71.006	331.459	402.465	71.006	571.079	642.085
12. Plus: Property Rate Component			7.159			7.159
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			409.623			649.243
15. Prospective Rate: Line 11 x Inflation (1.04576476)	74.255	346.628	420.884	74.255	597.214	671.470
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.255	346.628	420.884	74.255	597.214	671.470
19. Property Rate Component			7.159			7.159
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			428.04			678.63
23. Medicaid Days		30,327			1,057	
24. Resident Days		31,190			1,057	
25. Medicaid Utilization		97.23%			100.00%	
0.000 NM% 0.000						
			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 - 2012/10

RI:275.82 / NM:417.83

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

Provider Number: 028011900
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>272.80</u>	<u>275.82</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>413.23</u>	<u>417.83</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (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) 04/2012 to 10/2012

028011900

Provider Name: **TACACHALE #3**
 Provider Number: 28011900
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,395	7,449	17,844
2. Operating Expenses Component			
A. Administration			501,480
B. Plant Operation			291,317
C. Laundry			0
D. Housekeeping			25,198
E. Operating Expense Component & Per Diem	45.8415	45.8415	817,995
3. Resident Care			
A. Dietary			446,329
B. Other			355,632
C. Nursing			0
D. Resident Care & Per Diem	44.9429	44.9429	801,961
4. Prop Exp & Per Diem	3.1638	3.1638	56,455
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,197.50	7,449.00	12,646.50
3. Staffing Percent	41.0983276	58.9016724	100.00
4. Allocation of Direct Care	1,360,689.59	1,950,125.41	3,310,815.00
5. Direct Care Expense Per Diem	130.8985	261.7969	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,389	7,447	17,836
2. Additional Services	405,628	327,186	732,814
3. Additional Services Exp & Per Diem	39.0440	43.9353	
D. Medicaid Per Diem Cost			
1. Operating Component	45.8415	45.8415	817,995
2. Resident Care Component	214.8854	350.6751	4,845,590
3. Property Cost Component	3.1638	3.1638	56,455
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	263.8906	399.6804	5,720,040



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

028011900 - 2012/10

RI: 275.82

NM: 417.83

TACACHALE #3
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	45.841	214.885	260.727	45.841	350.675	396.517
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)	45.841	214.885	260.727	45.841	350.675	396.517
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)	45.841	214.885	260.727	45.841	350.675	396.517
12. Plus: Property Rate Component			3.164			3.164
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			263.891			399.680
15. Prospective Rate: Line 11 x Inflation (1.04576476)	47.939	224.720	272.659	47.939	366.724	414.663
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	47.939	224.720	272.659	47.939	366.724	414.663
19. Property Rate Component			3.164			3.164
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			275.82			417.83
23. Medicaid Days		10,389			7,447	
24. Resident Days		10,395			7,449	
25. Medicaid Utilization		99.94%			99.97%	
0.000 NM% 0.000						
			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 - 2012/10
RI:256.61 / NM:381.90

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

Provider Number: 028015100
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>253.79</u>	<u>256.61</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>377.70</u>	<u>381.90</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

_____ For Information only - No Change in rate



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

028015100

Provider Name: **TACACHALE #4**
 Provider Number: 28015100
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13,527	7,990	21,517
2. Operating Expenses Component			
A. Administration			521,383
B. Plant Operation			383,559
C. Laundry			0
D. Housekeeping			33,176
E. Operating Expense Component & Per Diem	43.5989	43.5989	938,118
3. Resident Care			
A. Dietary			534,178
B. Other			311,069
C. Nursing			0
D. Resident Care & Per Diem	39.2828	39.2828	845,247
4. Prop Exp & Per Diem	2.5182	2.5182	54,184
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,763.50	7,990.00	14,753.50
3. Staffing Percent	45.8433592	54.1566408	100.00
4. Allocation of Direct Care	1,578,028.36	1,864,189.64	3,442,218.00
5. Direct Care Expense Per Diem	116.6577	233.3153	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,468	7,899	21,367
2. Additional Services	584,964	367,965	952,929
3. Additional Services Exp & Per Diem	43.4336	46.5837	
D. Medicaid Per Diem Cost			
1. Operating Component	43.5989	43.5989	938,118
2. Resident Care Component	199.3740	319.1818	5,240,394
3. Property Cost Component	2.5182	2.5182	54,184
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	245.4912	365.2990	6,232,696



