



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

000169300 - 2011/04
RI:237.43 / NM:0.00

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

Provider Number: 000169300
 Date: 04/25/2011
 FYE: 08/31/2009
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>235.24</u>	<u>237.43</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2008 to 04/2011

000169300

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 06/01/2008 - 08/31/2009
 Days In Reporting Period: 457
 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	27,284	0	27,284
2. Operating Expenses Component			
A. Administration			751,012
B. Plant Operation			310,552
C. Laundry			46,533
D. Housekeeping			123,206
E. Operating Expense Component & Per Diem	45.1291	0.0000	1,231,303
3. Resident Care			
A. Dietary			401,242
B. Other			0
C. Nursing			428,806
D. Resident Care & Per Diem	30.4225	0.0000	830,048
4. Prop Exp & Per Diem	21.6429	0.0000	590,504
5. ROE/Use Per Diem	0.3154	0.0000	8,605
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	13,642.00		13,642.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,683,076.00		2,683,076.00
5. Direct Care Expense Per Diem	98.3388		
C. Additional Services Expense			
1. Medicaid Inpatient Days	27,284		27,284
2. Additional Services	419,263		419,263
3. Additional Services Exp & Per Diem	15.3666		
D. Medicaid Per Diem Cost			
1. Operating Component	45.1291		1,231,303
2. Resident Care Component	144.1280		3,932,387
3. Property Cost Component	21.6429		590,504
4. ROE/Use Allow Component	0.3154		8,605
5 Total Cost Per Diem	211.2153		5,762,799



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

000169300 - 2011/04

RI: 237.43

NM: 0.00

St. Augustine Center for Living

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2008	08/31/2009	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 1.400 x Inflation Factor 0.00000000						
4. Current Period Cost	45.129	144.128	189.257			
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)	45.129	144.128	189.257			
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)	45.129	144.128	189.257	0.000	0.000	0.000
12. Plus: Property Rate Component			21.643			0.000
13. Plus: ROE/Use Rate			0.315			0.000
14. Total Current Period Base			211.215			0.000
15. Prospective Rate: Line 11 x Inflation (1.05253319)	47.500	151.699	199.199	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	47.500	151.699	199.199	0.000	0.000	0.000
19. Property Rate Component			21.643			0.000
20. ROE Component + ROE Interim Component			0.315			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			221.16			0.00
23. Medicaid Days		27,284				0
24. Resident Days		27,284				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			23.41			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			37.64			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			237.43			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

001069500 - 2011/04
RI:352.00 / NM:419.63

Minor North
 85609 Miner Road
 Yulee FL 32097

Provider Number: 001069500
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>358.65</u>	<u>352.00</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>454.77</u>	<u>419.63</u>	<u>04/01/2011</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

Care Ctrs of Nassau, LLC

95146 Hendricks Road
 Fernandina Beach FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

001069500

Provider Name: **Minor North**
 Provider Number: 01069500
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	5,681	5,681
2. Operating Expenses Component			
A. Administration			238,341
B. Plant Operation			222,859
C. Laundry			30,009
D. Housekeeping			110,979
E. Operating Expense Component & Per Diem	106.0004	106.0004	602,188
3. Resident Care			
A. Dietary			149,137
B. Other			0
C. Nursing			156,303
D. Resident Care & Per Diem	53.7652	53.7652	305,440
4. Prop Exp & Per Diem	70.2626	70.2626	399,162
5. ROE/Use Per Diem	2.1229	2.1229	12,060
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	5,681.00	5,681.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	724,946.00	724,946.00
5. Direct Care Expense Per Diem	63.8044	127.6089	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	5,681	5,681
2. Additional Services	0	142,239	142,239
3. Additional Services Exp & Per Diem	25.0377	25.0377	
D. Medicaid Per Diem Cost			
1. Operating Component	106.0004	106.0004	602,188
2. Resident Care Component	142.6073	206.4117	1,172,625
3. Property Cost Component	70.2626	70.2626	399,162
4. ROE/Use Allow Component	2.1229	2.1229	12,060
5 Total Cost Per Diem	320.9931	384.7976	2,186,035



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

001069500 - 2011/04

RI: 352.00

NM: 419.63

Minor North

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 08/05/2010 - 09/09/2010 Days Eligible: 148 of 183

Eligibility factor :80.87%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
1. Prior Period Base:	*	99.006	115.623	214.629	99.006	180.801	279.807
2. Inflate Line 1 by Inflation Factor 1.01955169	*	111.255	151.167	262.421	111.255	219.583	330.838
3. Line 1 x 1.400 x Inflation Factor 1.02737237	*	112.029	152.071	264.100	112.029	220.997	333.026
4. Current Period Cost		106.000	142.607	248.608	106.000	206.412	312.412
5. Incentive Basis (line 3 - line 4)		6.029	9.464		6.029	14.585	
6. Allowed Current Period Costs (Min of line 3 or 4)		106.000	142.607	248.608	106.000	206.412	312.412
7. Incentive Line 5 x Oper 50% Res 50%		3.014	4.732	7.746	3.014	7.293	10.307
8. Incentive - Line 4 x Oper 10% Res 3%		10.600	4.278	14.878	10.600	6.192	16.792
9. Incentive - Min of Line 7,8 x Eligibility factor 80.87%		2.438	3.460	5.898	2.438	5.008	7.446
10. Final Incentive		2.438	3.460	5.898	2.438	5.008	7.446
11. Current Period Base: (line 6 + line 10)		108.438	146.067	254.505	108.438	211.420	319.858
12. Plus: Property Rate Component			70.263			70.263	
13. Plus: ROE/Use Rate			2.123			2.123	
14. Total Current Period Base			326.891			392.243	
15. Prospective Rate: Line 11 x Inflation (1.03474680)		112.206	151.143	263.349	112.206	218.766	330.972
16. Interim Rate Component:		0.000	0.000	0.000	0.000	0.000	0.000
17. NA		0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate		112.206	151.143	263.349	112.206	218.766	330.972
19. Property Rate Component			70.263			70.263	
20. ROE Component + ROE Interim Component			2.123			2.123	
21. Plus :Property Interim Rate Component			0.000			0.000	
22. Final Per Diem			335.73			403.36	
23. Medicaid Days			0			5,681	
24. Resident Days			0			5,681	
25. Medicaid Utilization			NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			35.54			42.70	
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			49.77			56.93	
28. Supplemental Rate Add-on			2.04			2.04	
29. Final Per Diem After Adjustments			352.00			419.63	

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

Minor North/Provider #0010695-00
Adjustment to Prior Period Cost (L1, L2, L3)
CHOW IRR #211 - Effective 6/1/2009
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	96.406	96.406	100.000%	2.566
Resident Care	115.383	115.383	100.000%	0.202
Total	211.789	211.789		2.768
N-A/Medical				
Operating	96.406	96.406	100.000%	2.5660
Resident Care	181.352	180.681	99.630%	0.0000
Total	277.758	277.087		2.5660
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.01955169 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02737237 IRR @ 4/1/2011 (Col. 9)
Operating	99.0060	10.313	111.255	112.029
Resident Care	115.6230	33.283	151.167	152.071
Total	214.629	43.596	262.421	264.100
N-A/Medical				
Operating	99.0060	10.313	111.255	112.029
Resident Care	180.8010	35.247	219.583	220.997
Total	279.807	45.560	330.838	333.026



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

001071000 - 2011/04
RI:372.32 / NM:447.09

Minor South
 85474 Miner Road
 Yulee FL 32097

Provider Number: 001071000
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>358.64</u>	<u>372.32</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>454.76</u>	<u>447.09</u>	<u>04/01/2011</u>

Rate Type:

X Interim
 _____ Total Interim
 _____ Interim Component
X Settlement Based on Costs

X Prospective
 _____ X Total Prospective
 _____ Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

Care Ctrs of Nassau, LLC

95146 Hendricks Road
 Fernandina Beach FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

001071000

Provider Name: **Minor South**
 Provider Number: 01071000
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	470	5,180	5,650
2. Operating Expenses Component			
A. Administration			233,686
B. Plant Operation			208,663
C. Laundry			17,451
D. Housekeeping			99,227
E. Operating Expense Component & Per Diem	98.9428	98.9428	559,027
3. Resident Care			
A. Dietary			188,177
B. Other			0
C. Nursing			216,720
D. Resident Care & Per Diem	71.6632	71.6632	404,897
4. Prop Exp & Per Diem	70.5788	70.5788	398,770
5. ROE/Use Per Diem	2.1021	2.1021	11,877
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	235.00	5,180.00	5,415.00
3. Staffing Percent	4.3397969	95.6602031	100.00
4. Allocation of Direct Care	33,013.10	727,692.90	760,706.00
5. Direct Care Expense Per Diem	70.2406	140.4813	
C. Additional Services Expense			
1. Medicaid Inpatient Days	470	5,180	5,650
2. Additional Services	12,490	137,640	150,130
3. Additional Services Exp & Per Diem	26.5745	26.5714	
D. Medicaid Per Diem Cost			
1. Operating Component	98.9428	98.9428	559,027
2. Resident Care Component	168.4783	238.7159	1,315,733
3. Property Cost Component	70.5788	70.5788	398,770
4. ROE/Use Allow Component	2.1021	2.1021	11,877
5 Total Cost Per Diem	340.1020	410.3396	2,285,407



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

001071000 - 2011/04

RI: 372.32

NM: 447.09

Minor South

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 08/19/2010 - 09/19/2010 Days Eligible: 152 of 183

Eligibility factor :83.06%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	99.006	115.623	214.629	99.006	180.801	279.807
2. Inflate Line 1 by Inflation Factor 1.01955169 *	104.198	177.038	281.235	104.198	251.887	356.085
3. Line 1 x 1.400 x Inflation Factor 1.02737237 *	104.972	177.942	282.914	104.972	253.301	358.273
4. Current Period Cost	98.943	168.478	267.421	98.943	238.716	337.659
5. Incentive Basis (line 3 - line 4)	6.029	9.464		6.029	14.585	
6. Allowed Current Period Costs (Min of line 3 or 4)	98.943	168.478	267.421	98.943	238.716	337.659
7. Incentive Line 5 x Oper 50% Res 50%	3.015	4.732	7.746	3.015	7.293	10.307
8. Incentive - Line 4 x Oper 10% Res 3%	9.894	5.054	14.949	9.894	7.161	17.056
9. Incentive - Min of Line 7,8 x Eligibility factor 83.06%	2.504	3.930	6.434	2.504	5.948	8.452
10. Final Incentive	2.504	3.930	6.434	2.504	5.948	8.452
11. Current Period Base: (line 6 + line 10)	101.447	172.409	273.855	101.447	244.664	346.111
12. Plus: Property Rate Component			70.579			70.579
13. Plus: ROE/Use Rate			2.102			2.102
14. Total Current Period Base			346.536			418.792
15. Prospective Rate: Line 11 x Inflation (1.03474680)	104.972	178.399	283.371	104.972	253.165	358.137
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	104.972	178.399	283.371	104.972	253.165	358.137
19. Property Rate Component			70.579			70.579
20. ROE Component + ROE Interim Component			2.102			2.102
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			356.05			430.82
23. Medicaid Days		470			5,180	
24. Resident Days		470			5,180	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			37.69			45.60
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			51.92			59.83
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			372.32			447.09

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

Minor South/Provider #0010710-00
Adjustment to Prior Period Cost (L1, L2, L3)
CHOW IRR #212 - Effective 6/1/2009
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	96.406	96.406	100.000%	2.566
Resident Care	115.383	115.383	100.000%	0.202
Total	211.789	211.789		2.768
N-A/Medical				
Operating	96.406	96.406	100.000%	2.5660
Resident Care	181.352	180.681	99.630%	0.0000
Total	277.758	277.087		2.5660
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.01955169 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02737237 IRR @ 4/1/2011 (Col. 9)
Operating	99.0060	3.256	104.198	104.972
Resident Care	115.6230	59.154	177.038	177.942
Total	214.629	62.410	281.235	282.914
N-A/Medical				
Operating	99.0060	3.256	104.198	104.972
Resident Care	180.8010	67.551	251.887	253.301
Total	279.807	70.807	356.085	358.273



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028000300 - 2011/04
RI:276.59 / NM:0.00

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

Provider Number: 028000300
 Date: 04/25/2011
 FYE: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>273.96</u>	<u>276.59</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (8)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028000300

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 01/01/2009 - 12/31/2009
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	23,149	0	23,149
2. Operating Expenses Component			
A. Administration			772,887
B. Plant Operation			396,115
C. Laundry			36,144
D. Housekeeping			161,005
E. Operating Expense Component & Per Diem	59.0156	0.0000	1,366,151
3. Resident Care			
A. Dietary			411,456
B. Other			0
C. Nursing			142,954
D. Resident Care & Per Diem	23.9496	0.0000	554,410
4. Prop Exp & Per Diem	18.6051	0.0000	430,689
5. ROE/Use Per Diem	0.0076	0.0000	175
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	11,574.50		11,574.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,160,663.00		3,160,663.00
5. Direct Care Expense Per Diem	136.5356		
C. Additional Services Expense			
1. Medicaid Inpatient Days	23,149		23,149
2. Additional Services	273,231		273,231
3. Additional Services Exp & Per Diem	11.8031		
D. Medicaid Per Diem Cost			
1. Operating Component	59.0156		1,366,151
2. Resident Care Component	172.2884		3,988,304
3. Property Cost Component	18.6051		430,689
4. ROE/Use Allow Component	0.0076		175
5 Total Cost Per Diem	249.9166		5,785,319



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028000300 - 2011/04

RI: 276.59

NM: 0.00

Sandy Park Development Center

Ownership:Private[3]

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

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2009	12/31/2009	Unaudited [3]	201004
Prior Cost Report	01/01/2008	12/31/2008	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	55.873	170.129	226.002			
2. Inflate Line 1 by Inflation Factor 1.02322350	57.171	174.080	231.250			
3. Line 1 x 1.400 x Inflation Factor 1.03251290	57.690	175.660	233.350			
4. Current Period Cost	59.016	172.288	231.304			
5. Incentive Basis (line 3 - line 4)	0.000	3.372		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.690	172.288	229.978			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.686	1.686	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.169	5.169	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.686	1.686	0.000	0.000	0.000
10. Final Incentive	0.000	1.686	1.686	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	57.690	173.974	231.664	0.000	0.000	0.000
12. Plus: Property Rate Component			18.605			0.000
13. Plus: ROE/Use Rate			0.008			0.000
14. Total Current Period Base			250.276			0.000
15. Prospective Rate: Line 11 x Inflation (1.04333445)	60.190	181.513	241.703	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	60.190	181.513	241.703	0.000	0.000	0.000
19. Property Rate Component			18.605			0.000
20. ROE Component + ROE Interim Component			0.008			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			260.32			0.00
23. Medicaid Days		23,149			0	
24. Resident Days		23,149			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			27.55			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			41.78			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			276.59			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028018601 - 2011/04
RI:319.08 / NM:413.96

ST PETERSBURG CLUSTER

1101 102nd Avenue North
 St. Petersburg FL 33716

Provider Number: 028018601
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>324.36</u>	<u>319.08</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>417.09</u>	<u>413.96</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028018601

Provider Name: **ST PETERSBURG CLUSTER**
 Provider Number: 28018601
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	8,253	8,618
2. Operating Expenses Component			
A. Administration			470,391
B. Plant Operation			192,628
C. Laundry			4,414
D. Housekeeping			53,404
E. Operating Expense Component & Per Diem	83.6432	83.6432	720,837
3. Resident Care			
A. Dietary			173,573
B. Other			112,900
C. Nursing			463,728
D. Resident Care & Per Diem	87.0505	87.0505	750,201
4. Prop Exp & Per Diem	9.1157	9.1157	78,559
5. ROE/Use Per Diem	2.9851	2.9851	25,726
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	8,253.00	8,435.50
3. Staffing Percent	2.1634758	97.8365242	100.00
4. Allocation of Direct Care	33,137.42	1,498,537.58	1,531,675.00
5. Direct Care Expense Per Diem	90.7874	181.5749	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	8,253	8,618
2. Additional Services	6,150	139,080	145,230
3. Additional Services Exp & Per Diem	16.8493	16.8521	
D. Medicaid Per Diem Cost			
1. Operating Component	83.6432	83.6432	720,837
2. Resident Care Component	194.6872	285.4774	2,427,106
3. Property Cost Component	9.1157	9.1157	78,559
4. ROE/Use Allow Component	2.9851	2.9851	25,726
5 Total Cost Per Diem	290.4313	381.2214	3,252,228



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028018601 - 2011/04
RI: 319.08
NM: 413.96

ST PETERSBURG CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.753	202.331	281.084	78.753	291.372	370.125
2. Inflate Line 1 by Inflation Factor 1.01934246	80.276	206.244	286.521	80.276	297.008	377.284
3. Line 1 x 1.400 x Inflation Factor 1.02707944	80.886	207.810	288.696	80.886	299.262	380.148
4. Current Period Cost	83.643	194.687	278.330	83.643	285.477	369.121
5. Incentive Basis (line 3 - line 4)	0.000	13.123		0.000	13.785	
6. Allowed Current Period Costs (Min of line 3 or 4)	80.886	194.687	275.573	80.886	285.477	366.363
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.561	6.561	0.000	6.892	6.892
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.841	5.841	0.000	8.564	8.564
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.841	5.841	0.000	6.892	6.892
10. Final Incentive	0.000	5.841	5.841	0.000	6.892	6.892
11. Current Period Base: (line 6 + line 10)	80.886	200.528	281.414	80.886	292.370	373.256
12. Plus: Property Rate Component			9.116			9.116
13. Plus: ROE/Use Rate			2.985			2.985
14. Total Current Period Base			293.514			385.356
15. Prospective Rate: Line 11 x Inflation (1.03303568)	83.558	207.152	290.710	83.558	302.029	385.586
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.558	207.152	290.710	83.558	302.029	385.586
19. Property Rate Component			9.116			9.116
20. ROE Component + ROE Interim Component			2.985			2.985
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			302.81			397.69
23. Medicaid Days			365			8,253
24. Resident Days			365			8,253
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj (10.58510%)			32.05			42.10
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			46.28			56.33
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			319.08			413.96



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028019401 - 2011/04
RI:414.75 / NM:520.35

LAUREL HILL CLUSTER

2011 Laurel Hill Cluster
 Orlando FL 32818

Provider Number: 028019401
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>410.55</u>	<u>414.75</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>514.97</u>	<u>520.35</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

P.O. Box 1300
 Apopka FL 3270400

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028019401

Provider Name: **LAUREL HILL CLUSTER**
 Provider Number: 28019401
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 0

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,598	8,598
2. Operating Expenses Component			
A. Administration			623,655
B. Plant Operation			286,109
C. Laundry			60,986
D. Housekeeping			37,733
E. Operating Expense Component & Per Diem	117.2927	117.2927	1,008,483
3. Resident Care			
A. Dietary			186,530
B. Other			0
C. Nursing			1,045,780
D. Resident Care & Per Diem	143.3252	143.3252	1,232,310
4. Prop Exp & Per Diem	14.1834	14.1834	121,949
5. ROE/Use Per Diem	4.2801	4.2801	36,800
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,598.00	8,598.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,894,182.00	1,894,182.00
5. Direct Care Expense Per Diem	110.1525	220.3050	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,598	8,598
2. Additional Services	0	122,384	122,384
3. Additional Services Exp & Per Diem	14.2340	14.2340	
D. Medicaid Per Diem Cost			
1. Operating Component	117.2927	117.2927	1,008,483
2. Resident Care Component	267.7117	377.8642	3,248,876
3. Property Cost Component	14.1834	14.1834	121,949
4. ROE/Use Allow Component	4.2801	4.2801	36,800
5 Total Cost Per Diem	403.4679	513.6204	4,416,108



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028019401 - 2011/04

RI: 414.75

NM: 520.35

LAUREL HILL CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	105.094	252.380	357.474	105.094	351.711	456.806
2. Inflate Line 1 by Inflation Factor 1.01955169	107.149	257.315	364.464	107.149	358.588	465.737
3. Line 1 x 1.400 x Inflation Factor 1.02737237	107.971	259.288	367.259	107.971	361.338	469.309
4. Current Period Cost	117.293	267.712	385.004	117.293	377.864	495.157
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)	107.971	259.288	367.259	107.971	361.338	469.309
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)	107.971	259.288	367.259	107.971	361.338	469.309
12. Plus: Property Rate Component			14.183			14.183
13. Plus: ROE/Use Rate			4.280			4.280
14. Total Current Period Base			385.723			487.773
15. Prospective Rate: Line 11 x Inflation (1.03474680)	111.723	268.298	380.020	111.723	373.894	485.616
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	111.723	268.298	380.020	111.723	373.894	485.616
19. Property Rate Component			14.183			14.183
20. ROE Component + ROE Interim Component			4.280			4.280
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			398.48			504.08
23. Medicaid Days			0		8,598	
24. Resident Days			0		8,598	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			42.18			53.36
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			56.41			67.59
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			414.75			520.35



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028020801 - 2011/04
RI:305.51 / NM:403.63

MCCAULEY CLUSTER

1385 McCauley Road
 Tallahassee FL 32308

Provider Number: 028020801
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>306.58</u>	<u>305.51</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>401.43</u>	<u>403.63</u>	<u>04/01/2011</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:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028020801

Provider Name: **MCCAULEY CLUSTER**
 Provider Number: 28020801
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	625	7,318	7,943
2. Operating Expenses Component			
A. Administration			344,901
B. Plant Operation			128,660
C. Laundry			5,427
D. Housekeeping			27,351
E. Operating Expense Component & Per Diem	63.7466	63.7466	506,339
3. Resident Care			
A. Dietary			114,242
B. Other			123,963
C. Nursing			491,113
D. Resident Care & Per Diem	91.8190	91.8190	729,318
4. Prop Exp & Per Diem	13.6788	13.6788	108,651
5. ROE/Use Per Diem	2.2116	2.2116	17,567
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	312.50	7,318.00	7,630.50
3. Staffing Percent	4.0954066	95.9045934	100.00
4. Allocation of Direct Care	60,985.31	1,428,129.69	1,489,115.00
5. Direct Care Expense Per Diem	97.5765	195.1530	
C. Additional Services Expense			
1. Medicaid Inpatient Days	625	7,318	7,943
2. Additional Services	5,752	67,350	73,102
3. Additional Services Exp & Per Diem	9.2032	9.2033	
D. Medicaid Per Diem Cost			
1. Operating Component	63.7466	63.7466	506,339
2. Resident Care Component	198.5987	296.1753	2,291,535
3. Property Cost Component	13.6788	13.6788	108,651
4. ROE/Use Allow Component	2.2116	2.2116	17,567
5 Total Cost Per Diem	278.2357	375.8123	2,924,092



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028020801 - 2011/04

RI: 305.51

NM: 403.63

MCCAULEY CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	63.663	196.165	259.828	63.663	287.247	350.909
2. Inflate Line 1 by Inflation Factor 1.01934246	64.894	199.960	264.854	64.894	292.803	357.697
3. Line 1 x 1.400 x Inflation Factor 1.02707944	65.387	201.478	266.864	65.387	295.025	360.412
4. Current Period Cost	63.747	198.599	262.345	63.747	296.175	359.922
5. Incentive Basis (line 3 - line 4)	1.640	2.879		1.640	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	63.747	198.599	262.345	63.747	295.025	358.772
7. Incentive Line 5 x Oper 50% Res 50%	0.820	1.439	2.259	0.820	0.000	0.820
8. Incentive - Line 4 x Oper 10% Res 3%	6.375	5.958	12.333	6.375	0.000	6.375
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.820	1.439	2.259	0.820	0.000	0.820
10. Final Incentive	0.820	1.439	2.259	0.820	0.000	0.820
11. Current Period Base: (line 6 + line 10)	64.567	200.038	264.605	64.567	295.025	359.592
12. Plus: Property Rate Component			13.679			13.679
13. Plus: ROE/Use Rate			2.212			2.212
14. Total Current Period Base			280.495			375.482
15. Prospective Rate: Line 11 x Inflation (1.03303568)	66.700	206.646	273.346	66.700	304.772	371.471
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	66.700	206.646	273.346	66.700	304.772	371.471
19. Property Rate Component			13.679			13.679
20. ROE Component + ROE Interim Component			2.212			2.212
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			289.24			387.36
23. Medicaid Days		625			7,318	
24. Resident Days		625			7,318	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			30.62			41.00
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			44.85			55.23
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			305.51			403.63



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028028301 - 2011/04
RI:305.91 / NM:386.18

GREENTREE COURT CLUSTER

2160 Green Tree Court
 Bartow FL 33830

Provider Number: 028028301
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>304.29</u>	<u>305.91</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>383.08</u>	<u>386.18</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (14)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028028301

Provider Name: **GREENTREE COURT CLUSTER**
 Provider Number: 28028301
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,657	7,657
2. Operating Expenses Component			
A. Administration			400,370
B. Plant Operation			154,586
C. Laundry			6,149
D. Housekeeping			55,206
E. Operating Expense Component & Per Diem	80.4899	80.4899	616,311
3. Resident Care			
A. Dietary			146,016
B. Other			158,440
C. Nursing			521,422
D. Resident Care & Per Diem	107.8592	107.8592	825,878
4. Prop Exp & Per Diem	12.6753	12.6753	97,055
5. ROE/Use Per Diem	1.2706	1.2706	9,729
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,657.00	7,657.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,156,633.00	1,156,633.00
5. Direct Care Expense Per Diem	75.5278	151.0556	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,657	7,657
2. Additional Services	0	71,004	71,004
3. Additional Services Exp & Per Diem	9.2731	9.2731	
D. Medicaid Per Diem Cost			
1. Operating Component	80.4899	80.4899	616,311
2. Resident Care Component	192.6601	268.1879	2,053,515
3. Property Cost Component	12.6753	12.6753	97,055
4. ROE/Use Allow Component	1.2706	1.2706	9,729
5 Total Cost Per Diem	287.0959	362.6237	2,776,610



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028028301 - 2011/04

RI: 305.91

NM: 386.18

GREENTREE COURT CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.337	184.500	259.837	75.337	260.154	335.491
2. Inflate Line 1 by Inflation Factor 1.01934246	76.794	188.068	264.863	76.794	265.186	341.980
3. Line 1 x 1.400 x Inflation Factor 1.02707944	77.377	189.496	266.873	77.377	267.199	344.576
4. Current Period Cost	80.490	192.660	273.150	80.490	268.188	348.678
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)	77.377	189.496	266.873	77.377	267.199	344.576
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)	77.377	189.496	266.873	77.377	267.199	344.576
12. Plus: Property Rate Component			12.675			12.675
13. Plus: ROE/Use Rate			1.271			1.271
14. Total Current Period Base			280.819			358.522
15. Prospective Rate: Line 11 x Inflation (1.03303568)	79.934	195.756	275.690	79.934	276.026	355.959
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.934	195.756	275.690	79.934	276.026	355.959
19. Property Rate Component			12.675			12.675
20. ROE Component + ROE Interim Component			1.271			1.271
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			289.64			369.91
23. Medicaid Days			0		7,657	
24. Resident Days			0		7,657	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			30.66			39.15
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			44.89			53.38
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			305.91			386.18



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028029101 - 2011/04
RI:329.55 / NM:434.53

MAHAN CLUSTER
 2034 Mahan Drive
 Tallahassee FL 32308

Provider Number: 028029101
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>328.54</u>	<u>329.55</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>431.59</u>	<u>434.53</u>	<u>04/01/2011</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028029101

Provider Name: **MAHAN CLUSTER**
 Provider Number: 28029101
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	730	5,079	5,809
2. Operating Expenses Component			
A. Administration			272,001
B. Plant Operation			141,690
C. Laundry			5,518
D. Housekeeping			27,040
E. Operating Expense Component & Per Diem	76.8203	76.8203	446,249
3. Resident Care			
A. Dietary			130,384
B. Other			100,161
C. Nursing			460,068
D. Resident Care & Per Diem	118.8867	118.8867	690,613
4. Prop Exp & Per Diem	16.7036	16.7036	97,031
5. ROE/Use Per Diem	3.2782	3.2782	19,043
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	365.00	5,079.00	5,444.00
3. Staffing Percent	6.7046289	93.2953711	100.00
4. Allocation of Direct Care	71,717.00	997,947.00	1,069,664.00
5. Direct Care Expense Per Diem	98.2425	196.4849	
C. Additional Services Expense			
1. Medicaid Inpatient Days	730	5,079	5,809
2. Additional Services	5,962	41,478	47,440
3. Additional Services Exp & Per Diem	8.1671	8.1666	
D. Medicaid Per Diem Cost			
1. Operating Component	76.8203	76.8203	446,249
2. Resident Care Component	225.2963	323.5382	1,807,717
3. Property Cost Component	16.7036	16.7036	97,031
4. ROE/Use Allow Component	3.2782	3.2782	19,043
5 Total Cost Per Diem	322.0984	420.3403	2,370,040



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028029101 - 2011/04

RI: 329.55

NM: 434.53

MAHAN CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	67.977	208.453	276.430	67.977	307.404	375.381
2. Inflate Line 1 by Inflation Factor 1.01934246	69.292	212.485	281.777	69.292	313.350	382.642
3. Line 1 x 1.400 x Inflation Factor 1.02707944	69.818	214.098	283.916	69.818	315.728	385.546
4. Current Period Cost	76.820	225.296	302.117	76.820	323.538	400.359
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)	69.818	214.098	283.916	69.818	315.728	385.546
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)	69.818	214.098	283.916	69.818	315.728	385.546
12. Plus: Property Rate Component			16.704			16.704
13. Plus: ROE/Use Rate			3.278			3.278
14. Total Current Period Base			303.898			405.528
15. Prospective Rate: Line 11 x Inflation (1.03303568)	72.124	221.171	293.295	72.124	326.159	398.283
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	72.124	221.171	293.295	72.124	326.159	398.283
19. Property Rate Component			16.704			16.704
20. ROE Component + ROE Interim Component			3.278			3.278
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			313.28			418.26
23. Medicaid Days			730			5,079
24. Resident Days			730			5,079
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj (10.58510%)			33.16			44.27
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			47.39			58.50
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			329.55			434.53



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028030501 - 2011/04
RI:225.11 / NM:278.82

LAKE CITY CLUSTER

673 N. W. Cluster Drive
 Lake City FL 32055

Provider Number: 028030501
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>225.88</u>	<u>225.11</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>280.96</u>	<u>278.82</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028030501

Provider Name: **LAKE CITY CLUSTER**
 Provider Number: 28030501
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,684	8,684
2. Operating Expenses Component			
A. Administration			512,525
B. Plant Operation			119,764
C. Laundry			58,717
D. Housekeeping			14,414
E. Operating Expense Component & Per Diem	81.2322	81.2322	705,420
3. Resident Care			
A. Dietary			148,996
B. Other			0
C. Nursing			287,095
D. Resident Care & Per Diem	50.2178	50.2178	436,091
4. Prop Exp & Per Diem	3.7259	3.7259	32,356
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,684.00	8,684.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	876,696.00	876,696.00
5. Direct Care Expense Per Diem	50.4777	100.9553	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,684	8,684
2. Additional Services	0	170,080	170,080
3. Additional Services Exp & Per Diem	19.5854	19.5854	
D. Medicaid Per Diem Cost			
1. Operating Component	81.2322	81.2322	705,420
2. Resident Care Component	120.2809	170.7585	1,482,867
3. Property Cost Component	3.7259	3.7259	32,356
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	205.2389	255.7166	2,220,643



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028030501 - 2011/04

RI: 225.11

NM: 278.82

LAKE CITY CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.695	124.369	197.065	72.695	177.260	249.955
2. Inflate Line 1 by Inflation Factor 1.01934246	74.101	126.775	200.876	74.101	180.688	254.790
3. Line 1 x 1.400 x Inflation Factor 1.02707944	74.664	127.737	202.401	74.664	182.060	256.724
4. Current Period Cost	81.232	120.281	201.513	81.232	170.759	251.991
5. Incentive Basis (line 3 - line 4)	0.000	7.456		0.000	11.301	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.664	120.281	194.945	74.664	170.759	245.422
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.728	3.728	0.000	5.651	5.651
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.608	3.608	0.000	5.123	5.123
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.608	3.608	0.000	5.123	5.123
10. Final Incentive	0.000	3.608	3.608	0.000	5.123	5.123
11. Current Period Base: (line 6 + line 10)	74.664	123.889	198.553	74.664	175.881	250.545
12. Plus: Property Rate Component			3.726			3.726
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			202.279			254.271
15. Prospective Rate: Line 11 x Inflation (1.03303568)	77.130	127.982	205.112	77.130	181.692	258.822
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.130	127.982	205.112	77.130	181.692	258.822
19. Property Rate Component			3.726			3.726
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			208.84			262.55
23. Medicaid Days			0		8,684	
24. Resident Days			0		8,684	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			22.11			27.79
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			36.34			42.02
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			225.11			278.82



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028031301 - 2011/04
RI:361.47 / NM:458.45

BAYSHORE CLUSTER

2059 Lisenby Avenue
 Panama City FL 32405

Provider Number: 028031301
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>360.46</u>	<u>361.47</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>456.20</u>	<u>458.45</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028031301

Provider Name: **BAYSHORE CLUSTER**
 Provider Number: 28031301
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	5,630	5,630
2. Operating Expenses Component			
A. Administration			301,758
B. Plant Operation			112,638
C. Laundry			4,895
D. Housekeeping			36,022
E. Operating Expense Component & Per Diem	80.8726	80.8726	455,313
3. Resident Care			
A. Dietary			103,866
B. Other			172,893
C. Nursing			443,524
D. Resident Care & Per Diem	127.9366	127.9366	720,283
4. Prop Exp & Per Diem	23.4648	23.4648	132,107
5. ROE/Use Per Diem	3.2252	3.2252	18,158
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	5,630.00	5,630.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,008,929.00	1,008,929.00
5. Direct Care Expense Per Diem	89.6029	179.2059	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	5,630	5,630
2. Additional Services	0	95,141	95,141
3. Additional Services Exp & Per Diem	16.8989	16.8989	
D. Medicaid Per Diem Cost			
1. Operating Component	80.8726	80.8726	455,313
2. Resident Care Component	234.4385	324.0414	1,824,353
3. Property Cost Component	23.4648	23.4648	132,107
4. ROE/Use Allow Component	3.2252	3.2252	18,158
5 Total Cost Per Diem	342.0012	431.6041	2,429,931



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028031301 - 2011/04

RI: 361.47

NM: 458.45

BAYSHORE CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.583	224.607	300.190	75.583	316.535	392.118
2. Inflate Line 1 by Inflation Factor 1.01934246	77.045	228.952	305.997	77.045	322.658	399.703
3. Line 1 x 1.400 x Inflation Factor 1.02707944	77.630	230.690	308.319	77.630	325.107	402.736
4. Current Period Cost	80.873	234.438	315.311	80.873	324.041	404.914
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	1.065	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.630	230.690	308.319	77.630	324.041	401.671
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.533	0.533
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	9.721	9.721
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.533	0.533
10. Final Incentive	0.000	0.000	0.000	0.000	0.533	0.533
11. Current Period Base: (line 6 + line 10)	77.630	230.690	308.319	77.630	324.574	402.204
12. Plus: Property Rate Component			23.465			23.465
13. Plus: ROE/Use Rate			3.225			3.225
14. Total Current Period Base			335.010			428.894
15. Prospective Rate: Line 11 x Inflation (1.03303568)	80.194	238.311	318.505	80.194	335.297	415.491
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.194	238.311	318.505	80.194	335.297	415.491
19. Property Rate Component			23.465			23.465
20. ROE Component + ROE Interim Component			3.225			3.225
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			345.20			442.18
23. Medicaid Days			0		5,630	
24. Resident Days			0		5,630	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			36.54			46.81
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			50.77			61.04
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			361.47			458.45



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028032101 - 2011/04
RI:239.51 / NM:289.89

GAINESVILLE 39TH AVE CLUSTER

5915 N.W. 39th Avenue
 Gainesville FL 32606

Provider Number: 028032101
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>238.57</u>	<u>239.51</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>288.11</u>	<u>289.89</u>	<u>04/01/2011</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 X Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028032101

Provider Name: **GAINESVILLE 39TH AVE CLUSTER**
 Provider Number: 28032101
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,617	8,617
2. Operating Expenses Component			
A. Administration			508,943
B. Plant Operation			143,929
C. Laundry			4,969
D. Housekeeping			17,265
E. Operating Expense Component & Per Diem	78.3458	78.3458	675,106
3. Resident Care			
A. Dietary			149,558
B. Other			0
C. Nursing			468,201
D. Resident Care & Per Diem	71.6907	71.6907	617,759
4. Prop Exp & Per Diem	6.7325	6.7325	58,014
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,617.00	8,617.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	838,822.00	838,822.00
5. Direct Care Expense Per Diem	48.6725	97.3450	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,617	8,617
2. Additional Services	0	109,463	109,463
3. Additional Services Exp & Per Diem	12.7031	12.7031	
D. Medicaid Per Diem Cost			
1. Operating Component	78.3458	78.3458	675,106
2. Resident Care Component	133.0664	181.7389	1,566,044
3. Property Cost Component	6.7325	6.7325	58,014
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	218.1447	266.8172	2,299,164



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028032101 - 2011/04

RI: 239.51

NM: 289.89

GAINESVILLE 39TH AVE CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.400	135.759	207.159	71.400	183.333	254.733
2. Inflate Line 1 by Inflation Factor 1.01934246	72.781	138.385	211.166	72.781	186.879	259.660
3. Line 1 x 1.400 x Inflation Factor 1.02707944	73.333	139.436	212.769	73.333	188.297	261.631
4. Current Period Cost	78.346	133.066	211.412	78.346	181.739	260.085
5. Incentive Basis (line 3 - line 4)	0.000	6.369		0.000	6.558	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.333	133.066	206.400	73.333	181.739	255.072
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.185	3.185	0.000	3.279	3.279
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.992	3.992	0.000	5.452	5.452
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.185	3.185	0.000	3.279	3.279
10. Final Incentive	0.000	3.185	3.185	0.000	3.279	3.279
11. Current Period Base: (line 6 + line 10)	73.333	136.251	209.584	73.333	185.018	258.352
12. Plus: Property Rate Component			6.733			6.733
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			216.317			265.084
15. Prospective Rate: Line 11 x Inflation (1.03303568)	75.756	140.752	216.508	75.756	191.130	266.886
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.756	140.752	216.508	75.756	191.130	266.886
19. Property Rate Component			6.733			6.733
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			223.24			273.62
23. Medicaid Days			0			8,617
24. Resident Days			0			8,617
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj (10.58510%)			23.63			28.96
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			37.86			43.19
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			239.51			289.89



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028035600 - 2011/04
RI:290.82 / NM:437.08

PARC CENTER APARTMENTS

3190 75th Street North
 St. Petersburg FL 33170

Provider Number: 028035600
 Date: 04/25/2011
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>297.49</u>	<u>290.82</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>429.28</u>	<u>437.08</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028035600

Provider Name: **PARC CENTER APARTMENTS**
 Provider Number: 28035600
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13,636	3,169	16,805
2. Operating Expenses Component			
A. Administration			715,619
B. Plant Operation			148,629
C. Laundry			13,130
D. Housekeeping			27,578
E. Operating Expense Component & Per Diem	53.8504	53.8504	904,956
3. Resident Care			
A. Dietary			290,809
B. Other			0
C. Nursing			171,481
D. Resident Care & Per Diem	27.5091	27.5091	462,290
4. Prop Exp & Per Diem	8.3019	8.3019	139,514
5. ROE/Use Per Diem	1.6418	1.6418	27,591
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,818.00	3,169.00	9,987.00
3. Staffing Percent	68.2687494	31.7312506	100.00
4. Allocation of Direct Care	2,150,394.61	999,501.39	3,149,896.00
5. Direct Care Expense Per Diem	157.6998	315.3996	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,636	3,169	16,805
2. Additional Services	113,739	26,432	140,171
3. Additional Services Exp & Per Diem	8.3411	8.3408	
D. Medicaid Per Diem Cost			
1. Operating Component	53.8504	53.8504	904,956
2. Resident Care Component	193.5500	351.2495	3,752,357
3. Property Cost Component	8.3019	8.3019	139,514
4. ROE/Use Allow Component	1.6418	1.6418	27,591
5 Total Cost Per Diem	257.3441	415.0437	4,824,418



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028035600 - 2011/04

RI: 290.82

NM: 437.08

PARC CENTER APARTMENTS

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	52.376	202.558	254.934	52.376	326.287	378.663
2. Inflate Line 1 by Inflation Factor 1.01969950 *	54.918	212.381	267.299	54.918	342.097	397.015
3. Line 1 x 1.400 x Inflation Factor 1.02757930 *	55.330	213.977	269.308	55.330	344.668	399.999
4. Current Period Cost	54.605	196.467	251.072	54.605	355.941	410.546
5. Incentive Basis (line 3 - line 4)	0.725	17.510		0.725	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	54.605	196.467	251.072	54.605	344.668	399.273
7. Incentive Line 5 x Oper 50% Res 50%	0.363	8.755	9.118	0.363	0.000	0.363
8. Incentive - Line 4 x Oper 10% Res 3%	5.460	5.894	11.355	5.460	0.000	5.460
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.363	5.894	6.257	0.363	0.000	0.363
10. Final Incentive	0.363	5.894	6.257	0.363	0.000	0.363
11. Current Period Base: (line 6 + line 10)	54.968	202.361	257.329	54.968	344.668	399.636
12. Plus: Property Rate Component			8.302			8.302
13. Plus: ROE/Use Rate			1.642			1.642
14. Total Current Period Base			267.272			409.580
15. Prospective Rate: Line 11 x Inflation (1.02777967)	56.495	207.983	264.477	56.495	354.243	410.738
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	56.495	207.983	264.477	56.495	354.243	410.738
19. Property Rate Component			8.302			8.302
20. ROE Component + ROE Interim Component			1.642			1.642
21. Plus :Property Interim Rate Component *			0.124			0.124
22. Final Per Diem			274.55			420.81
23. Medicaid Days		13,636			3,169	
24. Resident Days		13,636			3,169	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			29.06			44.54
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			43.29			58.77
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			290.82			437.08

* See Attachment

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester				
PARC Center Apartments/Provider #0280356-00				
Adjustment to Prior Period Cost (L1, L2, L3)				
Vacancy IRR #222 - Effective 4/1/2010				
Status: COST SETTLEMENT				
A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 9/30/2009	Allowable Prior Period FYE 9/30/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	49.474	49.474	100.000%	1.720
Resident Care	202.524	197.686	97.611%	0.000
Total	251.998	247.160		1.720
N-A/Medical				
Operating	49.474	49.474	100.000%	1.7200
Resident Care	370.179	318.385	86.008%	0.0000
Total	419.653	367.859		1.7200
B @ 4/1/2011	8	9	10	11
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.0196995 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.0275793 IRR @ 4/1/2011 (Col. 9)
Operating	52.3760	1.510	54.918	55.330
Resident Care	202.5580	5.833	212.381	213.977
Total	254.934	7.343	267.299	269.308
N-A/Medical				
Operating	52.3760	1.510	54.918	55.330
Resident Care	326.2870	9.383	342.098	344.669
Total	378.663	10.893	397.015	399.999

PARC Center Apartments Provider #0280356-00 Cost Settlement - IRR #222 Effective - 4/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 4/1/2011 RS					
	Residential/Institutional			Non-Ambulatory Medical		
Calculation of L4	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	53.850	193.550	247.400	53.850	351.249	405.099
B. Cost Settlement for IRR Effective 4/1/2010	1.510	5.833	7.343	1.510	9.383	10.893
C. Prorated CS IRR eff 4/1/2010 - 6/12 of IRR comp.	0.755	2.917	3.672	0.755	4.692	5.447
D. Grossed Up Current Period (Line A plus Line C)	54.605	196.467	251.072	54.605	355.941	410.546

PROPERTY COMPONENT Calculation of L21 - 6/12 of IRR comp.	
Property Interim Rate Component	0.247
Grossed Up Property Interim Rate Component	0.124



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028036401 - 2011/04
RI:437.97 / NM:567.59

SKIPPER ROAD CLUSTER

2611 E. Bearss Avenue
 Tampa FL 33613

Provider Number: 028036401
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>432.96</u>	<u>437.97</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>562.14</u>	<u>567.59</u>	<u>04/01/2011</u>

Rate Type:

X Interim
 Total Interim
 X Interim Component
 X Settlement Based on Costs

 X Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

P.O. Box 1300
Apopka FL 327041300

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028036401

Provider Name: **SKIPPER ROAD CLUSTER**
 Provider Number: 28036401
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,448	8,448
2. Operating Expenses Component			
A. Administration			650,124
B. Plant Operation			160,456
C. Laundry			53,517
D. Housekeeping			64,676
E. Operating Expense Component & Per Diem	109,9400	109,9400	928,773
3. Resident Care			
A. Dietary			132,550
B. Other			0
C. Nursing			978,931
D. Resident Care & Per Diem	131,5674	131,5674	1,111,481
4. Prop Exp & Per Diem	15,0752	15,0752	127,355
5. ROE/Use Per Diem	4,9184	4,9184	41,551
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,448.00	8,448.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,916,543.00	1,916,543.00
5. Direct Care Expense Per Diem	113.4318	226.8635	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,448	8,448
2. Additional Services	0	107,725	107,725
3. Additional Services Exp & Per Diem	12.7515	12.7515	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	109,9400	109,9400	928,773
2. Resident Care Component	257,7507	371.1824	3,135,749
3. Property Cost Component	15,0752	15,0752	127,355
4. ROE/Use Allow Component	4,9184	4,9184	41,551
5 Total Cost Per Diem	387.6842	501.1160	4,233,428



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028036401 - 2011/04

RI: 437.97

NM: 567.59

SKIPPER ROAD CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	03/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	97.397	261.390	358.787	97.397	365.835	463.231
2. Inflate Line 1 by Inflation Factor 1.02347956 *	100.782	269.598	370.379	100.782	378.565	479.347
3. Line 1 x 1.400 x Inflation Factor 1.03287139 *	101.696	272.053	373.749	101.696	382.001	483.697
4. Current Period Cost	110.672	259.131	369.803	110.672	373.943	484.615
5. Incentive Basis (line 3 - line 4)	0.000	12.922		0.000	8.058	
6. Allowed Current Period Costs (Min of line 3 or 4)	101.696	259.131	360.827	101.696	373.943	475.639
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.461	6.461	0.000	4.029	4.029
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	7.774	7.774	0.000	11.218	11.218
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.461	6.461	0.000	4.029	4.029
10. Final Incentive	0.000	6.461	6.461	0.000	4.029	4.029
11. Current Period Base: (line 6 + line 10)	101.696	265.592	367.288	101.696	377.972	479.668
12. Plus: Property Rate Component			15.075			15.075
13. Plus: ROE/Use Rate			4.918			4.918
14. Total Current Period Base			387.282			499.662
15. Prospective Rate: Line 11 x Inflation (1.03474680)	105.230	274.820	380.050	105.230	391.105	496.335
16. Interim Rate Component: *	7.176	13.337	20.513	7.176	26.673	33.849
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	112.406	288.157	400.563	112.406	417.778	530.184
19. Property Rate Component			15.075			15.075
20. ROE Component + ROE Interim Component			4.918			4.918
21. Plus :Property Interim Rate Component *			1.139			1.139
22. Final Per Diem			421.70			551.32
23. Medicaid Days			0		8,448	
24. Resident Days			0		8,448	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj (10.58510%)			44.64			58.36
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			58.87			72.59
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			437.97			567.59