TACACHALE #4
Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	43.599	199.374	242.973	43.599	319.182	362.781
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.599	199.374	242.973	43.599	319.182	362.781
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.599	199.374	242.973	43.599	319.182	362.781
12. Plus: Property Rate Component			2.518			2.518
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			245.491			365.299
15. Prospective Rate: Line 11 x Inflation (1.04576476)	45.594	208.498	254.093	45.594	333.789	379.383
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	45.594	208.498	254.093	45.594	333.789	379.383
19. Property Rate Component			2.518			2.518
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			256.61			381.90
23. Medicaid Days		13,468			7,899	
24. Resident Days		13,527			7,990	
25. Medicaid Utilization		99.56%			98.86%	
0.000 NM% 0.000						
			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

028016000 - 2012/10
RI:237.71 / NM:349.93

SUNLAND MARIANNA #3
 3700 Williams Drive
 Marianna FL 32446


Provider Number: 028016000
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>235.13</u>	<u>237.71</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>346.10</u>	<u>349.93</u>	<u>10/01/2012</u>

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

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (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) 04/2012 to 10/2012

028016000

Provider Name: **SUNLAND MARIANNA #3**
 Provider Number: 28016000
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 44

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	12,849	2,718	15,567
2. Operating Expenses Component			
A. Administration			286,103
B. Plant Operation			333,303
C. Laundry			0
D. Housekeeping			63,424
E. Operating Expense Component & Per Diem	43.8639	43.8639	682,830
3. Resident Care			
A. Dietary			411,359
B. Other			17,353
C. Nursing			371,845
D. Resident Care & Per Diem	51.4265	51.4265	800,557
4. Prop Exp & Per Diem	5.1749	5.1749	80,558
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,424.50	2,718.00	9,142.50
3. Staffing Percent	70.2707137	29.7292863	100.00
4. Allocation of Direct Care	1,386,205.77	586,459.23	1,972,665.00
5. Direct Care Expense Per Diem	107.8843	215.7687	
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,059	2,718	14,777
2. Additional Services	231,292	50,566	281,858
3. Additional Services Exp & Per Diem	19.1800	18.6041	
D. Medicaid Per Diem Cost			
1. Operating Component	43.8639	43.8639	682,830
2. Resident Care Component	178.4909	285.7993	3,055,080
3. Property Cost Component	5.1749	5.1749	80,558
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	227.5298	334.8382	3,818,468



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

028016000 - 2012/10

RI: 237.71

NM: 349.93

SUNLAND MARIANNA #3
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	43.864	178.491	222.355	43.864	285.799	329.663
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.864	178.491	222.355	43.864	285.799	329.663
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.864	178.491	222.355	43.864	285.799	329.663
12. Plus: Property Rate Component			5.175			5.175
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			227.530			334.838
15. Prospective Rate: Line 11 x Inflation (1.04576476)	45.871	186.660	232.531	45.871	298.879	344.750
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	45.871	186.660	232.531	45.871	298.879	344.750
19. Property Rate Component			5.175			5.175
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			237.71			349.93
23. Medicaid Days		12,059			2,718	
24. Resident Days		12,849			2,718	
25. Medicaid Utilization		93.85%			100.00%	
0.000 NM% 0.000						
			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

028024100 - 2012/10
RI:263.21 / NM:382.13

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

Provider Number: 028024100
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>260.34</u>	<u>263.21</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>377.94</u>	<u>382.13</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:

_____ For Information only - No Change in rate



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

028024100

Provider Name: **TACACHALE #5**
 Provider Number: 28024100
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	7,753	7,222	14,975
2. Operating Expenses Component			
A. Administration			368,691
B. Plant Operation			252,622
C. Laundry			0
D. Housekeeping			21,851
E. Operating Expense Component & Per Diem	42.9492	42.9492	643,164
3. Resident Care			
A. Dietary			374,896
B. Other			400,196
C. Nursing			0
D. Resident Care & Per Diem	51.7591	51.7591	775,092
4. Prop Exp & Per Diem	4.2993	4.2993	64,382
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	3,876.50	7,222.00	11,098.50
3. Staffing Percent	34.9281434	65.0718566	100.00
4. Allocation of Direct Care	850,196.42	1,583,933.58	2,434,130.00
5. Direct Care Expense Per Diem	109.6603	219.3206	
C. Additional Services Expense			
1. Medicaid Inpatient Days	7,722	7,177	14,899
2. Additional Services	333,685	339,240	672,925
3. Additional Services Exp & Per Diem	43.2123	47.2677	
D. Medicaid Per Diem Cost			
1. Operating Component	42.9492	42.9492	643,164
2. Resident Care Component	204.6316	318.3474	3,882,147
3. Property Cost Component	4.2993	4.2993	64,382
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	251.8801	365.5958	4,589,693



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

028024100 - 2012/10

RI: 263.21

NM: 382.13

TACACHALE #5
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	42.949	204.632	247.581	42.949	318.347	361.297
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)	42.949	204.632	247.581	42.949	318.347	361.297
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)	42.949	204.632	247.581	42.949	318.347	361.297
12. Plus: Property Rate Component			4.299			4.299
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			251.880			365.596
15. Prospective Rate: Line 11 x Inflation (1.04576476)	44.915	213.997	258.911	44.915	332.916	377.831
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.915	213.997	258.911	44.915	332.916	377.831
19. Property Rate Component			4.299			4.299
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			263.21			382.13
23. Medicaid Days		7,722			7,177	
24. Resident Days		7,753			7,222	
25. Medicaid Utilization		99.60%			99.38%	
0.000 NM% 0.000						
			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 - 2012/10
RI:296.48 / NM:406.98

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

Provider Number: 028026700
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>293.23</u>	<u>296.48</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>402.50</u>	<u>406.98</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (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) 04/2012 to 10/2012

028026700

Provider Name: **TACACHALE #7**
 Provider Number: 28026700
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 32

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	10,674	10,674
2. Operating Expenses Component			
A. Administration			341,668
B. Plant Operation			169,482
C. Laundry			0
D. Housekeeping			14,659
E. Operating Expense Component & Per Diem	49.2607	49.2607	525,809
3. Resident Care			
A. Dietary			265,236
B. Other			576,701
C. Nursing			0
D. Resident Care & Per Diem	78.8774	78.8774	841,937
4. Prop Exp & Per Diem	3.3272	3.3272	35,515
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	10,674.00	10,674.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	2,255,722.00	2,255,722.00
5. Direct Care Expense Per Diem	105.6643	211.3286	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	10,630	10,630
2. Additional Services	0	494,507	494,507
3. Additional Services Exp & Per Diem	46.5199	46.5199	
D. Medicaid Per Diem Cost			
1. Operating Component	49.2607	49.2607	525,809
2. Resident Care Component	231.0616	336.7260	3,592,166
3. Property Cost Component	3.3272	3.3272	35,515
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	283.6496	389.3139	4,153,490



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

028026700 - 2012/10

RI: 296.48

NM: 406.98

TACACHALE #7
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	49.261	231.062	280.322	49.261	336.726	385.987
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)	49.261	231.062	280.322	49.261	336.726	385.987
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)	49.261	231.062	280.322	49.261	336.726	385.987
12. Plus: Property Rate Component			3.327			3.327
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			283.650			389.314
15. Prospective Rate: Line 11 x Inflation (1.04576476)	51.515	241.636	293.151	51.515	352.136	403.651
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	51.515	241.636	293.151	51.515	352.136	403.651
19. Property Rate Component			3.327			3.327
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			296.48			406.98
23. Medicaid Days			0			10,630
24. Resident Days			0			10,674
25. Medicaid Utilization			NA			99.59%
	0.000	NM%	0.000			
			0.00			0.00
						0.00