* See Attachment

**IRR #229 - Skipper Road Cluster - Provider #0280364-01
 Vacancy Interim Rate Analysis - ICF/DD Plan Section IV.G.
 Effective Date 12/1/2010 - Rate Semester 4/1/2011**

Residential/Institutional (Level of Care 7)							
Residential/Institutional IRR Effective 12/1/2010	\$	26.99	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description							
Prospective Rate (Line 15)			105.230	274.820	15.075	4.918	400.04
Prospective Rate w/o ROE			105.230	274.820	15.075	0.000	395.13
Allocation %			0.000%	0.000%	0.000%	0.000%	0%
Allocation of IRR			7.176	13.337	1.051	0.000	21.56
Final Per Diem (Line 22)			112.406	288.157	16.126	4.918	421.61
L22. Final Per Diem Rate - LOC 7			421.61				
L26. Less: Medicaid Trend Adjustment 10.58510%			44.63				
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)			58.86				
L28. Plus: Supplemental Rate Add-on			2.04				
L29. Final Per Diem After Adjustments			437.88				
Non - Ambulatory/Medical (Level of Care 8, 9)							
Non-Ambulatory/Medical IRR Effective 12/1/2010	\$	34.90	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description							
Prospective Rate (Line 15)			105.230	391.105	15.075	4.918	516.33
Prospective Rate w/o ROE			105.230	391.105	15.075	0.000	511.41
Allocation %			20.576%	76.476%	2.948%	0.000%	100%
Allocation of IRR			7.176	26.673	1.051	0.000	34.90
Final Per Diem (Line 22)			112.406	417.778	16.126	4.918	551.23
L22. Final Per Diem Rate - LOC 8, 9			551.23				
L26. Less: Medicaid Trend Adjustment 10.58510%			58.35				
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)			72.58				
L28. Plus: Supplemental Rate Add-on			2.04				
L29. Final Per Diem After Adjustments			567.50				

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

Skipper Road Cluster/Provider #0280364-01
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #220 - Effective 2/1/2010
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	104.848	97.397	92.894%	0.000
Resident Care	257.562	257.562	100.000%	3.828
Total	362.410	354.959		3.828
N-A/Medical				
Operating	104.848	97.397	92.894%	0.0000
Resident Care	364.332	364.332	100.000%	1.5030
Total	469.180	461.729		1.5030
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.02347956 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.03287139 IRR @ 4/1/2011 (Col. 9)
Operating	97.3970	1.098	100.782	101.697
Resident Care	261.3900	2.070	269.597	272.052
Total	358.787	3.168	370.379	373.749
N-A/Medical				
Operating	97.3970	1.098	100.782	101.697
Resident Care	365.8350	4.141	378.566	382.002
Total	463.232	5.239	479.347	483.698

Skipper Road Cluster Provider #0280364-01 Cost Settlement - IRR #220 Effective - 2/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 4/1/2011 RS					
	Residential/Institutional			Non-Ambulatory Medical		
Calculation of L4	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	109.940	257.751	367.691	109.940	371.182	481.122
B. Cost Settlement for IRR Effective 2/1/2010	1.098	2.070	3.168	1.098	4.141	5.239
C. Prorated CS IRR eff 2/1/2010 - 8/12 of IRR comp.	0.732	1.380	2.112	0.732	2.761	3.493
D. Grossed Up Current Period (Line A plus Line C)	110.672	259.131	369.803	110.672	373.943	484.615

PROPERTY COMPONENT Calculation of L21 - 8/12 of IRR comp.	
Property Interim Rate Component	0.132
Grossed Up Property Interim Rate Component	0.088



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028037201 - 2011/04
RI:295.93 / NM:379.02

PEMBROKE PINES CLUSTER

871 S.W. Douglas Road
 Pembroke Pines FL 33025

Provider Number: 028037201
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>294.72</u>	<u>295.93</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>376.27</u>	<u>379.02</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)

Home Office:

ANN STORCK CENTER

1790 SW 43RD WAY

FT. LAUDERDALE FL 33317

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028037201

Provider Name: **PEMBROKE PINES CLUSTER**
 Provider Number: 28037201
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,381	8,381
2. Operating Expenses Component			
A. Administration			273,816
B. Plant Operation			143,804
C. Laundry			29,792
D. Housekeeping			66,479
E. Operating Expense Component & Per Diem	61.3162	61.3162	513,891
3. Resident Care			
A. Dietary			154,444
B. Other			0
C. Nursing			565,253
D. Resident Care & Per Diem	85.8724	85.8724	719,697
4. Prop Exp & Per Diem	9.3242	9.3242	78,146
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,381.00	8,381.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,412,470.00	1,412,470.00
5. Direct Care Expense Per Diem	84.2662	168.5324	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,381	8,381
2. Additional Services	0	227,809	227,809
3. Additional Services Exp & Per Diem	27.1816	27.1816	
D. Medicaid Per Diem Cost			
1. Operating Component	61.3162	61.3162	513,891
2. Resident Care Component	197.3202	281.5864	2,359,976
3. Property Cost Component	9.3242	9.3242	78,146
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	267.9606	352.2268	2,952,013



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028037201 - 2011/04

RI: 295.93

NM: 379.02

PEMBROKE PINES CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.434	191.726	258.160	66.434	270.033	336.467
2. Inflate Line 1 by Inflation Factor 1.01934246	67.719	195.434	263.154	67.719	275.256	342.975
3. Line 1 x 1.400 x Inflation Factor 1.02707944	68.233	196.918	265.151	68.233	277.345	345.578
4. Current Period Cost	61.316	197.320	258.636	61.316	281.586	342.903
5. Incentive Basis (line 3 - line 4)	6.917	0.000		6.917	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	61.316	196.918	258.234	61.316	277.345	338.661
7. Incentive Line 5 x Oper 50% Res 50%	3.459	0.000	3.459	3.459	0.000	3.459
8. Incentive - Line 4 x Oper 10% Res 3%	6.132	0.000	6.132	6.132	0.000	6.132
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.459	0.000	3.459	3.459	0.000	3.459
10. Final Incentive	3.459	0.000	3.459	3.459	0.000	3.459
11. Current Period Base: (line 6 + line 10)	64.775	196.918	261.693	64.775	277.345	342.120
12. Plus: Property Rate Component			9.324			9.324
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			271.017			351.444
15. Prospective Rate: Line 11 x Inflation (1.03303568)	66.915	203.423	270.338	66.915	286.507	353.422
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	66.915	203.423	270.338	66.915	286.507	353.422
19. Property Rate Component			9.324			9.324
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			279.66			362.75
23. Medicaid Days			0		8,381	
24. Resident Days			0		8,381	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			29.60			38.40
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			43.83			52.63
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			295.93			379.02



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028038101 - 2011/04
RI:229.53 / NM:281.76

OCALA CLUSTER

3205 S. E. 17th Street
 Ocala FL 32671

Provider Number: 028038101
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>227.51</u>	<u>229.53</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>280.22</u>	<u>281.76</u>	<u>04/01/2011</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028038101

Provider Name: **OCALA CLUSTER**
 Provider Number: 28038101
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,718	8,718
2. Operating Expenses Component			
A. Administration			513,314
B. Plant Operation			165,952
C. Laundry			44,146
D. Housekeeping			17,221
E. Operating Expense Component & Per Diem	84.9545	84.9545	740,633
3. Resident Care			
A. Dietary			141,409
B. Other			0
C. Nursing			292,939
D. Resident Care & Per Diem	49.8220	49.8220	434,348
4. Prop Exp & Per Diem	3.4198	3.4198	29,814
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,718.00	8,718.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	856,726.00	856,726.00
5. Direct Care Expense Per Diem	49.1355	98.2709	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,718	8,718
2. Additional Services	0	217,320	217,320
3. Additional Services Exp & Per Diem	24.9277	24.9277	
D. Medicaid Per Diem Cost			
1. Operating Component	84.9545	84.9545	740,633
2. Resident Care Component	123.8852	173.0206	1,508,394
3. Property Cost Component	3.4198	3.4198	29,814
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	212.2595	261.3949	2,278,841



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028038101 - 2011/04

RI: 229.53

NM: 281.76

OCALA CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.628	123.673	199.301	75.628	174.284	249.912
2. Inflate Line 1 by Inflation Factor 1.01934246	77.090	126.066	203.156	77.090	177.655	254.746
3. Line 1 x 1.400 x Inflation Factor 1.02707944	77.676	127.022	204.698	77.676	179.004	256.679
4. Current Period Cost	84.954	123.885	208.840	84.954	173.021	257.975
5. Incentive Basis (line 3 - line 4)	0.000	3.137		0.000	5.983	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.676	123.885	201.561	77.676	173.021	250.696
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.569	1.569	0.000	2.992	2.992
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.717	3.717	0.000	5.191	5.191
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.569	1.569	0.000	2.992	2.992
10. Final Incentive	0.000	1.569	1.569	0.000	2.992	2.992
11. Current Period Base: (line 6 + line 10)	77.676	125.454	203.129	77.676	176.012	253.688
12. Plus: Property Rate Component			3.420			3.420
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			206.549			257.108
15. Prospective Rate: Line 11 x Inflation (1.03303568)	80.242	129.598	209.840	80.242	181.827	262.069
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.242	129.598	209.840	80.242	181.827	262.069
19. Property Rate Component			3.420			3.420
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			213.26			265.49
23. Medicaid Days			0		8,718	
24. Resident Days			0		8,718	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj (10.58510%)			22.57			28.10
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			36.80			42.33
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			229.53			281.76



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028040201 - 2011/04
RI:431.26 / NM:564.82

WILLIAMS ROAD CLUSTER

1923 Sarah Louise Drive
 Brandon FL 33510

Provider Number: 028040201
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>427.08</u>	<u>431.26</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>559.28</u>	<u>564.82</u>	<u>04/01/2011</u>

Rate Type:

X Interim
 Total Interim
X Interim Component
X Settlement Based on Costs

X Prospective
X Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

P.O. Box 1300
Apopka FL 327041300

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028040201

Provider Name: **WILLIAMS ROAD CLUSTER**
 Provider Number: 28040201
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,512	8,512
2. Operating Expenses Component			
A. Administration			622,292
B. Plant Operation			187,363
C. Laundry			50,440
D. Housekeeping			26,427
E. Operating Expense Component & Per Diem	104.1497	104.1497	886,522
3. Resident Care			
A. Dietary			173,641
B. Other			0
C. Nursing			1,174,059
D. Resident Care & Per Diem	158.3294	158.3294	1,347,700
4. Prop Exp & Per Diem	14.2601	14.2601	121,382
5. ROE/Use Per Diem	4.8207	4.8207	41,034
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,512.00	8,512.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,861,270.00	1,861,270.00
5. Direct Care Expense Per Diem	109.3321	218.6642	
C. Additional Services Expense			
1. Medicaid Inpatient Days		8,512	
2. Additional Services	0	110,344	110,344
3. Additional Services Exp & Per Diem	12.9633	12.9633	
D. Medicaid Per Diem Cost			
1. Operating Component	104.1497	104.1497	886,522
2. Resident Care Component	280.6249	389.9570	3,319,314
3. Property Cost Component	14.2601	14.2601	121,382
4. ROE/Use Allow Component	4.8207	4.8207	41,034
5 Total Cost Per Diem	403.8554	513.1875	4,368,252



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028040201 - 2011/04

RI: 431.26

NM: 564.82

WILLIAMS ROAD CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	01/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	95.689	248.265	343.954	95.689	359.294	454.983
2. Inflate Line 1 by Inflation Factor 1.02641776 *	99.890	259.436	359.326	99.890	375.198	475.088
3. Line 1 x 1.400 x Inflation Factor 1.03698486 *	100.901	262.059	362.961	100.901	378.994	479.896
4. Current Period Cost	105.265	283.700	388.965	105.265	394.232	499.497
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)	100.901	262.059	362.961	100.901	378.994	479.896
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	100.901	262.059	362.961	100.901	378.994	479.896
12. Plus: Property Rate Component			14.260			14.260
13. Plus: ROE/Use Rate			4.821			4.821
14. Total Current Period Base			382.041			498.977
15. Prospective Rate: Line 11 x Inflation (1.03474680)	104.407	271.165	375.572	104.407	392.163	496.571
16. Interim Rate Component: *	6.692	12.564	19.256	6.692	25.128	31.820
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	111.099	283.729	394.828	111.099	417.291	528.391
19. Property Rate Component			14.260			14.260
20. ROE Component + ROE Interim Component			4.821			4.821
21. Plus :Property Interim Rate Component *			1.083			1.083
22. Final Per Diem			414.99			548.55
23. Medicaid Days					8,512	
24. Resident Days			0		8,512	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			43.93			58.07
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			58.16			72.30
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			431.26			564.82

* See Attachment

IRR #230 - Williams Road Cluster - Provider #0280402-01
Granting Vacancy Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 1/1/2011 - Rate Semester 4/1/2011

		Residential/Institutional (Level of Care 7)				
Residential/Institutional IRR Effective 1/1/2011	\$ 20.20	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description						
Prospective Rate (Line 15)		104.407	271.165	14.260	4.821	394.65
Prospective Rate w/o ROE		104.407	271.165	14.260	0.000	389.83
Allocation %		0.000%	0.000%	0.000%	0.000%	0%
Allocation of IRR		6.692	12.564	0.940	0.000	20.20
Final Per Diem (Line 22)		111.099	283.729	15.200	4.821	414.85
L22. Final Per Diem Rate - LOC 7		414.85				
L26. Less: Medicaid Trend Adjustment 10.58510%		43.91				
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)		58.14				
L28. Plus: Supplemental Rate Add-on		2.04				
L29. Final Per Diem After Adjustments		431.12				
		Non - Ambulatory/Medical (Level of Care 8, 9)				
Non-Ambulatory/Medical IRR Effective 1/1/2011	\$ 32.76	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description						
Prospective Rate (Line 15)		104.407	392.163	14.260	4.821	515.65
Prospective Rate w/o ROE		104.407	392.163	14.260	0.000	510.83
Allocation %		20.439%	76.770%	2.792%	0.000%	100%
Allocation of IRR		6.692	25.128	0.940	0.000	32.76
Final Per Diem (Line 22)		111.099	417.291	15.200	4.821	548.41
L22. Final Per Diem Rate - LOC 8, 9		548.41				
L26. Less: Medicaid Trend Adjustment 10.58510%		58.05				
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)		72.28				
L28. Plus: Supplemental Rate Add-on		2.04				
L29. Final Per Diem After Adjustments		564.68				

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

Williams Road Cluster/Provider #0280402-01
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #221 - Effective 2/1/2010
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	97.290	95.689	98.354%	0.000
Resident Care	241.034	241.034	100.000%	7.231
Total	338.324	336.723		7.231
N-A/Medical				
Operating	97.290	95.689	98.354%	0.0000
Resident Care	350.259	350.259	100.000%	9.0350
Total	447.549	445.948		9.0350
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.02641776 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.03698486 IRR @ 4/1/2011 (Col. 9)
Operating	95.6890	1.673	99.890	100.901
Resident Care	248.2650	4.612	259.436	262.059
Total	343.954	6.285	359.325	362.960
N-A/Medical				
Operating	95.6890	1.673	99.890	100.901
Resident Care	359.2940	6.412	375.198	378.994
Total	454.983	8.085	475.088	479.895

Williams Road Cluster Provider #0280402-01 Cost Settlement - IRR #221 Effective - 2/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 4/1/2011 RS					
	Residential/Institutional			Non-Ambulatory Medical		
Calculation of L4	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	104.150	280.625	384.775	104.150	389.957	494.107
B. Cost Settlement for IRR Effective 2/1/2010	1.673	4.612	6.285	1.673	6.412	8.085
C. Prorated CS IRR eff 2/1/2010 - 8/12 of IRR comp.	1.115	3.075	4.190	1.115	4.275	5.390
D. Grossed Up Current Period (Line A plus Line C)	105.265	283.700	388.965	105.265	394.232	499.497

PROPERTY COMPONENT Calculation of L21 - 8/12 of IRR comp.	
Property Interim Rate Component	0.215
Grossed Up Property Interim Rate Component	0.143



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028041101 - 2011/04
RI:358.47 / NM:443.97

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

Provider Number: 028041101
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>360.30</u>	<u>358.47</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>444.23</u>	<u>443.97</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue
 Miami FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028041101

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,607	8,607
2. Operating Expenses Component			
A. Administration			388,222
B. Plant Operation			276,496
C. Laundry			29,065
D. Housekeeping			37,352
E. Operating Expense Component & Per Diem	84.9466	84.9466	731,135
3. Resident Care			
A. Dietary			146,918
B. Other			0
C. Nursing			747,574
D. Resident Care & Per Diem	103.9261	103.9261	894,492
4. Prop Exp & Per Diem	49.5067	49.5067	426,104
5. ROE/Use Per Diem	1.3195	1.3195	11,357
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,607.00	8,607.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,460,012.00	1,460,012.00
5. Direct Care Expense Per Diem	84.8154	169.6308	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,607	8,607
2. Additional Services	0	105,606	105,606
3. Additional Services Exp & Per Diem	12.2698	12.2698	
D. Medicaid Per Diem Cost			
1. Operating Component	84.9466	84.9466	731,135
2. Resident Care Component	201.0113	285.8267	2,460,110
3. Property Cost Component	49.5067	49.5067	426,104
4. ROE/Use Allow Component	1.3195	1.3195	11,357
5 Total Cost Per Diem	336.7840	421.5994	3,628,706



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028041101 - 2011/04

RI: 358.47

NM: 443.97

MCP 80th Street

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.701	194.915	274.616	79.701	275.506	355.207
2. Inflate Line 1 by Inflation Factor 1.01934246	81.242	198.685	279.928	81.242	280.835	362.077
3. Line 1 x 1.400 x Inflation Factor 1.02707944	81.859	200.193	282.052	81.859	282.967	364.826
4. Current Period Cost	84.947	201.011	285.958	84.947	285.827	370.773
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)	81.859	200.193	282.052	81.859	282.967	364.826
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)	81.859	200.193	282.052	81.859	282.967	364.826
12. Plus: Property Rate Component			49.507			49.507
13. Plus: ROE/Use Rate			1.320			1.320
14. Total Current Period Base			332.878			415.652
15. Prospective Rate: Line 11 x Inflation (1.03303568)	84.563	206.807	291.370	84.563	292.315	376.878
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.563	206.807	291.370	84.563	292.315	376.878
19. Property Rate Component			49.507			49.507
20. ROE Component + ROE Interim Component			1.320			1.320
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			342.20			427.70
23. Medicaid Days			0		8,607	
24. Resident Days			0		8,607	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			36.22			45.27
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			50.45			59.50
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			358.47			443.97



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028045301 - 2011/04
RI:384.59 / NM:469.84

MCP Braddock
 14400 SW 32nd Street
 Miami, FL 33175

Provider Number: 028045301
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>386.36</u>	<u>384.59</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>469.70</u>	<u>469.84</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:
 UCP of Miami

1411 N.W. 14th Avenue
 Miami, FL

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028045301

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,517	8,517
2. Operating Expenses Component			
A. Administration			389,649
B. Plant Operation			278,390
C. Laundry			30,740
D. Housekeeping			31,676
E. Operating Expense Component & Per Diem	85.7644	85.7644	730,455
3. Resident Care			
A. Dietary			159,381
B. Other			0
C. Nursing			942,693
D. Resident Care & Per Diem	129.3970	129.3970	1,102,074
4. Prop Exp & Per Diem	50.9760	50.9760	434,163
5. ROE/Use Per Diem	1.4396	1.4396	12,261
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,517.00	8,517.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,429,648.00	1,429,648.00
5. Direct Care Expense Per Diem	83.9291	167.8582	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,517	8,517
2. Additional Services	0	103,819	103,819
3. Additional Services Exp & Per Diem	12.1896	12.1896	
D. Medicaid Per Diem Cost			
1. Operating Component	85.7644	85.7644	730,455
2. Resident Care Component	225.5157	309.4448	2,635,541
3. Property Cost Component	50.9760	50.9760	434,163
4. ROE/Use Allow Component	1.4396	1.4396	12,261
5 Total Cost Per Diem	363.6957	447.6248	3,812,420



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028045301 - 2011/04

RI: 384.59

NM: 469.84

MCP Braddock

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.840	220.221	298.061	77.840	300.246	378.086
2. Inflate Line 1 by Inflation Factor 1.01934246	79.345	224.481	303.826	79.345	306.054	385.399
3. Line 1 x 1.400 x Inflation Factor 1.02707944	79.948	226.185	306.132	79.948	308.377	388.324
4. Current Period Cost	85.764	225.516	311.280	85.764	309.445	395.209
5. Incentive Basis (line 3 - line 4)	0.000	0.669		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.948	225.516	305.463	79.948	308.377	388.324
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.335	0.335	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.765	6.765	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.335	0.335	0.000	0.000	0.000
10. Final Incentive	0.000	0.335	0.335	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.948	225.850	305.798	79.948	308.377	388.324
12. Plus: Property Rate Component			50.976			50.976
13. Plus: ROE/Use Rate			1.440			1.440
14. Total Current Period Base			358.214			440.740
15. Prospective Rate: Line 11 x Inflation (1.03303568)	82.589	233.311	315.900	82.589	318.564	401.153
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	82.589	233.311	315.900	82.589	318.564	401.153
19. Property Rate Component			50.976			50.976
20. ROE Component + ROE Interim Component			1.440			1.440
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			368.32			453.57
23. Medicaid Days			0			8,517
24. Resident Days			0			8,517
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj (10.58510%)			38.99			48.01
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			53.22			62.24
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			384.59			469.84



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

028046101 - 2011/04
RI:378.01 / NM:465.98

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

Provider Number: 028046101
Date: 04/25/2011
FYE: 06/30/2010
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>378.28</u>	<u>378.01</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>464.63</u>	<u>465.98</u>	<u>04/01/2011</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue
Miami FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028046101

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,419	8,419
2. Operating Expenses Component			
A. Administration			388,964
B. Plant Operation			283,938
C. Laundry			29,003
D. Housekeeping			32,055
E. Operating Expense Component & Per Diem	87.1790	87.1790	733,960
3. Resident Care			
A. Dietary			148,337
B. Other			0
C. Nursing			921,418
D. Resident Care & Per Diem	127.0644	127.0644	1,069,755
4. Prop Exp & Per Diem	50.7228	50.7228	427,035
5. ROE/Use Per Diem	1.1039	1.1039	9,294
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,419.00	8,419.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,432,250.00	1,432,250.00
5. Direct Care Expense Per Diem	85.0606	170.1212	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,419	8,419
2. Additional Services	0	90,732	90,732
3. Additional Services Exp & Per Diem	10.7771	10.7771	
D. Medicaid Per Diem Cost			
1. Operating Component	87.1790	87.1790	733,960
2. Resident Care Component	222.9020	307.9626	2,592,737
3. Property Cost Component	50.7228	50.7228	427,035
4. ROE/Use Allow Component	1.1039	1.1039	9,294
5 Total Cost Per Diem	361.9077	446.9683	3,763,026



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028046101 - 2011/04

RI: 378.01

NM: 465.98

MCP 2nd Street

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.422	213.666	292.089	78.422	296.586	375.009
2. Inflate Line 1 by Inflation Factor 1.01934246	79.939	217.799	297.739	79.939	302.323	382.262
3. Line 1 x 1.400 x Inflation Factor 1.02707944	80.546	219.452	299.998	80.546	304.618	385.164
4. Current Period Cost	87.179	222.902	310.081	87.179	307.963	395.142
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)	80.546	219.452	299.998	80.546	304.618	385.164
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)	80.546	219.452	299.998	80.546	304.618	385.164
12. Plus: Property Rate Component			50.723			50.723
13. Plus: ROE/Use Rate			1.104			1.104
14. Total Current Period Base			351.825			436.990
15. Prospective Rate: Line 11 x Inflation (1.03303568)	83.207	226.702	309.909	83.207	314.681	397.888
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.207	226.702	309.909	83.207	314.681	397.888
19. Property Rate Component			50.723			50.723
20. ROE Component + ROE Interim Component			1.104			1.104
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			361.74			449.71
23. Medicaid Days			0		8,419	
24. Resident Days			0		8,419	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			38.29			47.60
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			52.52			61.83
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			378.01			465.98



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028048801 - 2011/04
RI:354.21 / NM:442.55

MCP Sunset

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

Provider Number: 028048801
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>355.56</u>	<u>354.21</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>442.26</u>	<u>442.55</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue
 Miami FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028048801

Provider Name: **MCP Sunset**
 Provider Number: 28048801
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,714	8,714
2. Operating Expenses Component			
A. Administration			385,620
B. Plant Operation			272,032
C. Laundry			28,847
D. Housekeeping			27,288
E. Operating Expense Component & Per Diem	81.9127	81.9127	713,787
3. Resident Care			
A. Dietary			151,408
B. Other			0
C. Nursing			822,186
D. Resident Care & Per Diem	111.7276	111.7276	973,594
4. Prop Exp & Per Diem	49.8307	49.8307	434,225
5. ROE/Use Per Diem	1.2137	1.2137	10,576
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,714.00	8,714.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,474,196.00	1,474,196.00
5. Direct Care Expense Per Diem	84.5878	169.1756	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,714	8,714
2. Additional Services	0	85,327	85,327
3. Additional Services Exp & Per Diem	9.7919	9.7919	
D. Medicaid Per Diem Cost			
1. Operating Component	81.9127	81.9127	713,787
2. Resident Care Component	206.1073	290.6951	2,533,117
3. Property Cost Component	49.8307	49.8307	434,225
4. ROE/Use Allow Component	1.2137	1.2137	10,576
5 Total Cost Per Diem	339.0644	423.6522	3,691,705



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028048801 - 2011/04

RI: 354.21

NM: 442.55

MCP Sunset

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.521	191.882	270.403	78.521	275.136	353.657
2. Inflate Line 1 by Inflation Factor 1.01934246	80.039	195.594	275.633	80.039	280.458	360.497
3. Line 1 x 1.400 x Inflation Factor 1.02707944	80.647	197.078	277.725	80.647	282.587	363.233
4. Current Period Cost	81.913	206.107	288.020	81.913	290.695	372.608
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)	80.647	197.078	277.725	80.647	282.587	363.233
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)	80.647	197.078	277.725	80.647	282.587	363.233
12. Plus: Property Rate Component			49.831			49.831
13. Plus: ROE/Use Rate			1.214			1.214
14. Total Current Period Base			328.770			414.278
15. Prospective Rate: Line 11 x Inflation (1.03303568)	83.311	203.589	286.900	83.311	291.922	375.233
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.311	203.589	286.900	83.311	291.922	375.233
19. Property Rate Component			49.831			49.831
20. ROE Component + ROE Interim Component			1.214			1.214
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			337.94			426.28
23. Medicaid Days			0			8,714
24. Resident Days			0			8,714
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj (10.58510%)			35.77			45.12
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			50.00			59.35
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			354.21			442.55



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028049601 - 2011/04
RI:314.41 / NM:418.35

DORCHESTER CLUSTER

3201 Ginger Drive
 Tallahassee FL 32308

Provider Number: 028049601
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>339.73</u>	<u>314.41</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>444.91</u>	<u>418.35</u>	<u>04/01/2011</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028049601

Provider Name: **DORCHESTER CLUSTER**
 Provider Number: 28049601
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	311	7,602	7,913
2. Operating Expenses Component			
A. Administration			347,555
B. Plant Operation			164,609
C. Laundry			3,874
D. Housekeeping			17,258
E. Operating Expense Component & Per Diem	67.3949	67.3949	533,296
3. Resident Care			
A. Dietary			133,014
B. Other			141,525
C. Nursing			447,249
D. Resident Care & Per Diem	91.2155	91.2155	721,788
4. Prop Exp & Per Diem	13.7033	13.7033	108,434
5. ROE/Use Per Diem	2.0531	2.0531	16,246
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	155.50	7,602.00	7,757.50
3. Staffing Percent	2.0045118	97.9954882	100.00
4. Allocation of Direct Care	30,380.34	1,485,217.66	1,515,598.00
5. Direct Care Expense Per Diem	97.6860	195.3720	
C. Additional Services Expense			
1. Medicaid Inpatient Days	311	7,602	7,913
2. Additional Services	2,492	60,911	63,403
3. Additional Services Exp & Per Diem	8.0129	8.0125	
D. Medicaid Per Diem Cost			
1. Operating Component	67.3949	67.3949	533,296
2. Resident Care Component	196.9143	294.5999	2,300,789
3. Property Cost Component	13.7033	13.7033	108,434
4. ROE/Use Allow Component	2.0531	2.0531	16,246
5 Total Cost Per Diem	280.0656	377.7512	2,958,765



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028049601 - 2011/04

RI: 314.41

NM: 418.35

DORCHESTER CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.725	217.458	289.184	71.725	318.452	390.178
2. Inflate Line 1 by Inflation Factor 1.01934246	73.113	221.664	294.777	73.113	324.612	397.725
3. Line 1 x 1.400 x Inflation Factor 1.02707944	73.668	223.347	297.014	73.668	327.076	400.744
4. Current Period Cost	67.395	196.914	264.309	67.395	294.600	361.995
5. Incentive Basis (line 3 - line 4)	6.273	26.432		6.273	32.476	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.395	196.914	264.309	67.395	294.600	361.995
7. Incentive Line 5 x Oper 50% Res 50%	3.136	13.216	16.353	3.136	16.238	19.374
8. Incentive - Line 4 x Oper 10% Res 3%	6.739	5.907	12.647	6.739	8.838	15.577
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.136	5.907	9.044	3.136	8.838	11.974
10. Final Incentive	3.136	5.907	9.044	3.136	8.838	11.974
11. Current Period Base: (line 6 + line 10)	70.531	202.822	273.353	70.531	303.438	373.969
12. Plus: Property Rate Component			13.703			13.703
13. Plus: ROE/Use Rate			2.053			2.053
14. Total Current Period Base			289.109			389.726
15. Prospective Rate: Line 11 x Inflation (1.03303568)	72.861	209.522	282.383	72.861	313.462	386.324
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	72.861	209.522	282.383	72.861	313.462	386.324
19. Property Rate Component			13.703			13.703
20. ROE Component + ROE Interim Component			2.053			2.053
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			298.14			402.08
23. Medicaid Days			311			7,602
24. Resident Days			311			7,602
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj (10.58510%)			31.56			42.56
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			45.79			56.79
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			314.41			418.35



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028054200 - 2011/04
RI:326.01 / NM:0.00

SUFFRIDGE DRIVE GROUP HOME
 27566 Suffridge Drive
 Bonita Springs FL 34135

Provider Number: 028054200
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	344.14	326.01	04/01/2011
#8 Non-Ambulatory & #9 Medical	365.06	NA	NA

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028054200

Provider Name: **SUFFRIDGE DRIVE GROUP HOME**
 Provider Number: 28054200
 Audit Status: Unaudited [3]
 Date: 4/25/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			164,782
B. Plant Operation			34,057
C. Laundry			746
D. Housekeeping			2,942
E. Operating Expense Component & Per Diem	92.4781	0.0000	202,527
3. Resident Care			
A. Dietary			26,358
B. Other			0
C. Nursing			41,431
D. Resident Care & Per Diem	30.9539	0.0000	67,789
4. Prop Exp & Per Diem	15.6584	0.0000	34,292
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	334,982.00		334,982.00
5. Direct Care Expense Per Diem	152.9598		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	56,542		56,542
3. Additional Services Exp & Per Diem	25.8183		
D. Medicaid Per Diem Cost			
1. Operating Component	92.4781		202,527
2. Resident Care Component	209.7320		459,313
3. Property Cost Component	15.6584		34,292
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	317.8685		696,132



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028054200 - 2011/04

RI: 326.01

NM: 0.00

SUFFRIDGE DRIVE GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.767	211.270	296.037			
2. Inflate Line 1 by Inflation Factor 1.01934246	86.406	215.357	301.763			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	87.062	216.991	304.053			
4. Current Period Cost	92.478	209.732	302.210			
5. Incentive Basis (line 3 - line 4)	0.000	7.259		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	87.062	209.732	296.794			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.630	3.630	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.292	6.292	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.630	3.630	0.000	0.000	0.000
10. Final Incentive	0.000	3.630	3.630	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	87.062	213.362	300.424	0.000	0.000	0.000
12. Plus: Property Rate Component			15.658			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			316.082			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	89.938	220.410	310.348	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	89.938	220.410	310.348	0.000	0.000	0.000
19. Property Rate Component			15.658			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			326.01			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (0.00000%)						
27. N/A						
28. N/A			0.00			
29. Final Per Diem After Adjustments			326.01			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028056900 - 2011/04
RI:341.78 / NM:0.00

ROSEWOOD GROUP HOME

71 Rosewood Avenue
 Ormand Beach FL 32174

Provider Number: 028056900
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>339.55</u>	<u>341.78</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (12)

Home Office:
 Res-Care

10140 Linn Station Road
 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028056900

Provider Name: **ROSEWOOD GROUP HOME**
 Provider Number: 28056900
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,173	0	2,173
2. Operating Expenses Component			
A. Administration			160,100
B. Plant Operation			31,154
C. Laundry			763
D. Housekeeping			3,539
E. Operating Expense Component & Per Diem	89.9936	0.0000	195,556
3. Resident Care			
A. Dietary			24,433
B. Other			0
C. Nursing			17,104
D. Resident Care & Per Diem	19.1150	0.0000	41,537
4. Prop Exp & Per Diem	19.8431	0.0000	43,119
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,629.75		1,629.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	306,179.00		306,179.00
5. Direct Care Expense Per Diem	140.9015		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,173		2,173
2. Additional Services	136,790		136,790
3. Additional Services Exp & Per Diem	62.9498		
D. Medicaid Per Diem Cost			
1. Operating Component	89.9936		195,556
2. Resident Care Component	222.9664		484,506
3. Property Cost Component	19.8431		43,119
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	332.8030		723,181



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028056900 - 2011/04

RI: 341.78

NM: 0.00

ROSEWOOD GROUP HOME

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.067	207.026	288.093			
2. Inflate Line 1 by Inflation Factor 1.01934246	82.635	211.030	293.665			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	83.262	212.632	295.894			
4. Current Period Cost	89.994	222.966	312.960			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	83.262	212.632	295.894			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	83.262	212.632	295.894	0.000	0.000	0.000
12. Plus: Property Rate Component			19.843			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			315.738			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	86.013	219.656	305.670	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.013	219.656	305.670	0.000	0.000	0.000
19. Property Rate Component			19.843			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			325.51			0.00
23. Medicaid Days		2,173			0	
24. Resident Days		2,173			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			34.46			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			48.69			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			341.78			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028057700 - 2011/04
RI:290.52 / NM:0.00

PLAZA OVAL GROUP HOME
 247 Plaza Oval
 Casselberry FL 32707

Provider Number: 028057700
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>296.49</u>	<u>290.52</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028057700

Provider Name: **PLAZA OVAL GROUP HOME**
 Provider Number: 28057700
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,021	0	2,021
2. Operating Expenses Component			
A. Administration			140,139
B. Plant Operation			28,064
C. Laundry			963
D. Housekeeping			3,613
E. Operating Expense Component & Per Diem	85.4918	0.0000	172,779
3. Resident Care			
A. Dietary			22,371
B. Other			0
C. Nursing			10,115
D. Resident Care & Per Diem	16.0742	0.0000	32,486
4. Prop Exp & Per Diem	16.3805	0.0000	33,105
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,515.75		1,515.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	224,093.00		224,093.00
5. Direct Care Expense Per Diem	110.8822		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,021		2,021
2. Additional Services	69,556		69,556
3. Additional Services Exp & Per Diem	34.4166		
D. Medicaid Per Diem Cost			
1. Operating Component	85.4918		172,779
2. Resident Care Component	161.3731		326,135
3. Property Cost Component	16.3805		33,105
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	263.2454		532,019



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028057700 - 2011/04

RI: 290.52

NM: 0.00

PLAZA OVAL GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.214	170.139	251.353			
2. Inflate Line 1 by Inflation Factor 1.01934246	82.785	173.430	256.215			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	83.413	174.746	258.159			
4. Current Period Cost	85.492	161.373	246.865			
5. Incentive Basis (line 3 - line 4)	0.000	13.373		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	83.413	161.373	244.786			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.686	6.686	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.841	4.841	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.841	4.841	0.000	0.000	0.000
10. Final Incentive	0.000	4.841	4.841	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	83.413	166.214	249.628	0.000	0.000	0.000
12. Plus: Property Rate Component			16.381			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			266.008			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	86.169	171.705	257.874	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.169	171.705	257.874	0.000	0.000	0.000
19. Property Rate Component			16.381			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			274.25			0.00
23. Medicaid Days		2,021				0
24. Resident Days		2,021				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			29.03			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			43.26			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			290.52			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028059300 - 2011/04
RI:247.41 / NM:0.00

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

Provider Number: 028059300
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>258.18</u>	<u>247.41</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 X Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028059300

Provider Name: **Sunrise 146th Place**
 Provider Number: 28059300
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,147	0	2,147
2. Operating Expenses Component			
A. Administration			64,938
B. Plant Operation			34,783
C. Laundry			944
D. Housekeeping			2,462
E. Operating Expense Component & Per Diem	48.0331	0.0000	103,127
3. Resident Care			
A. Dietary			19,684
B. Other			38,708
C. Nursing			1,809
D. Resident Care & Per Diem	28.0396	0.0000	60,201
4. Prop Exp & Per Diem	16.2515	0.0000	34,892
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,610.25		1,610.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	268,550.00		268,550.00
5. Direct Care Expense Per Diem	125.0815		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,147		2,147
2. Additional Services	7,767		7,767
3. Additional Services Exp & Per Diem	3,6176		
D. Medicaid Per Diem Cost			
1. Operating Component	48.0331		103,127
2. Resident Care Component	156.7387		336,518
3. Property Cost Component	16.2515		34,892
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	221.0233		474,537



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028059300 - 2011/04
RI: 247.41
NM: 0.00

Sunrise 146th Place

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.348	171.813	217.161			
2. Inflate Line 1 by Inflation Factor 1.01934246	46.225	175.136	221.361			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	46.576	176.466	223.042			
4. Current Period Cost	48.033	156.739	204.772			
5. Incentive Basis (line 3 - line 4)	0.000	19.727		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	46.576	156.739	203.315			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	9.863	9.863	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.702	4.702	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.702	4.702	0.000	0.000	0.000
10. Final Incentive	0.000	4.702	4.702	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	46.576	161.441	208.017	0.000	0.000	0.000
12. Plus: Property Rate Component			16.252			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			224.268			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	48.115	166.774	214.889	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.115	166.774	214.889	0.000	0.000	0.000
19. Property Rate Component			16.252			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			231.14			0.00
23. Medicaid Days		2,147				0
24. Resident Days		2,147				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			24.47			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			38.70			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			247.41			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028060700 - 2011/04
RI:326.11 / NM:0.00

Walnut Street Group Home
 102 Alexander Road
 Starke FL 32091

Provider Number: 028060700
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>326.86</u>	<u>326.11</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028060700

Provider Name: **Walnut Street Group Home**
 Provider Number: 28060700
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,111	0	2,111
2. Operating Expenses Component			
A. Administration			154,918
B. Plant Operation			29,791
C. Laundry			2,611
D. Housekeeping			4,339
E. Operating Expense Component & Per Diem	90.7906	0.0000	191,659
3. Resident Care			
A. Dietary			24,323
B. Other			0
C. Nursing			40,445
D. Resident Care & Per Diem	30.6812	0.0000	64,768
4. Prop Exp & Per Diem	20.0403	0.0000	42,305
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,583.25		1,583.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	236,843.00		236,843.00
5. Direct Care Expense Per Diem	112.1947		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,111		2,111
2. Additional Services	114,445		114,445
3. Additional Services Exp & Per Diem	54.2136		
D. Medicaid Per Diem Cost			
1. Operating Component	90.7906		191,659
2. Resident Care Component	197.0895		416,056
3. Property Cost Component	20.0403		42,305
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	307.9204		650,020



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028060700 - 2011/04

RI: 326.11

NM: 0.00

Walnut Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	85.290	187.850	273.140			
2. Inflate Line 1 by Inflation Factor 1.01934246	86.940	191.484	278.423			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	87.600	192.937	280.536			
4. Current Period Cost	90.791	197.090	287.880			
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)	87.600	192.937	280.536			
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)	87.600	192.937	280.536	0.000	0.000	0.000
12. Plus: Property Rate Component			20.040			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			300.577			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	90.493	199.311	289.804	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	90.493	199.311	289.804	0.000	0.000	0.000
19. Property Rate Component			20.040			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			309.84			0.00
23. Medicaid Days		2,111				0
24. Resident Days		2,111				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			32.80			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			47.03			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			326.11			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028061500 - 2011/04
RI:286.75 / NM:319.65

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

Provider Number: 028061500
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>284.05</u>	<u>286.75</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>316.34</u>	<u>319.65</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028061500

Provider Name: **Spring Street Group Home**
 Provider Number: 28061500
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			148,851
B. Plant Operation			21,169
C. Laundry			931
D. Housekeeping			2,526
E. Operating Expense Component & Per Diem	79.2132	79.2132	173,477
3. Resident Care			
A. Dietary			24,004
B. Other			0
C. Nursing			32,124
D. Resident Care & Per Diem	25.6292	25.6292	56,128
4. Prop Exp & Per Diem	19.9046	19.9046	43,591
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	184,064.21	49,083.79	233,148.00
5. Direct Care Expense Per Diem	100.8571	134.4761	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	79,732	15,951	95,683
3. Additional Services Exp & Per Diem	43.6888	43.7014	
D. Medicaid Per Diem Cost			
1. Operating Component	79.2132	79.2132	173,477
2. Resident Care Component	170.1751	203.8067	384,959
3. Property Cost Component	19.9046	19.9046	43,591
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	269.2929	302.9245	602,027



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028061500 - 2011/04

RI: 286.75

NM: 319.65

Spring Street Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.787	163.379	236.166	72.787	194.386	267.173
2. Inflate Line 1 by Inflation Factor 1.01934246	74.195	166.539	240.734	74.195	198.146	272.341
3. Line 1 x 1.400 x Inflation Factor 1.02707944	74.758	167.803	242.561	74.758	199.650	274.408
4. Current Period Cost	79.213	170.175	249.388	79.213	203.807	283.020
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)	74.758	167.803	242.561	74.758	199.650	274.408
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)	74.758	167.803	242.561	74.758	199.650	274.408
12. Plus: Property Rate Component			19.905			19.905
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			262.466			294.312
15. Prospective Rate: Line 11 x Inflation (1.03303568)	77.227	173.347	250.574	77.227	206.245	283.473
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.227	173.347	250.574	77.227	206.245	283.473
19. Property Rate Component			19.905			19.905
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			270.48			303.38
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			28.63			32.11
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			42.86			46.34
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			286.75			319.65



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

028062300 - 2011/04
RI:257.20 / NM:302.08

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

Provider Number: 028062300
Date: 04/25/2011
FYE: 06/30/2010
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>255.60</u>	<u>257.20</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>302.53</u>	<u>302.08</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

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

9040 Sunset Drive Suite 70-A
Miami FL 33170

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028062300

Provider Name: **Sunrise 119th Street Group Home**
 Provider Number: 28062300
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,441	730	2,171
2. Operating Expenses Component			
A. Administration			69,246
B. Plant Operation			30,014
C. Laundry			1,409
D. Housekeeping			1,617
E. Operating Expense Component & Per Diem	47.1147	47.1147	102,286
3. Resident Care			
A. Dietary			21,145
B. Other			41,569
C. Nursing			13,234
D. Resident Care & Per Diem	34.9830	34.9830	75,948
4. Prop Exp & Per Diem	17.6481	17.6481	38,314
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,080.75	730.00	1,810.75
3. Staffing Percent	59.6852133	40.3147867	100.00
4. Allocation of Direct Care	182,366.38	123,180.62	305,547.00
5. Direct Care Expense Per Diem	126.5554	168.7406	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,441	730	2,171
2. Additional Services	5,163	2,615	7,778
3. Additional Services Exp & Per Diem	3.5829	3.5822	
D. Medicaid Per Diem Cost			
1. Operating Component	47.1147	47.1147	102,286
2. Resident Care Component	165.1213	207.3057	389,273
3. Property Cost Component	17.6481	17.6481	38,314
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	229.8841	272.0685	529,873



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028062300 - 2011/04

RI: 257.20

NM: 302.08

Sunrise 119th Street Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.850	170.450	215.300	44.850	215.511	260.361
2. Inflate Line 1 by Inflation Factor 1.01934246	45.718	173.746	219.464	45.718	219.680	265.397
3. Line 1 x 1.400 x Inflation Factor 1.02707944	46.065	175.065	221.130	46.065	221.347	267.412
4. Current Period Cost	47.115	165.121	212.236	47.115	207.306	254.420
5. Incentive Basis (line 3 - line 4)	0.000	9.944		0.000	14.042	
6. Allowed Current Period Costs (Min of line 3 or 4)	46.065	165.121	211.186	46.065	207.306	253.370
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.972	4.972	0.000	7.021	7.021
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.954	4.954	0.000	6.219	6.219
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.954	4.954	0.000	6.219	6.219
10. Final Incentive	0.000	4.954	4.954	0.000	6.219	6.219
11. Current Period Base: (line 6 + line 10)	46.065	170.075	216.140	46.065	213.525	259.589
12. Plus: Property Rate Component			17.648			17.648
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			233.788			277.238
15. Prospective Rate: Line 11 x Inflation (1.03303568)	47.586	175.694	223.280	47.586	220.579	268.165
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	47.586	175.694	223.280	47.586	220.579	268.165
19. Property Rate Component			17.648			17.648
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			240.93			285.81
23. Medicaid Days		1,441			730	
24. Resident Days		1,441			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			25.50			30.25
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			39.73			44.48
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			257.20			302.08



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028063100 - 2011/04
RI:290.16 / NM:0.00

Bessent Road Group Home
 1329 Bessent Road
 Starke FL 32091

Provider Number: 028063100
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>287.93</u>	<u>290.16</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 X Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028063100

Provider Name: **Bessent Road Group Home**
 Provider Number: 28063100
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	0	1,825
2. Operating Expenses Component			
A. Administration			140,999
B. Plant Operation			26,819
C. Laundry			1,451
D. Housekeeping			2,767
E. Operating Expense Component & Per Diem	94.2663	0.0000	172,036
3. Resident Care			
A. Dietary			18,348
B. Other			0
C. Nursing			34,019
D. Resident Care & Per Diem	28.6942	0.0000	52,367
4. Prop Exp & Per Diem	19.6652	0.0000	35,889
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75		1,368.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	210,642.00		210,642.00
5. Direct Care Expense Per Diem	115.4203		
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825		1,825
2. Additional Services	106,128		106,128
3. Additional Services Exp & Per Diem	58.1523		
D. Medicaid Per Diem Cost			
1. Operating Component	94.2663		172,036
2. Resident Care Component	202.2668		369,137
3. Property Cost Component	19.6652		35,889
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	316.1984		577,062



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028063100 - 2011/04

RI: 290.16

NM: 0.00

Bessent Road Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.852	159.757	239.609			
2. Inflate Line 1 by Inflation Factor 1.01934246	81.396	162.847	244.243			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	82.014	164.083	246.097			
4. Current Period Cost	94.266	202.267	296.533			
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)	82.014	164.083	246.097			
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)	82.014	164.083	246.097	0.000	0.000	0.000
12. Plus: Property Rate Component			19.665			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			265.762			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	84.723	169.504	254.227	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.723	169.504	254.227	0.000	0.000	0.000
19. Property Rate Component			19.665			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			273.89			0.00
23. Medicaid Days		1,825				0
24. Resident Days		1,825				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			28.99			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			43.22			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			290.16			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