Florida Agency For Health Care Administration
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 Tallahassee, Florida 32308

028055100 - 2012/10
RI:366.05 / NM:550.73

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

Provider Number: 028055100
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>362.00</u>	<u>366.05</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>544.63</u>	<u>550.73</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (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) 04/2012 to 10/2012

028055100

Provider Name: **TACACHALE FACILITY #8**
 Provider Number: 28055100
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,920	8,869	19,789
2. Operating Expenses Component			
A. Administration			791,140
B. Plant Operation			516,331
C. Laundry			0
D. Housekeeping			44,660
E. Operating Expense Component & Per Diem	68.3274	68.3274	1,352,131
3. Resident Care			
A. Dietary			493,280
B. Other			530,390
C. Nursing			0
D. Resident Care & Per Diem	51.7292	51.7292	1,023,670
4. Prop Exp & Per Diem	0.8633	0.8633	17,083
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,460.00	8,869.00	14,329.00
3. Staffing Percent	38.1045432	61.8954568	100.00
4. Allocation of Direct Care	1,990,267.36	3,232,908.64	5,223,176.00
5. Direct Care Expense Per Diem	182.2589	364.5178	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,912	8,842	19,754
2. Additional Services	511,636	364,519	876,155
3. Additional Services Exp & Per Diem	46.8875	41.2259	
D. Medicaid Per Diem Cost			
1. Operating Component	68.3274	68.3274	1,352,131
2. Resident Care Component	280.8756	457.4729	7,123,001
3. Property Cost Component	0.8633	0.8633	17,083
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	350.0663	526.6636	8,492,215



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

028055100 - 2012/10

RI: 366.05

NM: 550.73

TACACHALE FACILITY #8
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	68.327	280.876	349.203	68.327	457.473	525.800
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)	68.327	280.876	349.203	68.327	457.473	525.800
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)	68.327	280.876	349.203	68.327	457.473	525.800
12. Plus: Property Rate Component			0.863			0.863
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			350.066			526.664
15. Prospective Rate: Line 11 x Inflation (1.04576476)	71.454	293.730	365.184	71.454	478.409	549.863
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	71.454	293.730	365.184	71.454	478.409	549.863
19. Property Rate Component			0.863			0.863
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			366.05			550.73
23. Medicaid Days		10,912			8,842	
24. Resident Days		10,920			8,869	
25. Medicaid Utilization		99.93%			99.70%	
0.000 NM% 0.000						
			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 - 2012/10

RI:256.28 / NM:355.38

Sunland Marianna #4
 3700 Williams Road
 Marianna FL 32446

Provider Number: 028058500
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>253.52</u>	<u>256.28</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>351.51</u>	<u>355.38</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



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

028058500

Provider Name: **Sunland Marianna #4**
 Provider Number: 28058500
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 20

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,850	1,095	6,945
2. Operating Expenses Component			
A. Administration			110,253
B. Plant Operation			193,636
C. Laundry			0
D. Housekeeping			36,847
E. Operating Expense Component & Per Diem	49.0621	49.0621	340,736
3. Resident Care			
A. Dietary			218,389
B. Other			10,081
C. Nursing			131,430
D. Resident Care & Per Diem	51.8215	51.8215	359,900
4. Prop Exp & Per Diem	6.7388	6.7388	46,801
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,925.00	1,095.00	4,020.00
3. Staffing Percent	72.7611940	27.2388060	100.00
4. Allocation of Direct Care	553,121.87	207,066.13	760,188.00
5. Direct Care Expense Per Diem	94.5507	189.1015	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,850	1,095	6,945
2. Additional Services	252,659	47,518	300,177
3. Additional Services Exp & Per Diem	43.1896	43.3954	
D. Medicaid Per Diem Cost			
1. Operating Component	49.0621	49.0621	340,736
2. Resident Care Component	189.5618	284.3184	1,420,265
3. Property Cost Component	6.7388	6.7388	46,801
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	245.3626	340.1192	1,807,802