028064000 - 2011/04
RI:290.04 / NM:320.35

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

Provider Number: 028064000
Date: 04/25/2011
FYE: 06/30/2010
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>289.02</u>	<u>290.04</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>320.09</u>	<u>320.35</u>	<u>04/01/2011</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028064000

Provider Name: **19th Street Group Home**
 Provider Number: 28064000
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			150,112
B. Plant Operation			32,043
C. Laundry			745
D. Housekeeping			2,245
E. Operating Expense Component & Per Diem	84.5411	84.5411	185,145
3. Resident Care			
A. Dietary			21,898
B. Other			0
C. Nursing			10,095
D. Resident Care & Per Diem	14.6087	14.6087	31,993
4. Prop Exp & Per Diem	25.0548	25.0548	54,870
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	120,021.60	80,014.40	200,036.00
5. Direct Care Expense Per Diem	82.2066	109.6088	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	92,228	46,108	138,336
3. Additional Services Exp & Per Diem	63.1699	63.1616	
D. Medicaid Per Diem Cost			
1. Operating Component	84.5411	84.5411	185,145
2. Resident Care Component	159.9851	187.3791	370,365
3. Property Cost Component	25.0548	25.0548	54,870
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	269.5810	296.9750	610,380



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028064000 - 2011/04

RI: 290.04

NM: 320.35

19th Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.264	155.146	234.411	79.264	184.986	264.250
2. Inflate Line 1 by Inflation Factor 1.01934246	80.797	158.147	238.945	80.797	188.564	269.362
3. Line 1 x 1.400 x Inflation Factor 1.02707944	81.411	159.348	240.758	81.411	189.995	271.406
4. Current Period Cost	84.541	159.985	244.526	84.541	187.379	271.920
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	2.616	
6. Allowed Current Period Costs (Min of line 3 or 4)	81.411	159.348	240.758	81.411	187.379	268.790
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	1.308	1.308
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	5.621	5.621
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	1.308	1.308
10. Final Incentive	0.000	0.000	0.000	0.000	1.308	1.308
11. Current Period Base: (line 6 + line 10)	81.411	159.348	240.758	81.411	188.687	270.098
12. Plus: Property Rate Component			25.055			25.055
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			265.813			295.153
15. Prospective Rate: Line 11 x Inflation (1.03303568)	84.100	164.612	248.712	84.100	194.921	279.021
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.100	164.612	248.712	84.100	194.921	279.021
19. Property Rate Component			25.055			25.055
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			273.77			304.08
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			28.98			32.19
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			43.21			46.42
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			290.04			320.35



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028065800 - 2011/04

RI:266.04 / NM:0.00

Sunrise 22nd Street Home

444 N.W. 22nd Street
 Homestead FL 33030

Provider Number: 028065800

Date: 04/25/2011

FYE: 06/30/2010

Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>261.62</u>	<u>266.04</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028065800

Provider Name: **Sunrise 22nd Street Home**
 Provider Number: 28065800
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,973	0	1,973
2. Operating Expenses Component			
A. Administration			66,161
B. Plant Operation			32,242
C. Laundry			2,989
D. Housekeeping			5,030
E. Operating Expense Component & Per Diem	53.9392	0.0000	106,422
3. Resident Care			
A. Dietary			19,632
B. Other			35,846
C. Nursing			0
D. Resident Care & Per Diem	28.1186	0.0000	55,478
4. Prop Exp & Per Diem	16.5884	0.0000	32,729
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,479.75		1,479.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	275,493.00		275,493.00
5. Direct Care Expense Per Diem	139.6315		
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,973		1,973
2. Additional Services	16,419		16,419
3. Additional Services Exp & Per Diem	8.3218		
D. Medicaid Per Diem Cost			
1. Operating Component	53.9392		106,422
2. Resident Care Component	176.0720		347,390
3. Property Cost Component	16.5884		32,729
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	246.5996		486,541



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028065800 - 2011/04

RI: 266.04

NM: 0.00

Sunrise 22nd Street Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	47.872	172.369	220.242			
2. Inflate Line 1 by Inflation Factor 1.01934246	48.798	175.704	224.502			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	49.168	177.037	226.206			
4. Current Period Cost	53.939	176.072	230.011			
5. Incentive Basis (line 3 - line 4)	0.000	0.965		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	49.168	176.072	225.240			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.483	0.483	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.282	5.282	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.483	0.483	0.000	0.000	0.000
10. Final Incentive	0.000	0.483	0.483	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	49.168	176.555	225.723	0.000	0.000	0.000
12. Plus: Property Rate Component			16.588			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			242.311			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	50.793	182.387	233.180	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	50.793	182.387	233.180	0.000	0.000	0.000
19. Property Rate Component			16.588			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			249.77			0.00
23. Medicaid Days		1,973			0	
24. Resident Days		1,973			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			26.44			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			40.67			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			266.04			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028066600 - 2011/04
RI:339.92 / NM:0.00

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

Provider Number: 028066600
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>345.91</u>	<u>339.92</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028066600

Provider Name: **High Desert Court Group Home**
 Provider Number: 28066600
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,865	0	1,865
2. Operating Expenses Component			
A. Administration			146,020
B. Plant Operation			31,448
C. Laundry			1,336
D. Housekeeping			1,525
E. Operating Expense Component & Per Diem	96.6912	0.0000	180,329
3. Resident Care			
A. Dietary			19,209
B. Other			0
C. Nursing			31,933
D. Resident Care & Per Diem	27.4220	0.0000	51,142
4. Prop Exp & Per Diem	20.1142	0.0000	37,513
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,398.75		1,398.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	234,089.00		234,089.00
5. Direct Care Expense Per Diem	125.5169		
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,865		1,865
2. Additional Services	87,741		87,741
3. Additional Services Exp & Per Diem	47.0461		
D. Medicaid Per Diem Cost			
1. Operating Component	96.6912		180,329
2. Resident Care Component	199.9850		372,972
3. Property Cost Component	20.1142		37,513
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	316.7903		590,814



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028066600 - 2011/04

RI: 339.92

NM: 0.00

High Desert Court Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	85.524	209.390	294.914			
2. Inflate Line 1 by Inflation Factor 1.01934246	87.178	213.440	300.618			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	87.840	215.060	302.900			
4. Current Period Cost	96.691	199.985	296.676			
5. Incentive Basis (line 3 - line 4)	0.000	15.075		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	87.840	199.985	287.825			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	7.538	7.538	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.000	6.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.000	6.000	0.000	0.000	0.000
10. Final Incentive	0.000	6.000	6.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	87.840	205.985	293.825	0.000	0.000	0.000
12. Plus: Property Rate Component			20.114			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			313.939			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	90.742	212.789	303.531	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	90.742	212.789	303.531	0.000	0.000	0.000
19. Property Rate Component			20.114			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			323.65			0.00
23. Medicaid Days		1,865				0
24. Resident Days		1,865				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			34.26			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			48.49			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			339.92			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028067400 - 2011/04
RI:325.18 / NM:361.72

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

Provider Number: 028067400
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>322.55</u>	<u>325.18</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>357.53</u>	<u>361.72</u>	<u>04/01/2011</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028067400

Provider Name: **Frederick Avenue Group Home**
 Provider Number: 28067400
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,575	365	1,940
2. Operating Expenses Component			
A. Administration			146,290
B. Plant Operation			23,444
C. Laundry			762
D. Housekeeping			3,524
E. Operating Expense Component & Per Diem	89,701.0	89,701.0	174,020
3. Resident Care			
A. Dietary			22,016
B. Other			0
C. Nursing			10,864
D. Resident Care & Per Diem	16,948.5	16,948.5	32,880
4. Prop Exp & Per Diem	23,259.8	23,259.8	45,124
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,181.25	365.00	1,546.25
3. Staffing Percent	76.3945028	23.6054972	100.00
4. Allocation of Direct Care	185,628.71	57,358.29	242,987.00
5. Direct Care Expense Per Diem	117.8595	157.1460	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,575	365	1,940
2. Additional Services	84,948	19,681	104,629
3. Additional Services Exp & Per Diem	53.9352	53.9205	
D. Medicaid Per Diem Cost			
1. Operating Component	89,701.0	89,701.0	174,020
2. Resident Care Component	188,743.2	228,015.0	380,496
3. Property Cost Component	23,259.8	23,259.8	45,124
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	301,704.0	340,975.8	599,640



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028067400 - 2011/04

RI: 325.18

NM: 361.72

Frederick Avenue Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.595	185.485	270.080	84.595	219.070	303.665
2. Inflate Line 1 by Inflation Factor 1.01934246	86.231	189.073	275.304	86.231	223.307	309.538
3. Line 1 x 1.400 x Inflation Factor 1.02707944	86.886	190.508	277.394	86.886	225.002	311.888
4. Current Period Cost	89.701	188.743	278.444	89.701	228.015	317.716
5. Incentive Basis (line 3 - line 4)	0.000	1.765		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.886	188.743	275.629	86.886	225.002	311.888
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.882	0.882	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.662	5.662	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.882	0.882	0.000	0.000	0.000
10. Final Incentive	0.000	0.882	0.882	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	86.886	189.626	276.511	86.886	225.002	311.888
12. Plus: Property Rate Component			23.260			23.260
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			299.771			335.147
15. Prospective Rate: Line 11 x Inflation (1.03303568)	89.756	195.890	285.646	89.756	232.435	322.191
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	89.756	195.890	285.646	89.756	232.435	322.191
19. Property Rate Component			23.260			23.260
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			308.91			345.45
23. Medicaid Days		1,575			365	
24. Resident Days		1,575			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			32.70			36.57
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			46.93			50.80
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			325.18			361.72



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028069100 - 2011/04
RI:335.85 / NM:0.00

Claudia Drive Group Home
 140 Claudia Drive
 Jacksonville FL 32218

Provider Number: 028069100
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>338.67</u>	<u>335.85</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028069100

Provider Name: **Claudia Drive Group Home**
 Provider Number: 28069100
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			160,181
B. Plant Operation			34,849
C. Laundry			980
D. Housekeeping			2,250
E. Operating Expense Component & Per Diem	90.5297	0.0000	198,260
3. Resident Care			
A. Dietary			26,429
B. Other			0
C. Nursing			36,378
D. Resident Care & Per Diem	28.6790	0.0000	62,807
4. Prop Exp & Per Diem	14.7237	0.0000	32,245
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	256,668.00		256,668.00
5. Direct Care Expense Per Diem	117.2000		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	149,549		149,549
3. Additional Services Exp & Per Diem	68.2872		
D. Medicaid Per Diem Cost			
1. Operating Component	90.5297		198,260
2. Resident Care Component	214.1662		469,024
3. Property Cost Component	14.7237		32,245
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	319.4196		699,529



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028069100 - 2011/04

RI: 335.85

NM: 0.00

Claudia Drive Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.753	203.569	287.322			
2. Inflate Line 1 by Inflation Factor 1.01934246	85.373	207.507	292.880			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	86.021	209.082	295.103			
4. Current Period Cost	90.530	214.166	304.696			
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)	86.021	209.082	295.103			
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)	86.021	209.082	295.103	0.000	0.000	0.000
12. Plus: Property Rate Component			14.724			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			309.826			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	88.863	215.989	304.852	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	88.863	215.989	304.852	0.000	0.000	0.000
19. Property Rate Component			14.724			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			319.58			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			33.83			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			48.06			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			335.85			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028427100 - 2011/04
RI:239.39 / NM:308.36

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

Provider Number: 028427100
 Date: 04/25/2011
 FYE: 02/28/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.25</u>	<u>239.39</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>305.47</u>	<u>308.36</u>	<u>04/01/2011</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
Progressive Healthcare Providers
230 Fern Park Boulevard
Fern Park Fl 32730

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028427100

Provider Name: **Fern Park, LLC/PHP**
 Provider Number: 28427100
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 03/01/2009 - 02/28/2010
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,015	19,160	23,175
2. Operating Expenses Component			
A. Administration			900,323
B. Plant Operation			303,529
C. Laundry			43,193
D. Housekeeping			105,430
E. Operating Expense Component & Per Diem	58.3592	58.3592	1,352,475
3. Resident Care			
A. Dietary			339,086
B. Other			0
C. Nursing			914,945
D. Resident Care & Per Diem	54.1114	54.1114	1,254,031
4. Prop Exp & Per Diem	25.8271	25.8271	598,542
5. ROE/Use Per Diem	0.9900	0.9900	22,944
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,007.50	19,160.00	21,167.50
3. Staffing Percent	9.4838786	90.5161214	100.00
4. Allocation of Direct Care	262,361.73	2,504,035.27	2,766,397.00
5. Direct Care Expense Per Diem	65.3454	130.6908	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,015	19,160	23,175
2. Additional Services	32,299	154,136	186,435
3. Additional Services Exp & Per Diem	8.0446	8.0447	
D. Medicaid Per Diem Cost			
1. Operating Component	58.3592	58.3592	1,352,475
2. Resident Care Component	127.5013	192.8468	4,206,863
3. Property Cost Component	25.8271	25.8271	598,542
4. ROE/Use Allow Component	0.9900	0.9900	22,944
5 Total Cost Per Diem	212.6777	278.0231	6,180,824



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028427100 - 2011/04
RI: 239.39
NM: 308.36

Fern Park, LLC/PHP

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	03/01/2009	02/28/2010	Unaudited [3]	201004
Prior Cost Report	03/01/2008	02/28/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	59.202	126.941	186.143	59.202	192.303	251.505
2. Inflate Line 1 by Inflation Factor 1.02114009	60.454	129.625	190.078	60.454	196.368	256.822
3. Line 1 x 1.400 x Inflation Factor 1.02959613	60.954	130.698	191.653	60.954	197.994	258.949
4. Current Period Cost	58.359	127.501	185.861	58.359	192.847	251.206
5. Incentive Basis (line 3 - line 4)	2.595	3.197		2.595	5.147	
6. Allowed Current Period Costs (Min of line 3 or 4)	58.359	127.501	185.861	58.359	192.847	251.206
7. Incentive Line 5 x Oper 50% Res 50%	1.298	1.598	2.896	1.298	2.574	3.871
8. Incentive - Line 4 x Oper 10% Res 3%	5.836	3.825	9.661	5.836	5.785	11.621
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.298	1.598	2.896	1.298	2.574	3.871
10. Final Incentive	1.298	1.598	2.896	1.298	2.574	3.871
11. Current Period Base: (line 6 + line 10)	59.657	129.100	188.757	59.657	195.421	255.077
12. Plus: Property Rate Component			25.827			25.827
13. Plus: ROE/Use Rate			0.990			0.990
14. Total Current Period Base			215.574			281.894
15. Prospective Rate: Line 11 x Inflation (1.03997061)	62.041	134.260	196.301	62.041	203.232	265.273
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.041	134.260	196.301	62.041	203.232	265.273
19. Property Rate Component			25.827			25.827
20. ROE Component + ROE Interim Component			0.990			0.990
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			223.12			292.09
23. Medicaid Days		4,015			19,160	
24. Resident Days		4,015			19,160	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			23.62			30.92
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			37.85			45.15
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			239.39			308.36



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028500500 - 2011/04

RI:198.92 / NM:0.00

SUNRISE #2 NARANJA

15190 S.W. 272 Street
 Miami FL 33032

Provider Number: 028500500

Date: 04/25/2011

FYE: 06/30/2010

Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>195.13</u>	<u>198.92</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028500500

Provider Name: **SUNRISE #2 NARANJA**
 Provider Number: 28500500
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,367	0	4,367
2. Operating Expenses Component			
A. Administration			105,414
B. Plant Operation			64,821
C. Laundry			3,380
D. Housekeeping			4,795
E. Operating Expense Component & Per Diem	40.8541	0.0000	178,410
3. Resident Care			
A. Dietary			40,153
B. Other			84,522
C. Nursing			19,055
D. Resident Care & Per Diem	32.9128	0.0000	143,730
4. Prop Exp & Per Diem	9.3918	0.0000	41,014
5. ROE/Use Per Diem	1.2583	0.0000	5,495
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,183.50		2,183.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	419,778.00		419,778.00
5. Direct Care Expense Per Diem	96.1250		
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,367		4,367
2. Additional Services	19,737		19,737
3. Additional Services Exp & Per Diem	4.5196		
D. Medicaid Per Diem Cost			
1. Operating Component	40.8541		178,410
2. Resident Care Component	133.5574		583,245
3. Property Cost Component	9.3918		41,014
4. ROE/Use Allow Component	1.2583		5,495
5 Total Cost Per Diem	185.0616		808,164



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028500500 - 2011/04

RI: 198.92

NM: 0.00

SUNRISE #2 NARANJA

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.211	122.111	162.322			
2. Inflate Line 1 by Inflation Factor 1.01934246	40.989	124.473	165.462			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	41.300	125.418	166.718			
4. Current Period Cost	40.854	133.557	174.411			
5. Incentive Basis (line 3 - line 4)	0.446	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.854	125.418	166.272			
7. Incentive Line 5 x Oper 50% Res 50%	0.223	0.000	0.223	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.085	0.000	4.085	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.223	0.000	0.223	0.000	0.000	0.000
10. Final Incentive	0.223	0.000	0.223	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.077	125.418	166.495	0.000	0.000	0.000
12. Plus: Property Rate Component			9.392			0.000
13. Plus: ROE/Use Rate			1.258			0.000
14. Total Current Period Base			177.145			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	42.434	129.561	171.995	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.434	129.561	171.995	0.000	0.000	0.000
19. Property Rate Component			9.392			0.000
20. ROE Component + ROE Interim Component			1.258			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			182.65			0.00
23. Medicaid Days		4,367				0
24. Resident Days		4,367				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			19.33			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			33.56			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			198.92			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028501300 - 2011/04
RI:275.94 / NM:348.00

SUNRISE MAIN FACILITY
 22300 SW 162nd Avenue
 Miami FL 33170

Provider Number: 028501300
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>273.71</u>	<u>275.94</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>344.46</u>	<u>348.00</u>	<u>04/01/2011</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028501300

Provider Name: **SUNRISE MAIN FACILITY**
 Provider Number: 28501300
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	27,364	15,891	43,255
2. Operating Expenses Component			
A. Administration			1,374,804
B. Plant Operation			1,083,914
C. Laundry			26,064
D. Housekeeping			146,063
E. Operating Expense Component & Per Diem	60.8218	60.8218	2,630,845
3. Resident Care			
A. Dietary			1,397,745
B. Other			1,178,705
C. Nursing			1,687,865
D. Resident Care & Per Diem	98.5855	98.5855	4,264,315
4. Prop Exp & Per Diem	9.5282	9.5282	412,142
5. ROE/Use Per Diem	0.2051	0.2051	8,873
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	13,682.00	15,891.00	29,573.00
3. Staffing Percent	46.2651743	53.7348257	100.00
4. Allocation of Direct Care	1,908,741.01	2,216,912.99	4,125,654.00
5. Direct Care Expense Per Diem	69.7537	139.5075	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	27,364	15,891	43,255
2. Additional Services	309,910	179,975	489,885
3. Additional Services Exp & Per Diem	11.3255	11.3256	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	60.8218	60.8218	2,630,845
2. Resident Care Component	179.6647	249.4185	8,879,854
3. Property Cost Component	9.5282	9.5282	412,142
4. ROE/Use Allow Component	0.2051	0.2051	8,873
5 Total Cost Per Diem	250.2198	319.9736	11,931,714



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028501300 - 2011/04

RI: 275.94

NM: 348.00

SUNRISE MAIN FACILITY

Ownership: Private[3]

Incentive Rating: Ineligible[1] from 04/22/2010 - 06/02/2010 Days Eligible: 142 of 183

Eligibility factor :77.60%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	58.813	179.618	238.431	58.813	247.555	306.368
2. Inflate Line 1 by Inflation Factor 1.01934246	59.951	183.092	243.042	59.951	252.343	312.294
3. Line 1 x 1.400 x Inflation Factor 1.02707944	60.406	184.482	244.887	60.406	254.258	314.664
4. Current Period Cost	60.822	179.665	240.486	60.822	249.419	310.240
5. Incentive Basis (line 3 - line 4)	0.000	4.817		0.000	4.840	
6. Allowed Current Period Costs (Min of line 3 or 4)	60.406	179.665	240.070	60.406	249.419	309.824
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.408	2.408	0.000	2.420	2.420
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.390	5.390	0.000	7.483	7.483
9. Incentive - Min of Line 7,8 x Eligibility factor 77.60%	0.000	1.869	1.869	0.000	1.878	1.878
10. Final Incentive	0.000	1.869	1.869	0.000	1.878	1.878
11. Current Period Base: (line 6 + line 10)	60.406	181.534	241.939	60.406	251.296	311.702
12. Plus: Property Rate Component			9.528			9.528
13. Plus: ROE/Use Rate			0.205			0.205
14. Total Current Period Base			251.672			321.435
15. Prospective Rate: Line 11 x Inflation (1.03303568)	62.401	187.531	249.932	62.401	259.598	321.999
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.401	187.531	249.932	62.401	259.598	321.999
19. Property Rate Component			9.528			9.528
20. ROE Component + ROE Interim Component			0.205			0.205
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			259.67			331.73
23. Medicaid Days		27,364			15,891	
24. Resident Days		27,364			15,891	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			27.49			35.11
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			41.72			49.34
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			275.94			348.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028505600 - 2011/04
RI:274.48 / NM:412.59

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

Provider Number: 028505600
 Date: 04/25/2011
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>272.97</u>	<u>274.48</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>404.15</u>	<u>412.59</u>	<u>04/01/2011</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028505600

Provider Name: **PARC COTTAGE**
 Provider Number: 28505600
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 Days In Reporting Period: 365
 Number of Beds: 16

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,544	2,190	5,734
2. Operating Expenses Component			
A. Administration			308,102
B. Plant Operation			51,145
C. Laundry			8,266
D. Housekeeping			8,898
E. Operating Expense Component & Per Diem	65.6454	65.6454	376,411
3. Resident Care			
A. Dietary			72,223
B. Other			0
C. Nursing			51,815
D. Resident Care & Per Diem	21.6320	21.6320	124,038
4. Prop Exp & Per Diem	8.0640	8.0640	46,239
5. ROE/Use Per Diem	1.5403	1.5403	8,832
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,772.00	2,190.00	3,962.00
3. Staffing Percent	44.7248864	55.2751136	100.00
4. Allocation of Direct Care	509,399.91	629,563.09	1,138,963.00
5. Direct Care Expense Per Diem	143.7359	287.4717	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,544	2,190	5,734
2. Additional Services	29,289	18,098	47,387
3. Additional Services Exp & Per Diem	8.2644	8.2639	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	65.6454	65.6454	376,411
2. Resident Care Component	173.6323	317.3677	1,310,388
3. Property Cost Component	8.0640	8.0640	46,239
4. ROE/Use Allow Component	1.5403	1.5403	8,832
5 Total Cost Per Diem	248.8820	392.6174	1,741,870



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028505600 - 2011/04

RI: 274.48

NM: 412.59

PARC COTTAGE

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	62.206	177.397	239.604	62.206	303.960	366.166
2. Inflate Line 1 by Inflation Factor 1.01969950	63.432	180.892	244.324	63.432	309.948	373.380
3. Line 1 x 1.400 x Inflation Factor 1.02757930	63.922	182.290	246.212	63.922	312.343	376.265
4. Current Period Cost	65.645	173.632	239.278	65.645	317.368	383.013
5. Incentive Basis (line 3 - line 4)	0.000	8.658		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	63.922	173.632	237.554	63.922	312.343	376.265
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.329	4.329	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.209	5.209	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.329	4.329	0.000	0.000	0.000
10. Final Incentive	0.000	4.329	4.329	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	63.922	177.961	241.883	63.922	312.343	376.265
12. Plus: Property Rate Component			8.064			8.064
13. Plus: ROE/Use Rate			1.540			1.540
14. Total Current Period Base			251.487			385.869
15. Prospective Rate: Line 11 x Inflation (1.02777967)	65.698	182.905	248.603	65.698	321.020	386.717
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	65.698	182.905	248.603	65.698	321.020	386.717
19. Property Rate Component			8.064			8.064
20. ROE Component + ROE Interim Component			1.540			1.540
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			258.21			396.32
23. Medicaid Days		3,544			2,190	
24. Resident Days		3,544			2,190	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			27.33			41.95
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			41.56			56.18
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			274.48			412.59



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028512900 - 2011/04
RI:242.85 / NM:0.00

MACTOWN INC
 6250 N.E. First Place
 Miami FL 33138

Provider Number: 028512900
 Date: 04/25/2011
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>240.35</u>	<u>242.85</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028512900

Provider Name: **MACTOWN INC**
 Provider Number: 28512900
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 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	20,168	0	20,168
2. Operating Expenses Component			
A. Administration			537,140
B. Plant Operation			95,871
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	31.3869	0.0000	633,011
3. Resident Care			
A. Dietary			0
B. Other			0
C. Nursing			0
D. Resident Care & Per Diem	0.0000	0.0000	0
4. Prop Exp & Per Diem	8.3522	0.0000	168,447
5. ROE/Use Per Diem	0.4870	0.0000	9,821
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,084.00		10,084.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,726,016.00		3,726,016.00
5. Direct Care Expense Per Diem	184.7489		
C. Additional Services Expense			
1. Medicaid Inpatient Days	20,168		20,168
2. Additional Services	0		0
3. Additional Services Exp & Per Diem			
D. Medicaid Per Diem Cost			
1. Operating Component	31.3869		633,011
2. Resident Care Component	184.7489		3,726,016
3. Property Cost Component	8.3522		168,447
4. ROE/Use Allow Component	0.4870		9,821
5 Total Cost Per Diem	224.9750		4,537,295



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028512900 - 2011/04

RI: 242.85

NM: 0.00

MACTOWN INC

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	32.660	174.563	207.223			
2. Inflate Line 1 by Inflation Factor 1.01969950	33.303	178.002	211.305			
3. Line 1 x 1.400 x Inflation Factor 1.02757930	33.561	179.377	212.938			
4. Current Period Cost	31.387	184.749	216.136			
5. Incentive Basis (line 3 - line 4)	2.174	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	31.387	179.377	210.764			
7. Incentive Line 5 x Oper 50% Res 50%	1.087	0.000	1.087	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.139	0.000	3.139	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.087	0.000	1.087	0.000	0.000	0.000
10. Final Incentive	1.087	0.000	1.087	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	32.474	179.377	211.851	0.000	0.000	0.000
12. Plus: Property Rate Component			8.352			0.000
13. Plus: ROE/Use Rate			0.487			0.000
14. Total Current Period Base			220.690			0.000
15. Prospective Rate: Line 11 x Inflation (1.02777967)	33.376	184.360	217.736	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	33.376	184.360	217.736	0.000	0.000	0.000
19. Property Rate Component			8.352			0.000
20. ROE Component + ROE Interim Component			0.487			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			226.58			0.00
23. Medicaid Days		20,168			0	
24. Resident Days		20,168			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			23.98			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			38.21			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			242.85			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028513700 - 2011/04

RI:260.85 / NM:308.73

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

Provider Number: 028513700
 Date: 04/25/2011
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>254.97</u>	<u>260.85</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>301.96</u>	<u>308.73</u>	<u>04/01/2011</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028513700

Provider Name: **New Horizons of NW Florida, Inc.**
 Provider Number: 28513700
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 Days In Reporting Period: 365
 Number of Beds: 30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	9,125	10,950
2. Operating Expenses Component			
A. Administration			719,650
B. Plant Operation			191,216
C. Laundry			35,237
D. Housekeeping			64,188
E. Operating Expense Component & Per Diem	92.2640	92.2640	1,010,291
3. Resident Care			
A. Dietary			277,775
B. Other			57,613
C. Nursing			449,267
D. Resident Care & Per Diem	71.6580	71.6580	784,655
4. Prop Exp & Per Diem	4.1032	4.1032	44,930
5. ROE/Use Per Diem	2.4370	2.4370	26,685
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	912.50	9,125.00	10,037.50
3. Staffing Percent	9.0909091	90.9090909	100.00
4. Allocation of Direct Care	102,543.82	1,025,438.18	1,127,982.00
5. Direct Care Expense Per Diem	56.1884	112.3768	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	9,125	10,950
2. Additional Services	62,852	184,915	247,767
3. Additional Services Exp & Per Diem	34.4395	20.2647	
D. Medicaid Per Diem Cost			
1. Operating Component	92.2640	92.2640	1,010,291
2. Resident Care Component	162.2858	204.2994	2,160,404
3. Property Cost Component	4.1032	4.1032	44,930
4. ROE/Use Allow Component	2.4370	2.4370	26,685
5 Total Cost Per Diem	261.0900	303.1036	3,242,310



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028513700 - 2011/04

RI: 260.85

NM: 308.73

New Horizons of NW Florida, Inc.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.472	152.920	225.392	72.472	198.253	270.726
2. Inflate Line 1 by Inflation Factor 1.01969950	73.900	155.932	229.832	73.900	202.159	276.059
3. Line 1 x 1.400 x Inflation Factor 1.02757930	74.471	157.137	231.608	74.471	203.721	278.192
4. Current Period Cost	92.264	162.286	254.550	92.264	204.299	296.563
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)	74.471	157.137	231.608	74.471	203.721	278.192
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)	74.471	157.137	231.608	74.471	203.721	278.192
12. Plus: Property Rate Component			4.103			4.103
13. Plus: ROE/Use Rate			2.437			2.437
14. Total Current Period Base			238.148			284.732
15. Prospective Rate: Line 11 x Inflation (1.02777967)	76.540	161.502	238.042	76.540	209.380	285.920
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.540	161.502	238.042	76.540	209.380	285.920
19. Property Rate Component			4.103			4.103
20. ROE Component + ROE Interim Component			2.437			2.437
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			244.58			292.46
23. Medicaid Days		1,825			9,125	
24. Resident Days		1,825			9,125	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			25.89			30.96
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			40.12			45.19
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			260.85			308.73



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028519600 - 2011/04
RI:315.40 / NM:0.00

BARC HOUSING INC
 2750 SW 75th Avenue
 Davie FL 33314

Provider Number: 028519600
 Date: 04/25/2011
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>319.51</u>	<u>315.40</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

X Interim
 _____ Total Interim
 _____ Interim Component
X Settlement Based on Costs

X Prospective
 _____ Total Prospective
 _____ Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028519600

Provider Name: **BARC HOUSING INC**
 Provider Number: 28519600
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 Days In Reporting Period: 365
 Number of Beds: 36

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	12,717	0	12,717
2. Operating Expenses Component			
A. Administration			894,274
B. Plant Operation			114,032
C. Laundry			3,686
D. Housekeeping			59,389
E. Operating Expense Component & Per Diem	84,2479	0.0000	1,071,381
3. Resident Care			
A. Dietary			251,673
B. Other			478,856
C. Nursing			220,849
D. Resident Care & Per Diem	74,8115	0.0000	951,378
4. Prop Exp & Per Diem	17,1713	0.0000	218,368
5. ROE/Use Per Diem	0,5014	0.0000	6,376
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,358.50		6,358.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	1,248,805.00		1,248,805.00
5. Direct Care Expense Per Diem	98.1997		
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,717		12,717
2. Additional Services	110,381		110,381
3. Additional Services Exp & Per Diem	8,6798		
D. Medicaid Per Diem Cost			
1. Operating Component	84,2479		1,071,381
2. Resident Care Component	181,6910		2,310,564
3. Property Cost Component	17,1713		218,368
4. ROE/Use Allow Component	0,5014		6,376
5 Total Cost Per Diem	283.6116		3,606,689



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028519600 - 2011/04

RI: 315.40

NM: 0.00

BARC HOUSING INC

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	85.435	182.082	267.517			
2. Inflate Line 1 by Inflation Factor 1.01969950 *	88.713	189.045	277.758			
3. Line 1 x 1.400 x Inflation Factor 1.02757930 *	89.386	190.480	279.866			
4. Current Period Cost	84.780	182.816	267.596			
5. Incentive Basis (line 3 - line 4)	4.606	7.664		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	84.780	182.816	267.596			
7. Incentive Line 5 x Oper 50% Res 50%	2.303	3.832	6.135	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.478	5.484	13.962	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.303	3.832	6.135	0.000	0.000	0.000
10. Final Incentive	2.303	3.832	6.135	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	87.083	186.648	273.731	0.000	0.000	0.000
12. Plus: Property Rate Component			17.171			0.000
13. Plus: ROE/Use Rate			0.501			0.000
14. Total Current Period Base			291.404			0.000
15. Prospective Rate: Line 11 x Inflation (1.02777967)	89.502	191.833	281.335	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	89.502	191.833	281.335	0.000	0.000	0.000
19. Property Rate Component			17.171			0.000
20. ROE Component + ROE Interim Component			0.501			0.000
21. Plus :Property Interim Rate Component *			0.126			0.000
22. Final Per Diem			299.13			0.00
23. Medicaid Days		12,717				0
24. Resident Days		12,717				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			31.66			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			45.89			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			315.40			0.00

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

BARC HOUSING INC/Provider #0285196-00
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #218 - Effective 2/1/2010
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 9/30/2009	Allowable Prior Period FYE 9/30/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	84.223	84.223	100.000%	0.325
Resident Care	180.751	178.973	99.016%	0.000
Total	264.974	263.196		0.325
N-A/Medical				
Operating	0.000	0.000	0.000%	0.0000
Resident Care	0.000	0.000	0.000%	0.0000
Total	0.000	0.000		0.0000
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.0196995 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.0275793 IRR @ 4/1/2011 (Col. 9)
Operating	85.4350	1.595	88.713	89.386
Resident Care	182.0820	3.376	189.045	190.480
Total	267.517	4.971	277.758	279.866
N-A/Medical				
Operating	0.0000	0.000	0.000	0.000
Resident Care	0.0000	0.000	0.000	0.000
Total	0.000	0.000	0.000	0.000

BARC Housing Inc Provider #0285196-00 Cost Settlement - IRR #218 Effective - 2/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 4/1/2011 RS					
Calculation of L4	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	84.248	181.691	265.939	0.000	0.000	0.000
B. Cost Settlement for IRR Effective 2/1/2010	1.595	3.376	4.971	0.000	0.000	0.000
C. Prorated CS IRR eff 2/1/2010 - 4/12 of IRR comp.	0.532	1.125	1.657	0.000	0.000	0.000
D. Grossed Up Current Period (Line A plus Line C)	84.780	182.816	267.596	0.000	0.000	0.000

PROPERTY COMPONENT	
Calculation of L21 - 4/12 of IRR comp.	
Property Interim Rate Component	0.378
Grossed Up Property Interim Rate Component	0.126



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028520000 - 2011/04
RI:219.70 / NM:295.10

PENSACOLA DEV CTR
 One Villa Drive
 Pensacola FL 32506

Provider Number: 028520000
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	218.82	219.70	04/01/2011
#8 Non-Ambulatory & #9 Medical	294.14	295.10	04/01/2011

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
 Collierville TN 38017

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028520000

Provider Name: **PENSACOLA DEV CTR**
 Provider Number: 28520000
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	9,542	13,281	22,823
2. Operating Expenses Component			
A. Administration			543,791
B. Plant Operation			368,185
C. Laundry			8,694
D. Housekeeping			175,673
E. Operating Expense Component & Per Diem	48.0368	48.0368	1,096,343
3. Resident Care			
A. Dietary			341,538
B. Other			0
C. Nursing			582,143
D. Resident Care & Per Diem	40.4715	40.4715	923,681
4. Prop Exp & Per Diem	24.0738	24.0738	549,437
5. ROE/Use Per Diem	2.1869	2.1869	49,912
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	4,771.00	13,281.00	18,052.00
3. Staffing Percent	26.4292045	73.5707955	100.00
4. Allocation of Direct Care	682,883.60	1,900,938.40	2,583,822.00
5. Direct Care Expense Per Diem	71.5661	143.1322	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	9,542	13,281	22,823
2. Additional Services	87,779	122,174	209,953
3. Additional Services Exp & Per Diem	9.1992	9.1992	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	48.0368	48.0368	1,096,343
2. Resident Care Component	121.2368	192.8028	3,717,456
3. Property Cost Component	24.0738	24.0738	549,437
4. ROE/Use Allow Component	2.1869	2.1869	49,912
5 Total Cost Per Diem	195.5343	267.1003	5,413,148



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Calculation Sheet
Rates Effective 04/01/2011 through 09/30/2011

028520000 - 2011/04
RI: 219.70
NM: 295.10

PENSACOLA DEV CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	46.561	122.192	168.752	46.561	194.385	240.945
2. Inflate Line 1 by Inflation Factor 1.01955169	47.471	124.581	172.052	47.471	198.185	245.656
3. Line 1 x 1.400 x Inflation Factor 1.02737237	47.835	125.537	173.372	47.835	199.706	247.541
4. Current Period Cost	48.037	121.237	169.274	48.037	192.803	240.840
5. Incentive Basis (line 3 - line 4)	0.000	4.300		0.000	6.903	
6. Allowed Current Period Costs (Min of line 3 or 4)	47.835	121.237	169.072	47.835	192.803	240.638
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.150	2.150	0.000	3.451	3.451
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.637	3.637	0.000	5.784	5.784
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.150	2.150	0.000	3.451	3.451
10. Final Incentive	0.000	2.150	2.150	0.000	3.451	3.451
11. Current Period Base: (line 6 + line 10)	47.835	123.387	171.222	47.835	196.254	244.089
12. Plus: Property Rate Component			24.074			24.074
13. Plus: ROE/Use Rate			2.187			2.187
14. Total Current Period Base			197.482			270.350
15. Prospective Rate: Line 11 x Inflation (1.03474680)	49.497	127.674	177.171	49.497	203.073	252.571
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	49.497	127.674	177.171	49.497	203.073	252.571
19. Property Rate Component			24.074			24.074
20. ROE Component + ROE Interim Component			2.187			2.187
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			203.43			278.83
23. Medicaid Days		9,542			13,281	
24. Resident Days		9,542			13,281	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			21.53			29.51
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			35.76			43.74
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			219.70			295.10



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028521800 - 2011/04
RI:313.63 / NM:396.59

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

Provider Number: 028521800
 Date: 04/25/2011
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>316.07</u>	<u>313.63</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>397.45</u>	<u>396.59</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1790 S.W. 43RD WAY
FT. LAUDERDALE FL 33317

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028521800

Provider Name: **ANN STORCK CENTER**
 Provider Number: 28521800
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	365	17,032	17,397
2. Operating Expenses Component			
A. Administration			465,463
B. Plant Operation			585,241
C. Laundry			63,587
D. Housekeeping			145,587
E. Operating Expense Component & Per Diem	72.4193	72.4193	1,259,878
3. Resident Care			
A. Dietary			363,120
B. Other			0
C. Nursing			983,600
D. Resident Care & Per Diem	77.4110	77.4110	1,346,720
4. Prop Exp & Per Diem	15.0191	15.0191	261,287
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	182.50	17,032.00	17,214.50
3. Staffing Percent	1.0601528	98.9398472	100.00
4. Allocation of Direct Care	29,474.39	2,750,727.61	2,780,202.00
5. Direct Care Expense Per Diem	80.7517	161.5035	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	365	17,032	17,397
2. Additional Services	14,368	670,438	684,806
3. Additional Services Exp & Per Diem	39.3644	39.3634	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	72.4193	72.4193	1,259,878
2. Resident Care Component	197.5272	278.2780	4,811,728
3. Property Cost Component	15.0191	15.0191	261,287
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	284.9655	365.7163	6,332,893



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028521800 - 2011/04
RI: 313.63
NM: 396.59

ANN STORCK CENTER

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 08/11/2010 - 08/30/2010 Days Eligible: 164 of 183

Eligibility factor :89.62%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.621	201.418	273.038	71.621	279.932	351.553
2. Inflate Line 1 by Inflation Factor 1.01969950	73.032	205.386	278.417	73.032	285.447	358.479
3. Line 1 x 1.400 x Inflation Factor 1.02757930	73.596	206.973	280.569	73.596	287.653	361.249
4. Current Period Cost	72.419	197.527	269.946	72.419	278.278	350.697
5. Incentive Basis (line 3 - line 4)	1.177	9.445		1.177	9.375	
6. Allowed Current Period Costs (Min of line 3 or 4)	72.419	197.527	269.946	72.419	278.278	350.697
7. Incentive Line 5 x Oper 50% Res 50%	0.588	4.723	5.311	0.588	4.687	5.276
8. Incentive - Line 4 x Oper 10% Res 3%	7.242	5.926	13.168	7.242	8.348	15.590
9. Incentive - Min of Line 7,8 x Eligibility factor 89.62%	0.527	4.232	4.760	0.527	4.201	4.728
10. Final Incentive	0.527	4.232	4.760	0.527	4.201	4.728
11. Current Period Base: (line 6 + line 10)	72.947	201.760	274.706	72.947	282.479	355.425
12. Plus: Property Rate Component			15.019			15.019
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			289.725			370.444
15. Prospective Rate: Line 11 x Inflation (1.02777967)	74.973	207.364	282.337	74.973	290.326	365.299
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.973	207.364	282.337	74.973	290.326	365.299
19. Property Rate Component			15.019			15.019
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			297.36			380.32
23. Medicaid Days			365			17,032
24. Resident Days			365			17,032
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj (10.58510%)			31.48			40.26
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			45.71			54.49
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			313.63			396.59



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028522600 - 2011/04
RI:234.19 / NM:306.61

TALLAHASSEE DEVELOPMENTAL
 455 Appleyard Drive
 Tallahassee FL 32304

Provider Number: 028522600
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	232.10	234.19	04/01/2011
#8 Non-Ambulatory & #9 Medical	303.70	306.61	04/01/2011

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 X Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
 Collierville TN 38017

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028522600

Provider Name: **TALLAHASSEE DEVELOPMENTAL**
 Provider Number: 28522600
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,878	19,304	22,182
2. Operating Expenses Component			
A. Administration			649,686
B. Plant Operation			347,498
C. Laundry			8,941
D. Housekeeping			131,584
E. Operating Expense Component & Per Diem	51.2897	51.2897	1,137,709
3. Resident Care			
A. Dietary			423,974
B. Other			0
C. Nursing			729,234
D. Resident Care & Per Diem	51.9885	51.9885	1,153,208
4. Prop Exp & Per Diem	25.1820	25.1820	558,587
5. ROE/Use Per Diem	2.4699	2.4699	54,788
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,439.00	19,304.00	20,743.00
3. Staffing Percent	6.9372800	93.0627200	100.00
4. Allocation of Direct Care	203,913.30	2,735,470.70	2,939,384.00
5. Direct Care Expense Per Diem	70.8524	141.7049	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,878	19,304	22,182
2. Additional Services	27,290	183,042	210,332
3. Additional Services Exp & Per Diem	9.4823	9.4821	
D. Medicaid Per Diem Cost			
1. Operating Component	51.2897	51.2897	1,137,709
2. Resident Care Component	132.3232	203.1754	4,302,924
3. Property Cost Component	25.1820	25.1820	558,587
4. ROE/Use Allow Component	2.4699	2.4699	54,788
5 Total Cost Per Diem	211.2648	282.1171	6,054,008



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028522600 - 2011/04

RI: 234.19

NM: 306.61

TALLAHASSEE DEVELOPMENTAL

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	50.187	129.061	179.248	50.187	197.047	247.234
2. Inflate Line 1 by Inflation Factor 1.01955169	51.168	131.584	182.753	51.168	200.900	252.068
3. Line 1 x 1.400 x Inflation Factor 1.02737237	51.561	132.594	184.154	51.561	202.441	254.001
4. Current Period Cost	51.290	132.323	183.613	51.290	203.175	254.465
5. Incentive Basis (line 3 - line 4)	0.271	0.270		0.271	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	51.290	132.323	183.613	51.290	202.441	253.730
7. Incentive Line 5 x Oper 50% Res 50%	0.136	0.135	0.271	0.136	0.000	0.136
8. Incentive - Line 4 x Oper 10% Res 3%	5.129	3.970	9.099	5.129	0.000	5.129
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.136	0.135	0.271	0.136	0.000	0.136
10. Final Incentive	0.136	0.135	0.271	0.136	0.000	0.136
11. Current Period Base: (line 6 + line 10)	51.425	132.458	183.884	51.425	202.441	253.866
12. Plus: Property Rate Component			25.182			25.182
13. Plus: ROE/Use Rate			2.470			2.470
14. Total Current Period Base			211.536			281.518
15. Prospective Rate: Line 11 x Inflation (1.03474680)	53.212	137.061	190.273	53.212	209.475	262.687
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	53.212	137.061	190.273	53.212	209.475	262.687
19. Property Rate Component			25.182			25.182
20. ROE Component + ROE Interim Component			2.470			2.470
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			217.92			290.34
23. Medicaid Days		2,878			19,304	
24. Resident Days		2,878			19,304	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			23.07			30.73
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			37.30			44.96
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			234.19			306.61



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028524200 - 2011/04
RI:228.61 / NM:315.11

FT WALTON BCH DEVELOP CTR

113 Barks Drive
 Ft. Walton Beach FL 32547

Provider Number: 028524200
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>227.32</u>	<u>228.61</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>312.86</u>	<u>315.11</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
 Collierville TN 38017

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 10/2010 to 04/2011

028524200

Provider Name: **FT WALTON BCH DEVELOP CTR**
 Provider Number: 28524200
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	15,096	7,485	22,581
2. Operating Expenses Component			
A. Administration			627,208
B. Plant Operation			322,171
C. Laundry			1,598
D. Housekeeping			157,294
E. Operating Expense Component & Per Diem	49,0798	49,0798	1,108,271
3. Resident Care			
A. Dietary			306,274
B. Other			0
C. Nursing			540,387
D. Resident Care & Per Diem	37,4944	37,4944	846,661
4. Prop Exp & Per Diem	23,4913	23,4913	530,458
5. ROE/Use Per Diem	2,3370	2,3370	52,771
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	7,548.00	7,485.00	15,033.00
3. Staffing Percent	50.2095390	49.7904610	100.00
4. Allocation of Direct Care	1,354,023.23	1,342,721.77	2,696,745.00
5. Direct Care Expense Per Diem	89.6942	179.3883	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	15,096	7,485	22,581
2. Additional Services	106,480	52,797	159,277
3. Additional Services Exp & Per Diem	7.0535	7.0537	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	49,0798	49,0798	1,108,271
2. Resident Care Component	134,2421	223,9365	3,702,683
3. Property Cost Component	23,4913	23,4913	530,458
4. ROE/Use Allow Component	2,3370	2,3370	52,771
5 Total Cost Per Diem	209.1502	298.8446	5,394,183



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028524200 - 2011/04
RI: 228.61
NM: 315.11

FT WALTON BCH DEVELOP CTR

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	46.508	128.936	175.444	46.508	210.304	256.812
2. Inflate Line 1 by Inflation Factor 1.01955169	47.417	131.457	178.874	47.417	214.416	261.833
3. Line 1 x 1.400 x Inflation Factor 1.02737237	47.781	132.465	180.246	47.781	216.061	263.842
4. Current Period Cost	49.080	134.242	183.322	49.080	223.936	273.016
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	47.781	132.465	180.246	47.781	216.061	263.842
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	47.781	132.465	180.246	47.781	216.061	263.842
12. Plus: Property Rate Component			23.491			23.491
13. Plus: ROE/Use Rate			2.337			2.337
14. Total Current Period Base			206.074			289.670
15. Prospective Rate: Line 11 x Inflation (1.03474680)	49.441	137.068	186.509	49.441	223.568	273.009
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	49.441	137.068	186.509	49.441	223.568	273.009
19. Property Rate Component			23.491			23.491
20. ROE Component + ROE Interim Component			2.337			2.337
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			212.34			298.84
23. Medicaid Days		15,096			7,485	
24. Resident Days		15,096			7,485	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			22.48			31.63
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			36.71			45.86
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			228.61			315.11