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

028058500 - 2012/10

RI: 256.28

NM: 355.38

Sunland Marianna #4
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	49.062	189.562	238.624	49.062	284.318	333.380
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)	49.062	189.562	238.624	49.062	284.318	333.380
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)	49.062	189.562	238.624	49.062	284.318	333.380
12. Plus: Property Rate Component			6.739			6.739
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			245.363			340.119
15. Prospective Rate: Line 11 x Inflation (1.04576476)	51.307	198.237	249.544	51.307	297.330	348.638
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	51.307	198.237	249.544	51.307	297.330	348.638
19. Property Rate Component			6.739			6.739
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			256.28			355.38
23. Medicaid Days		5,850			1,095	
24. Resident Days		5,850			1,095	
25. Medicaid Utilization		100.00%			100.00%	
0.000 NM% 0.000						
			0.00			0.00
						0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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028562500 - 2012/10
RI:278.29 / NM:399.66

SUNLAND MARIANNA #5
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028562500
 Date: 09/06/2012
 FYE: 06/30/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>275.27</u>	<u>278.29</u>	<u>10/01/2012</u>
#8 Non-Ambulatory & #9 Medical	<u>395.30</u>	<u>399.66</u>	<u>10/01/2012</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



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

028562500

Provider Name: **SUNLAND MARIANNA #5**
 Provider Number: 28562500
 Audit Status: Unaudited [3]
 Date: 9/6/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2012
 Cost Report: 07/01/2010 - 06/30/2011
 Days In Reporting Period: 365
 Number of Beds: 49

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,319	10,992	16,311
2. Operating Expenses Component			
A. Administration			446,160
B. Plant Operation			420,725
C. Laundry			0
D. Housekeeping			80,059
E. Operating Expense Component & Per Diem	58.0555	58.0555	946,944
3. Resident Care			
A. Dietary			403,427
B. Other			21,904
C. Nursing			700,982
D. Resident Care & Per Diem	69.0524	69.0524	1,126,313
4. Prop Exp & Per Diem	6.2343	6.2343	101,687
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,659.50	10,992.00	13,651.50
3. Staffing Percent	19.4813757	80.5186243	100.00
4. Allocation of Direct Care	599,295.23	2,476,951.77	3,076,247.00
5. Direct Care Expense Per Diem	112.6707	225.3413	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,319	10,623	15,942
2. Additional Services	108,359	252,426	360,785
3. Additional Services Exp & Per Diem	20.3721	23.7622	
D. Medicaid Per Diem Cost			
1. Operating Component	58.0555	58.0555	946,944
2. Resident Care Component	202.0951	318.1559	4,563,345
3. Property Cost Component	6.2343	6.2343	101,687
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	266.3849	382.4457	5,611,976



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

028562500 - 2012/10

RI: 278.29

NM: 399.66

SUNLAND MARIANNA #5
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2010	06/30/2011	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	58.056	202.095	260.151	58.056	318.156	376.211
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)	58.056	202.095	260.151	58.056	318.156	376.211
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)	58.056	202.095	260.151	58.056	318.156	376.211
12. Plus: Property Rate Component			6.234			6.234
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			266.385			382.446
15. Prospective Rate: Line 11 x Inflation (1.04576476)	60.712	211.344	272.056	60.712	332.716	393.429
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	60.712	211.344	272.056	60.712	332.716	393.429
19. Property Rate Component			6.234			6.234
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			278.29			399.66
23. Medicaid Days		5,319			10,623	
24. Resident Days		5,319			10,992	
25. Medicaid Utilization		100.00%			96.64%	
0.000 NM% 0.000						
			0.00			0.00
						0.00