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028526900 - 2011/04
RI:222.91 / NM:291.62

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

Provider Number: 028526900
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>220.96</u>	<u>222.91</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>288.91</u>	<u>291.62</u>	<u>04/01/2011</u>

Rate Type:


 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive
Collierville TN 38017

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028526900

Provider Name: **PANAMA CITY DEV CTR**
 Provider Number: 28526900
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	21,358	21,358
2. Operating Expenses Component			
A. Administration			570,490
B. Plant Operation			320,538
C. Laundry			5,235
D. Housekeeping			178,897
E. Operating Expense Component & Per Diem	50.3399	50.3399	1,075,160
3. Resident Care			
A. Dietary			379,730
B. Other			0
C. Nursing			602,391
D. Resident Care & Per Diem	45.9838	45.9838	982,121
4. Prop Exp & Per Diem	26.9953	26.9953	576,565
5. ROE/Use Per Diem	2.3625	2.3625	50,458
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	21,358.00	21,358.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	2,810,726.00	2,810,726.00
5. Direct Care Expense Per Diem	65.8003	131.6006	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	21,358	21,358
2. Additional Services	0	138,586	138,586
3. Additional Services Exp & Per Diem	6.4887	6.4887	
D. Medicaid Per Diem Cost			
1. Operating Component	50.3399	50.3399	1,075,160
2. Resident Care Component	118.2728	184.0731	3,931,433
3. Property Cost Component	26.9953	26.9953	576,565
4. ROE/Use Allow Component	2.3625	2.3625	50,458
5 Total Cost Per Diem	197.9705	263.7708	5,633,616



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028526900 - 2011/04

RI: 222.91

NM: 291.62

PANAMA CITY DEV CTR

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	50.997	118.409	169.406	50.997	183.626	234.623
2. Inflate Line 1 by Inflation Factor 1.01955169	51.994	120.724	172.718	51.994	187.216	239.210
3. Line 1 x 1.400 x Inflation Factor 1.02737237	52.393	121.650	174.043	52.393	188.653	241.045
4. Current Period Cost	50.340	118.273	168.613	50.340	184.073	234.413
5. Incentive Basis (line 3 - line 4)	2.053	3.377		2.053	4.579	
6. Allowed Current Period Costs (Min of line 3 or 4)	50.340	118.273	168.613	50.340	184.073	234.413
7. Incentive Line 5 x Oper 50% Res 50%	1.026	1.689	2.715	1.026	2.290	3.316
8. Incentive - Line 4 x Oper 10% Res 3%	5.034	3.548	8.582	5.034	5.522	10.556
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.026	1.689	2.715	1.026	2.290	3.316
10. Final Incentive	1.026	1.689	2.715	1.026	2.290	3.316
11. Current Period Base: (line 6 + line 10)	51.366	119.962	171.328	51.366	186.363	237.729
12. Plus: Property Rate Component			26.995			26.995
13. Plus: ROE/Use Rate			2.362			2.362
14. Total Current Period Base			200.685			267.087
15. Prospective Rate: Line 11 x Inflation (1.03474680)	53.151	124.130	177.281	53.151	192.838	245.989
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	53.151	124.130	177.281	53.151	192.838	245.989
19. Property Rate Component			26.995			26.995
20. ROE Component + ROE Interim Component			2.362			2.362
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			206.64			275.35
23. Medicaid Days			0		21,358	
24. Resident Days			0		21,358	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj (10.58510%)			21.87			29.15
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			36.10			43.38
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			222.91			291.62



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028530700 - 2011/04
RI:216.62 / NM:283.29

HILLSBOROUGH DEVELOPMENT

14219 Bruce B Downs Boulevard
 Tampa FL 33613

Provider Number: 028530700
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>216.89</u>	<u>216.62</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>284.14</u>	<u>283.29</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)

Home Office:

DDMS

468 Halle Park Drive
 Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028530700

Provider Name: **HILLSBOROUGH DEVELOPMENT**
 Provider Number: 28530700
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	6,530	16,493	23,023
2. Operating Expenses Component			
A. Administration			581,988
B. Plant Operation			350,876
C. Laundry			4,319
D. Housekeeping			111,559
E. Operating Expense Component & Per Diem	45.5519	45.5519	1,048,742
3. Resident Care			
A. Dietary			338,985
B. Other			0
C. Nursing			694,374
D. Resident Care & Per Diem	44.8838	44.8838	1,033,359
4. Prop Exp & Per Diem	27.4772	27.4772	632,607
5. ROE/Use Per Diem	2.0532	2.0532	47,270
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	3,265.00	16,493.00	19,758.00
3. Staffing Percent	16.5249519	83.4750481	100.00
4. Allocation of Direct Care	409,093.86	2,066,519.14	2,475,613.00
5. Direct Care Expense Per Diem	62.6484	125.2967	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	6,530	16,493	23,023
2. Additional Services	52,331	132,173	184,504
3. Additional Services Exp & Per Diem	8.0139	8.0139	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	45.5519	45.5519	1,048,742
2. Resident Care Component	115.5461	178.1944	3,693,476
3. Property Cost Component	27.4772	27.4772	632,607
4. ROE/Use Allow Component	2.0532	2.0532	47,270
5 Total Cost Per Diem	190.6283	253.2767	5,422,095



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028530700 - 2011/04

RI: 216.62

NM: 283.29

HILLSBOROUGH DEVELOPMENT

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.820	118.740	164.561	45.820	183.201	229.021
2. Inflate Line 1 by Inflation Factor 1.01955169	46.716	121.062	167.778	46.716	186.783	233.499
3. Line 1 x 1.400 x Inflation Factor 1.02737237	47.075	121.991	169.065	47.075	188.215	235.290
4. Current Period Cost	45.552	115.546	161.098	45.552	178.194	223.746
5. Incentive Basis (line 3 - line 4)	1.523	6.445		1.523	10.021	
6. Allowed Current Period Costs (Min of line 3 or 4)	45.552	115.546	161.098	45.552	178.194	223.746
7. Incentive Line 5 x Oper 50% Res 50%	0.761	3.222	3.984	0.761	5.011	5.772
8. Incentive - Line 4 x Oper 10% Res 3%	4.555	3.466	8.022	4.555	5.346	9.901
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.761	3.222	3.984	0.761	5.011	5.772
10. Final Incentive	0.761	3.222	3.984	0.761	5.011	5.772
11. Current Period Base: (line 6 + line 10)	46.313	118.768	165.082	46.313	183.205	229.518
12. Plus: Property Rate Component			27.477			27.477
13. Plus: ROE/Use Rate			2.053			2.053
14. Total Current Period Base			194.612			259.049
15. Prospective Rate: Line 11 x Inflation (1.03474680)	47.923	122.895	170.818	47.923	189.571	237.493
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	47.923	122.895	170.818	47.923	189.571	237.493
19. Property Rate Component			27.477			27.477
20. ROE Component + ROE Interim Component			2.053			2.053
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			200.35			267.02
23. Medicaid Days		6,530			16,493	
24. Resident Days		6,530			16,493	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			21.21			28.26
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			35.44			42.49
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			216.62			283.29



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028531500 - 2011/04
RI:329.38 / NM:405.32

WOODHOUSE INC
 1001 N.E. 3rd Avenue
 Pompano Beach FL 33060

Provider Number: 028531500
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>343.47</u>	<u>329.38</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>435.81</u>	<u>405.32</u>	<u>04/01/2011</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028531500

Provider Name: **WOODHOUSE INC**
 Provider Number: 28531500
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,744	5,582	8,326
2. Operating Expenses Component			
A. Administration			601,485
B. Plant Operation			193,841
C. Laundry			1,314
D. Housekeeping			92,799
E. Operating Expense Component & Per Diem	106.8267	106.8267	889,439
3. Resident Care			
A. Dietary			185,386
B. Other			0
C. Nursing			370,366
D. Resident Care & Per Diem	66.7490	66.7490	555,752
4. Prop Exp & Per Diem	21.7129	21.7129	180,782
5. ROE/Use Per Diem	3.0894	3.0894	25,722
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,372.00	5,582.00	6,954.00
3. Staffing Percent	19.7296520	80.2703480	100.00
4. Allocation of Direct Care	195,830.61	796,739.39	992,570.00
5. Direct Care Expense Per Diem	71.3668	142.7337	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,744	5,582	8,326
2. Additional Services	118,911	241,897	360,808
3. Additional Services Exp & Per Diem	43.3349	43.3352	
D. Medicaid Per Diem Cost			
1. Operating Component	106.8267	106.8267	889,439
2. Resident Care Component	181.4507	252.8178	1,909,130
3. Property Cost Component	21.7129	21.7129	180,782
4. ROE/Use Allow Component	3.0894	3.0894	25,722
5 Total Cost Per Diem	313.0797	384.4468	3,005,073



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028531500 - 2011/04

RI: 329.38

NM: 405.32

WOODHOUSE INC

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	89.764	205.001	294.765	89.764	293.673	383.437
2. Inflate Line 1 by Inflation Factor 1.01934246	91.500	208.966	300.466	91.500	299.354	390.853
3. Line 1 x 1.400 x Inflation Factor 1.02707944	92.194	210.552	302.747	92.194	301.626	393.820
4. Current Period Cost	106.827	181.451	288.277	106.827	252.818	359.645
5. Incentive Basis (line 3 - line 4)	0.000	29.102		0.000	48.808	
6. Allowed Current Period Costs (Min of line 3 or 4)	92.194	181.451	273.645	92.194	252.818	345.012
7. Incentive Line 5 x Oper 50% Res 50%	0.000	14.551	14.551	0.000	24.404	24.404
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.444	5.444	0.000	7.585	7.585
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.444	5.444	0.000	7.585	7.585
10. Final Incentive	0.000	5.444	5.444	0.000	7.585	7.585
11. Current Period Base: (line 6 + line 10)	92.194	186.894	279.089	92.194	260.402	352.597
12. Plus: Property Rate Component			21.713			21.713
13. Plus: ROE/Use Rate			3.089			3.089
14. Total Current Period Base			303.891			377.399
15. Prospective Rate: Line 11 x Inflation (1.03303568)	95.240	193.068	288.309	95.240	269.005	364.245
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	95.240	193.068	288.309	95.240	269.005	364.245
19. Property Rate Component			21.713			21.713
20. ROE Component + ROE Interim Component			3.089			3.089
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			313.11			389.05
23. Medicaid Days		2,744			5,582	
24. Resident Days		2,744			5,582	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			33.14			41.18
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			47.37			55.41
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			329.38			405.32



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028533100 - 2011/04
RI:302.39 / NM:391.10

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

Provider Number: 028533100
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>313.80</u>	<u>302.39</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>408.38</u>	<u>391.10</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

9040 Sunset Drive Suite 70-A
 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028533100

Provider Name: **SUNRISE CAPE CORAL CLUS**
 Provider Number: 28533100
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,701	8,701
2. Operating Expenses Component			
A. Administration			411,541
B. Plant Operation			153,083
C. Laundry			5,525
D. Housekeeping			88,909
E. Operating Expense Component & Per Diem	75.7451	75.7451	659,058
3. Resident Care			
A. Dietary			118,494
B. Other			156,957
C. Nursing			351,690
D. Resident Care & Per Diem	72.0769	72.0769	627,141
4. Prop Exp & Per Diem	21.3031	21.3031	185,358
5. ROE/Use Per Diem	5.7022	5.7022	49,615
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,701.00	8,701.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,450,899.00	1,450,899.00
5. Direct Care Expense Per Diem	83.3754	166.7508	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,701	8,701
2. Additional Services	0	117,426	117,426
3. Additional Services Exp & Per Diem	13.4957	13.4957	
D. Medicaid Per Diem Cost			
1. Operating Component	75.7451	75.7451	659,058
2. Resident Care Component	168.9480	252.3234	2,195,466
3. Property Cost Component	21.3031	21.3031	185,358
4. ROE/Use Allow Component	5.7022	5.7022	49,615
5 Total Cost Per Diem	271.6984	355.0738	3,089,497



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028533100 - 2011/04

RI: 302.39

NM: 391.10

SUNRISE CAPE CORAL CLUS

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.828	181.729	257.556	75.828	272.553	348.381
2. Inflate Line 1 by Inflation Factor 1.01934246	77.294	185.244	262.538	77.294	277.825	355.120
3. Line 1 x 1.400 x Inflation Factor 1.02707944	77.881	186.650	264.531	77.881	279.934	357.815
4. Current Period Cost	75.745	168.948	244.693	75.745	252.323	328.068
5. Incentive Basis (line 3 - line 4)	2.136	17.702		2.136	27.611	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.745	168.948	244.693	75.745	252.323	328.068
7. Incentive Line 5 x Oper 50% Res 50%	1.068	8.851	9.919	1.068	13.805	14.873
8. Incentive - Line 4 x Oper 10% Res 3%	7.575	5.068	12.643	7.575	7.570	15.144
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.068	5.068	6.136	1.068	7.570	8.638
10. Final Incentive	1.068	5.068	6.136	1.068	7.570	8.638
11. Current Period Base: (line 6 + line 10)	76.813	174.016	250.830	76.813	259.893	336.706
12. Plus: Property Rate Component			21.303			21.303
13. Plus: ROE/Use Rate			5.702			5.702
14. Total Current Period Base			277.835			363.712
15. Prospective Rate: Line 11 x Inflation (1.03303568)	79.351	179.765	259.116	79.351	268.479	347.830
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.351	179.765	259.116	79.351	268.479	347.830
19. Property Rate Component			21.303			21.303
20. ROE Component + ROE Interim Component			5.702			5.702
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			286.12			374.83
23. Medicaid Days			0		8,701	
24. Resident Days			0		8,701	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			30.29			39.68
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			44.52			53.91
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			302.39			391.10



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028535800 - 2011/04
RI:226.23 / NM:0.00

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

Provider Number: 028535800
 Date: 04/25/2011
 FYE: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>224.20</u>	<u>226.23</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:

Residential CRF Inc.
1117 Central Ave
Connersville IN 47331

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028535800

Provider Name: **Bayview - Lynn Haven**
 Provider Number: 28535800
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 01/01/2009 - 12/31/2009
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,825	0	1,825
2. Operating Expenses Component			
A. Administration			80,459
B. Plant Operation			22,724
C. Laundry			0
D. Housekeeping			5,659
E. Operating Expense Component & Per Diem	59,6395	0.0000	108,842
3. Resident Care			
A. Dietary			10,362
B. Other			0
C. Nursing			14,856
D. Resident Care & Per Diem	13,8181	0.0000	25,218
4. Prop Exp & Per Diem	21,3545	0.0000	38,972
5. ROE/Use Per Diem	1,2422	0.0000	2,267
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75		1,368.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	141,692.00		141,692.00
5. Direct Care Expense Per Diem	77.6395		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,825		1,825
2. Additional Services	52,932		52,932
3. Additional Services Exp & Per Diem	29.0038		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	59,6395		108,842
2. Resident Care Component	120,4614		219,842
3. Property Cost Component	21,3545		38,972
4. ROE/Use Allow Component	1,2422		2,267
5 Total Cost Per Diem	202.6975		369,923



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028535800 - 2011/04

RI: 226.23

NM: 0.00

Bayview - Lynn Haven

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2009	12/31/2009	Unaudited [3]	201004
Prior Cost Report	01/01/2008	12/31/2008	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	58.474	115.811	174.285			
2. Inflate Line 1 by Inflation Factor 1.02322350	59.832	118.501	178.332			
3. Line 1 x 1.400 x Inflation Factor 1.03251290	60.375	119.576	179.951			
4. Current Period Cost	59.639	120.461	180.101			
5. Incentive Basis (line 3 - line 4)	0.735	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	59.639	119.576	179.216			
7. Incentive Line 5 x Oper 50% Res 50%	0.368	0.000	0.368	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	5.964	0.000	5.964	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.368	0.000	0.368	0.000	0.000	0.000
10. Final Incentive	0.368	0.000	0.368	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	60.007	119.576	179.584	0.000	0.000	0.000
12. Plus: Property Rate Component			21.355			0.000
13. Plus: ROE/Use Rate			1.242			0.000
14. Total Current Period Base			202.180			0.000
15. Prospective Rate: Line 11 x Inflation (1.04333445)	62.608	124.758	187.366	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.608	124.758	187.366	0.000	0.000	0.000
19. Property Rate Component			21.355			0.000
20. ROE Component + ROE Interim Component			1.242			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			209.96			0.00
23. Medicaid Days		1,825			0	
24. Resident Days		1,825			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			22.22			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			36.45			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			226.23			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028536600 - 2011/04
RI:253.11 / NM:282.74

SQUIRE COURT COMMUNITY HOME

95 Squire Court
 Dunedin FL 34698

Provider Number: 028536600
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>250.22</u>	<u>253.11</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>279.30</u>	<u>282.74</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
 Louisville KY 40222

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028536600

Provider Name: **SQUIRE COURT COMMUNITY HOME**
 Provider Number: 28536600
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			100,804
B. Plant Operation			20,019
C. Laundry			777
D. Housekeeping			1,967
E. Operating Expense Component & Per Diem	56.4233	56.4233	123,567
3. Resident Care			
A. Dietary			19,397
B. Other			0
C. Nursing			21,101
D. Resident Care & Per Diem	18.4922	18.4922	40,498
4. Prop Exp & Per Diem	16.1091	16.1091	35,279
5. ROE/Use Per Diem	10.5909	10.5909	23,194
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	131,000.40	87,333.60	218,334.00
5. Direct Care Expense Per Diem	89.7263	119.6351	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	84,480	42,234	126,714
3. Additional Services Exp & Per Diem	57.8630	57.8548	
D. Medicaid Per Diem Cost			
1. Operating Component	56.4233	56.4233	123,567
2. Resident Care Component	166.0816	195.9821	385,546
3. Property Cost Component	16.1091	16.1091	35,279
4. ROE/Use Allow Component	10.5909	10.5909	23,194
5 Total Cost Per Diem	249.2048	279.1054	567,586



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028536600 - 2011/04

RI: 253.11

NM: 282.74

SQUIRE COURT COMMUNITY HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	36.553	161.507	198.060	36.553	189.432	225.985
2. Inflate Line 1 by Inflation Factor 1.01934246	37.260	164.631	201.891	37.260	193.096	230.357
3. Line 1 x 1.400 x Inflation Factor 1.02707944	37.543	165.881	203.423	37.543	194.562	232.105
4. Current Period Cost	56.423	166.082	222.505	56.423	195.982	252.405
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)	37.543	165.881	203.423	37.543	194.562	232.105
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)	37.543	165.881	203.423	37.543	194.562	232.105
12. Plus: Property Rate Component			16.109			16.109
13. Plus: ROE/Use Rate			10.591			10.591
14. Total Current Period Base			230.123			258.805
15. Prospective Rate: Line 11 x Inflation (1.03303568)	38.783	171.360	210.144	38.783	200.989	239.773
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	38.783	171.360	210.144	38.783	200.989	239.773
19. Property Rate Component			16.109			16.109
20. ROE Component + ROE Interim Component			10.591			10.591
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			236.84			266.47
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			25.07			28.21
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			39.30			42.44
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			253.11			282.74



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028537400 - 2011/04
RI:267.69 / NM:0.00

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

Provider Number: 028537400
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>278.67</u>	<u>267.69</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028537400

Provider Name: **BAYVIEW - SAFETY HARBOR**
 Provider Number: 28537400
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			99,138
B. Plant Operation			24,597
C. Laundry			357
D. Housekeeping			2,631
E. Operating Expense Component & Per Diem	57.8644	0.0000	126,723
3. Resident Care			
A. Dietary			18,725
B. Other			0
C. Nursing			16,380
D. Resident Care & Per Diem	16.0297	0.0000	35,105
4. Prop Exp & Per Diem	11.5525	0.0000	25,300
5. ROE/Use Per Diem	10.5155	0.0000	23,029
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	226,844.00		226,844.00
5. Direct Care Expense Per Diem	103.5817		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	122,162		122,162
3. Additional Services Exp & Per Diem	55.7817		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	57.8644		126,723
2. Resident Care Component	175.3932		384,111
3. Property Cost Component	11.5525		25,300
4. ROE/Use Allow Component	10.5155		23,029
5 Total Cost Per Diem	255.3256		559,163



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028537400 - 2011/04
RI: 267.69
NM: 0.00

BAYVIEW - SAFETY HARBOR

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.273	188.981	229.254			
2. Inflate Line 1 by Inflation Factor 1.01934246	41.052	192.637	233.689			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	41.363	194.099	235.462			
4. Current Period Cost	57.864	175.393	233.258			
5. Incentive Basis (line 3 - line 4)	0.000	18.706		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.363	175.393	216.757			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	9.353	9.353	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.262	5.262	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.262	5.262	0.000	0.000	0.000
10. Final Incentive	0.000	5.262	5.262	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.363	180.655	222.018	0.000	0.000	0.000
12. Plus: Property Rate Component			11.553			0.000
13. Plus: ROE/Use Rate			10.516			0.000
14. Total Current Period Base			244.086			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	42.730	186.623	229.353	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.730	186.623	229.353	0.000	0.000	0.000
19. Property Rate Component			11.553			0.000
20. ROE Component + ROE Interim Component			10.516			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			251.42			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			26.61			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			40.84			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			267.69			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028539100 - 2011/04
RI:388.63 / NM:474.29

Hendricks
 95154 Hendricks Road
 Fernandina Beach FL 32034

Provider Number: 028539100
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>359.44</u>	<u>388.63</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>443.82</u>	<u>474.29</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

95146 Hendricks Road
Fernandina Beach FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028539100

Provider Name: **Amelia Island Properties, Inc.**
 Provider Number: 28539100
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,552	11,978	13,530
2. Operating Expenses Component			
A. Administration			647,469
B. Plant Operation			576,094
C. Laundry			121,056
D. Housekeeping			177,290
E. Operating Expense Component & Per Diem	112.4840	112.4840	1,521,909
3. Resident Care			
A. Dietary			352,409
B. Other			0
C. Nursing			504,696
D. Resident Care & Per Diem	63.3485	63.3485	857,105
4. Prop Exp & Per Diem	43.3842	43.3842	586,988
5. ROE/Use Per Diem	4.2031	4.2031	56,868
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	776.00	11,978.00	12,754.00
3. Staffing Percent	6.0843657	93.9156343	100.00
4. Allocation of Direct Care	121,390.28	1,873,727.72	1,995,118.00
5. Direct Care Expense Per Diem	78.2154	156.4308	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,552	11,978	13,530
2. Additional Services	41,033	316,682	357,715
3. Additional Services Exp & Per Diem	26.4388	26.4386	
D. Medicaid Per Diem Cost			
1. Operating Component	112.4840	112.4840	1,521,909
2. Resident Care Component	168.0027	246.2179	3,209,938
3. Property Cost Component	43.3842	43.3842	586,988
4. ROE/Use Allow Component	4.2031	4.2031	56,868
5 Total Cost Per Diem	328.0740	406.2892	5,375,703



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028539100 - 2011/04

RI: 388.63

NM: 474.29

Hendricks

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	99.006	115.623	214.629	99.006	180.801	279.807
2. Inflate Line 1 by Inflation Factor 1.01955169	100.942	117.884	218.825	100.942	184.336	285.278
3. Line 1 x 1.400 x Inflation Factor 1.02737237	101.716	118.788	220.504	101.716	185.750	287.466
4. Current Period Cost	112.484	168.003	280.487	112.484	246.218	358.702
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)	101.716	118.788	220.504	101.716	185.750	287.466
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)	101.716	118.788	220.504	101.716	185.750	287.466
12. Plus: Property Rate Component			43.384			43.384
13. Plus: ROE/Use Rate			4.203			4.203
14. Total Current Period Base			268.091			335.053
15. Prospective Rate: Line 11 x Inflation (1.03474680)	105.250	122.915	228.166	105.250	192.204	297.454
16. Interim Rate Component: *	16.797	58.679	75.476	16.797	75.053	91.850
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	122.047	181.594	303.642	122.047	267.257	389.304
19. Property Rate Component			43.384			43.384
20. ROE Component + ROE Interim Component *			4.688			4.688
21. Plus :Property Interim Rate Component *			20.643			20.643
22. Final Per Diem			372.36			458.02
23. Medicaid Days		1,552			11,978	
24. Resident Days		1,552			11,978	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			39.41			48.48
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			53.64			62.71
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			388.63			474.29

* See Attachment

Intermediate Care Facility (ICF/DD)
Hendricks - Provider #0285391-00
Interim Rate Request #213 - Effective 06/01/2009
Rate Semester 04/01/2011

Cost Component	Residential/Institutional			Non-Ambulatory/Medical		
	Actual 05/31/2010 Cost	Current Period Cost (Line 4)	IRR (Line 16)	Actual 05/31/2010 Cost	Current Period Cost (Line 4)	IRR (Line 16)
Operating Component	112.484	95.687	16.797	112.484	95.687	16.797
Resident Care Component	168.003	109.324	58.679	246.218	171.165	75.053
Property Care Component	43.384	22.741	20.643	43.384	22.741	20.643
ROE Component	4.203	3.718	0.485	4.203	3.718	0.485
Total Interim Rate	328.074	231.47	96.604	406.289	293.311	112.978

IRR #213 - Hendricks - Provider #0285391-00
Cost Settlement Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 6/1/2009 - Rate Semester 4/1/2011

Residential/Institutional (Level of Care 7)						
Residential/Institutional IRR Effective 6/1/2009	\$ 96.60	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description						
Prospective Rate (Line 15)		105.250	122.915	43.384	4.203	275.75
Prospective Rate w/o ROE		105.250	122.915	43.384	0.000	271.55
Allocation %		17.387%	60.742%	21.369%	0.502%	100%
Allocation of IRR		16.797	58.679	20.643	0.485	96.60
Final Per Diem (Line 22)		122.047	181.594	64.027	4.688	372.36
L22. Final Per Diem Rate - LOC 7		372.36				
L26. Less: Medicaid Trend Adjustment 10.58510%		39.41				
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)		53.64				
L28. Plus: Supplemental Rate Add-on		2.04				
L29. Final Per Diem After Adjustments		<u>388.63</u>				
Non - Ambulatory/Medical (Level of Care 8, 9)						
Non-Ambulatory/Medical IRR Effective 6/1/2009	\$ 112.98	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description						
Prospective Rate (Line 15)		105.250	192.204	43.384	4.203	345.04
Prospective Rate w/o ROE		105.250	192.204	43.384	0.000	340.84
Allocation %		14.867%	66.432%	18.272%	0.429%	100%
Allocation of IRR		16.797	75.053	20.643	0.485	112.98
Final Per Diem (Line 22)		122.047	267.257	64.027	4.688	458.02
L22. Final Per Diem Rate - LOC 8, 9		458.02				
L26. Less: Medicaid Trend Adjustment 10.58510%		48.48				
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)		62.71				
L28. Plus: Supplemental Rate Add-on		2.04				
L29. Final Per Diem After Adjustments		<u>474.29</u>				



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028540400 - 2011/04
RI:219.80 / NM:244.91

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

Provider Number: 028540400
 Date: 04/25/2011
 FYE: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>217.79</u>	<u>219.80</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>242.63</u>	<u>244.91</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 Residential CRF, Inc.

1117 Central Avenue
 Connersville IN 47331

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028540400

Provider Name: **Seaview CRF, Inc.**
 Provider Number: 28540400
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 01/01/2009 - 12/31/2009
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			114,575
B. Plant Operation			25,864
C. Laundry			0
D. Housekeeping			4,286
E. Operating Expense Component & Per Diem	66.0845	66.0845	144,725
3. Resident Care			
A. Dietary			10,406
B. Other			0
C. Nursing			17,806
D. Resident Care & Per Diem	12.8822	12.8822	28,212
4. Prop Exp & Per Diem	17.2584	17.2584	37,796
5. ROE/Use Per Diem	1.0215	1.0215	2,237
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	105,553.80	70,369.20	175,923.00
5. Direct Care Expense Per Diem	72.2971	96.3962	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	34,048	17,024	51,072
3. Additional Services Exp & Per Diem	23.3205	23.3205	
D. Medicaid Per Diem Cost			
1. Operating Component	66.0845	66.0845	144,725
2. Resident Care Component	108.4999	132.5989	255,207
3. Property Cost Component	17.2584	17.2584	37,796
4. ROE/Use Allow Component	1.0215	1.0215	2,237
5 Total Cost Per Diem	192.8642	216.9633	439,965



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028540400 - 2011/04

RI: 219.80

NM: 244.91

Seaview CRF, Inc.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2009	12/31/2009	Unaudited [3]	201004
Prior Cost Report	01/01/2008	12/31/2008	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	64.660	110.191	174.851	64.660	133.459	198.120
2. Inflate Line 1 by Inflation Factor 1.02322350	66.162	112.750	178.912	66.162	136.559	202.721
3. Line 1 x 1.400 x Inflation Factor 1.03251290	66.763	113.774	180.536	66.763	137.799	204.561
4. Current Period Cost	66.084	108.500	174.584	66.084	132.599	198.683
5. Incentive Basis (line 3 - line 4)	0.678	5.274		0.678	5.200	
6. Allowed Current Period Costs (Min of line 3 or 4)	66.084	108.500	174.584	66.084	132.599	198.683
7. Incentive Line 5 x Oper 50% Res 50%	0.339	2.637	2.976	0.339	2.600	2.939
8. Incentive - Line 4 x Oper 10% Res 3%	6.608	3.255	9.863	6.608	3.978	10.586
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.339	2.637	2.976	0.339	2.600	2.939
10. Final Incentive	0.339	2.637	2.976	0.339	2.600	2.939
11. Current Period Base: (line 6 + line 10)	66.424	111.137	177.560	66.424	135.199	201.622
12. Plus: Property Rate Component			17.258			17.258
13. Plus: ROE/Use Rate			1.021			1.021
14. Total Current Period Base			195.840			219.902
15. Prospective Rate: Line 11 x Inflation (1.04333445)	69.302	115.953	185.255	69.302	141.057	210.359
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	69.302	115.953	185.255	69.302	141.057	210.359
19. Property Rate Component			17.258			17.258
20. ROE Component + ROE Interim Component			1.021			1.021
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			203.53			228.64
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			21.54			24.20
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			35.77			38.43
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			219.80			244.91



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028541200 - 2011/04
RI:277.99 / NM:314.36

Twin Lane Community Home
 2281 Twin Lane Drive
 Dundedun FL 34698

Provider Number: 028541200
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>279.27</u>	<u>277.99</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>315.57</u>	<u>314.36</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028541200

Provider Name: **Twin Lane Community Home**
 Provider Number: 28541200
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,698	365	2,063
2. Operating Expenses Component			
A. Administration			100,365
B. Plant Operation			17,876
C. Laundry			449
D. Housekeeping			2,017
E. Operating Expense Component & Per Diem	58.5104	58.5104	120,707
3. Resident Care			
A. Dietary			20,509
B. Other			0
C. Nursing			21,435
D. Resident Care & Per Diem	20.3316	20.3316	41,944
4. Prop Exp & Per Diem	16.8652	16.8652	34,793
5. ROE/Use Per Diem	11.5259	11.5259	23,778
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,273.50	365.00	1,638.50
3. Staffing Percent	77.7235276	22.2764724	100.00
4. Allocation of Direct Care	176,290.17	50,526.83	226,817.00
5. Direct Care Expense Per Diem	103.8222	138.4297	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,698	365	2,063
2. Additional Services	98,776	21,233	120,009
3. Additional Services Exp & Per Diem	58.1720	58.1726	
D. Medicaid Per Diem Cost			
1. Operating Component	58.5104	58.5104	120,707
2. Resident Care Component	182.3258	216.9338	388,770
3. Property Cost Component	16.8652	16.8652	34,793
4. ROE/Use Allow Component	11.5259	11.5259	23,778
5 Total Cost Per Diem	269.2274	303.8354	568,048



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028541200 - 2011/04

RI: 277.99

NM: 314.36

Twin Lane Community Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	38.050	186.201	224.250	38.050	221.061	259.111
2. Inflate Line 1 by Inflation Factor 1.01934246	38.786	189.802	228.588	38.786	225.337	264.122
3. Line 1 x 1.400 x Inflation Factor 1.02707944	39.080	191.243	230.323	39.080	227.047	266.127
4. Current Period Cost	58.510	182.326	240.836	58.510	216.934	275.444
5. Incentive Basis (line 3 - line 4)	0.000	8.917		0.000	10.113	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.080	182.326	221.406	39.080	216.934	256.014
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.459	4.459	0.000	5.057	5.057
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.470	5.470	0.000	6.508	6.508
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.459	4.459	0.000	5.057	5.057
10. Final Incentive	0.000	4.459	4.459	0.000	5.057	5.057
11. Current Period Base: (line 6 + line 10)	39.080	186.784	225.865	39.080	221.990	261.071
12. Plus: Property Rate Component			16.865			16.865
13. Plus: ROE/Use Rate			11.526			11.526
14. Total Current Period Base			254.256			289.462
15. Prospective Rate: Line 11 x Inflation (1.03303568)	40.371	192.955	233.326	40.371	229.324	269.695
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	40.371	192.955	233.326	40.371	229.324	269.695
19. Property Rate Component			16.865			16.865
20. ROE Component + ROE Interim Component			11.526			11.526
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			261.72			298.09
23. Medicaid Days		1,698			365	
24. Resident Days		1,698			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			27.70			31.55
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			41.93			45.78
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			277.99			314.36



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028545500 - 2011/04
RI:279.71 / NM:0.00

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

Provider Number: 028545500
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>279.35</u>	<u>279.71</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (13)

Home Office:

Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028545500

Provider Name: **Second Street Group Home**
 Provider Number: 28545500
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,118	0	2,118
2. Operating Expenses Component			
A. Administration			145,380
B. Plant Operation			29,300
C. Laundry			713
D. Housekeeping			2,073
E. Operating Expense Component & Per Diem	83.7894	0.0000	177,466
3. Resident Care			
A. Dietary			22,682
B. Other			0
C. Nursing			10,656
D. Resident Care & Per Diem	15.7403	0.0000	33,338
4. Prop Exp & Per Diem	18.4896	0.0000	39,161
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,588.50		1,588.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	232,564.00		232,564.00
5. Direct Care Expense Per Diem	109.8036		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,118		2,118
2. Additional Services	77,475		77,475
3. Additional Services Exp & Per Diem	36.5793		
D. Medicaid Per Diem Cost			
1. Operating Component	83.7894		177,466
2. Resident Care Component	162.1232		343,377
3. Property Cost Component	18.4896		39,161
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	264.4023		560,004



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028545500 - 2011/04

RI: 279.71

NM: 0.00

Second Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.504	156.361	230.865			
2. Inflate Line 1 by Inflation Factor 1.01934246	75.945	159.386	235.331			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	76.521	160.595	237.117			
4. Current Period Cost	83.789	162.123	245.913			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.521	160.595	237.117			
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)	76.521	160.595	237.117	0.000	0.000	0.000
12. Plus: Property Rate Component			18.490			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			255.606			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	79.049	165.901	244.950	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.049	165.901	244.950	0.000	0.000	0.000
19. Property Rate Component			18.490			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			263.44			0.00
23. Medicaid Days		2,118			0	
24. Resident Days		2,118			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			27.89			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			42.12			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			279.71			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028546300 - 2011/04
RI:279.53 / NM:314.14

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

Provider Number: 028546300
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>283.23</u>	<u>279.53</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>319.16</u>	<u>314.14</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028546300

Provider Name: **107th Place Home**
 Provider Number: 28546300
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			146,902
B. Plant Operation			30,381
C. Laundry			560
D. Housekeeping			2,649
E. Operating Expense Component & Per Diem	82.4164	82.4164	180,492
3. Resident Care			
A. Dietary			20,765
B. Other			0
C. Nursing			14,069
D. Resident Care & Per Diem	15.9059	15.9059	34,834
4. Prop Exp & Per Diem	21.9662	21.9662	48,106
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	178,008.95	47,469.05	225,478.00
5. Direct Care Expense Per Diem	97.5391	130.0522	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	66,607	13,324	79,931
3. Additional Services Exp & Per Diem	36.4970	36.5041	
D. Medicaid Per Diem Cost			
1. Operating Component	82.4164	82.4164	180,492
2. Resident Care Component	149.9421	182.4622	340,243
3. Property Cost Component	21.9662	21.9662	48,106
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	254.3247	286.8449	568,841



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028546300 - 2011/04

RI: 279.53

NM: 314.14

107th Place Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.055	159.216	236.271	77.055	193.717	270.771
2. Inflate Line 1 by Inflation Factor 1.01934246	78.545	162.296	240.841	78.545	197.464	276.009
3. Line 1 x 1.400 x Inflation Factor 1.02707944	79.141	163.528	242.669	79.141	198.962	278.104
4. Current Period Cost	82.416	149.942	232.359	82.416	182.462	264.879
5. Incentive Basis (line 3 - line 4)	0.000	13.586		0.000	16.500	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.141	149.942	229.083	79.141	182.462	261.603
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.793	6.793	0.000	8.250	8.250
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.498	4.498	0.000	5.474	5.474
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.498	4.498	0.000	5.474	5.474
10. Final Incentive	0.000	4.498	4.498	0.000	5.474	5.474
11. Current Period Base: (line 6 + line 10)	79.141	154.440	233.581	79.141	187.936	267.077
12. Plus: Property Rate Component			21.966			21.966
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			255.548			289.043
15. Prospective Rate: Line 11 x Inflation (1.03303568)	81.756	159.542	241.298	81.756	194.145	275.900
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.756	159.542	241.298	81.756	194.145	275.900
19. Property Rate Component			21.966			21.966
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			263.26			297.87
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			27.87			31.53
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			42.10			45.76
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			279.53			314.14



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028547100 - 2011/04
RI:226.96 / NM:0.00

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

Provider Number: 028547100
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>243.33</u>	<u>226.96</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028547100

Provider Name: **Sunrise Group Home #17**
 Provider Number: 28547100
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			57,699
B. Plant Operation			24,921
C. Laundry			1,305
D. Housekeeping			1,546
E. Operating Expense Component & Per Diem	39.0279	0.0000	85,471
3. Resident Care			
A. Dietary			22,294
B. Other			41,387
C. Nursing			-765
D. Resident Care & Per Diem	28.7288	0.0000	62,916
4. Prop Exp & Per Diem	18.2868	0.0000	40,048
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	242,726.00		242,726.00
5. Direct Care Expense Per Diem	110.8338		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	3,065		3,065
3. Additional Services Exp & Per Diem	1.3995		
D. Medicaid Per Diem Cost			
1. Operating Component	39.0279		85,471
2. Resident Care Component	140.9621		308,707
3. Property Cost Component	18.2868		40,048
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	198.2767		434,226



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028547100 - 2011/04

RI: 226.96

NM: 0.00

Sunrise Group Home #17

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.960	157.920	199.880			
2. Inflate Line 1 by Inflation Factor 1.01934246	42.772	160.975	203.746			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	43.096	162.197	205.293			
4. Current Period Cost	39.028	140.962	179.990			
5. Incentive Basis (line 3 - line 4)	4.068	21.234		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.028	140.962	179.990			
7. Incentive Line 5 x Oper 50% Res 50%	2.034	10.617	12.651	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.903	4.229	8.132	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.034	4.229	6.263	0.000	0.000	0.000
10. Final Incentive	2.034	4.229	6.263	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.062	145.191	186.253	0.000	0.000	0.000
12. Plus: Property Rate Component			18.287			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			204.540			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	42.419	149.987	192.406	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.419	149.987	192.406	0.000	0.000	0.000
19. Property Rate Component			18.287			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			210.69			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			22.30			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			36.53			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			226.96			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028548000 - 2011/04
RI:235.04 / NM:278.42

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

Provider Number: 028548000
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>233.47</u>	<u>235.04</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>277.14</u>	<u>278.42</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028548000

Provider Name: **Sunrise Group Home #16**
 Provider Number: 28548000
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	353	2,178
2. Operating Expenses Component			
A. Administration			65,022
B. Plant Operation			25,660
C. Laundry			1,849
D. Housekeeping			4,378
E. Operating Expense Component & Per Diem	44.4945	44.4945	96,909
3. Resident Care			
A. Dietary			16,517
B. Other			32,813
C. Nursing			966
D. Resident Care & Per Diem	23.0927	23.0927	50,296
4. Prop Exp & Per Diem	19.3476	19.3476	42,139
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	353.00	1,721.75
3. Staffing Percent	79.4976042	20.5023958	100.00
4. Allocation of Direct Care	224,000.40	57,769.60	281,770.00
5. Direct Care Expense Per Diem	122.7399	163.6533	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	353	2,178
2. Additional Services	4,159	804	4,963
3. Additional Services Exp & Per Diem	2.2789	2.2776	
D. Medicaid Per Diem Cost			
1. Operating Component	44.4945	44.4945	96,909
2. Resident Care Component	148.1116	189.0236	337,029
3. Property Cost Component	19.3476	19.3476	42,139
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	211.9537	252.8657	476,077



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028548000 - 2011/04

RI: 235.04

NM: 278.42

Sunrise Group Home #16

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.834	152.034	191.868	39.834	193.971	233.805
2. Inflate Line 1 by Inflation Factor 1.01934246	40.604	154.975	195.580	40.605	197.722	238.327
3. Line 1 x 1.400 x Inflation Factor 1.02707944	40.913	156.151	197.064	40.913	199.223	240.136
4. Current Period Cost	44.494	148.112	192.606	44.494	189.024	233.518
5. Incentive Basis (line 3 - line 4)	0.000	8.040		0.000	10.199	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.913	148.112	189.024	40.913	189.024	229.936
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.020	4.020	0.000	5.100	5.100
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.443	4.443	0.000	5.671	5.671
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.020	4.020	0.000	5.100	5.100
10. Final Incentive	0.000	4.020	4.020	0.000	5.100	5.100
11. Current Period Base: (line 6 + line 10)	40.913	152.131	193.044	40.913	194.123	235.036
12. Plus: Property Rate Component			19.348			19.348
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			212.392			254.384
15. Prospective Rate: Line 11 x Inflation (1.03303568)	42.264	157.157	199.421	42.264	200.536	242.801
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.264	157.157	199.421	42.264	200.536	242.801
19. Property Rate Component			19.348			19.348
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			218.77			262.15
23. Medicaid Days		1,825			353	
24. Resident Days		1,825			353	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			23.16			27.75
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			37.39			41.98
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			235.04			278.42



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028552800 - 2011/04
RI:220.46 / NM:261.01

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

Provider Number: 028552800
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>232.71</u>	<u>220.46</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>274.32</u>	<u>261.01</u>	<u>04/01/2011</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (8)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028552800

Provider Name: **Sunrise Group Home #12**
 Provider Number: 28552800
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,343	730	2,073
2. Operating Expenses Component			
A. Administration			80,145
B. Plant Operation			22,801
C. Laundry			578
D. Housekeeping			726
E. Operating Expense Component & Per Diem	50.2894	50.2894	104,250
3. Resident Care			
A. Dietary			11,261
B. Other			34,440
C. Nursing			0
D. Resident Care & Per Diem	22.0458	22.0458	45,701
4. Prop Exp & Per Diem	13.3811	13.3811	27,739
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,007.25	730.00	1,737.25
3. Staffing Percent	57.9795654	42.0204346	100.00
4. Allocation of Direct Care	153,526.41	111,267.59	264,794.00
5. Direct Care Expense Per Diem	114.3160	152.4214	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,343	730	2,073
2. Additional Services	5,452	2,964	8,416
3. Additional Services Exp & Per Diem	4.0596	4.0603	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	50.2894	50.2894	104,250
2. Resident Care Component	140.4214	178.5275	318,911
3. Property Cost Component	13.3811	13.3811	27,739
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	204.0919	242.1980	450,900



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028552800 - 2011/04

RI: 220.46

NM: 261.01

Sunrise Group Home #12

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.020	153.462	192.482	39.020	193.417	232.437
2. Inflate Line 1 by Inflation Factor 1.01934246	39.774	156.431	196.205	39.774	197.158	236.933
3. Line 1 x 1.400 x Inflation Factor 1.02707944	40.076	157.618	197.694	40.076	198.655	238.731
4. Current Period Cost	50.289	140.421	190.711	50.289	178.527	228.817
5. Incentive Basis (line 3 - line 4)	0.000	17.197		0.000	20.127	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.076	140.421	180.498	40.076	178.527	218.604
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.598	8.598	0.000	10.064	10.064
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.213	4.213	0.000	5.356	5.356
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.213	4.213	0.000	5.356	5.356
10. Final Incentive	0.000	4.213	4.213	0.000	5.356	5.356
11. Current Period Base: (line 6 + line 10)	40.076	144.634	184.710	40.076	183.883	223.960
12. Plus: Property Rate Component			13.381			13.381
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			198.091			237.341
15. Prospective Rate: Line 11 x Inflation (1.03303568)	41.400	149.412	190.812	41.400	189.958	231.358
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	41.400	149.412	190.812	41.400	189.958	231.358
19. Property Rate Component			13.381			13.381
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			204.19			244.74
23. Medicaid Days		1,343			730	
24. Resident Days		1,343			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			21.61			25.91
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			35.84			40.14
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			220.46			261.01



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028553600 - 2011/04
RI:295.17 / NM:340.26

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

Provider Number: 028553600
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>294.51</u>	<u>295.17</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>340.73</u>	<u>340.26</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028553600

Provider Name: **Sunrise Group Home #13**
 Provider Number: 28553600
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			134,495
B. Plant Operation			55,429
C. Laundry			254
D. Housekeeping			1,611
E. Operating Expense Component & Per Diem	87.5749	87.5749	191,789
3. Resident Care			
A. Dietary			12,278
B. Other			55,633
C. Nursing			0
D. Resident Care & Per Diem	31.0096	31.0096	67,911
4. Prop Exp & Per Diem	21.9402	21.9402	48,049
5. ROE/Use Per Diem	0.8813	0.8813	1,930
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	231,705.79	61,788.21	293,494.00
5. Direct Care Expense Per Diem	126.9621	169.2828	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	34,592	6,918	41,510
3. Additional Services Exp & Per Diem	18.9545	18.9534	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	87.5749	87.5749	191,789
2. Resident Care Component	176.9262	219.2458	402,915
3. Property Cost Component	21.9402	21.9402	48,049
4. ROE/Use Allow Component	0.8813	0.8813	1,930
5 Total Cost Per Diem	287.3225	329.6421	644,683



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028553600 - 2011/04

RI: 295.17

NM: 340.26

Sunrise Group Home #13

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 08/03/2010 - 09/07/2010 Days Eligible: 148 of 183

Eligibility factor :80.87%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.223	179.368	245.591	66.223	223.750	289.974
2. Inflate Line 1 by Inflation Factor 1.01934246	67.504	182.837	250.341	67.504	228.078	295.582
3. Line 1 x 1.400 x Inflation Factor 1.02707944	68.016	184.225	252.241	68.016	229.809	297.826
4. Current Period Cost	87.575	176.926	264.501	87.575	219.246	306.821
5. Incentive Basis (line 3 - line 4)	0.000	7.299		0.000	10.564	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.016	176.926	244.943	68.016	219.246	287.262
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.649	3.649	0.000	5.282	5.282
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.308	5.308	0.000	6.577	6.577
9. Incentive - Min of Line 7,8 x Eligibility factor 80.87%	0.000	2.951	2.951	0.000	4.272	4.272
10. Final Incentive	0.000	2.951	2.951	0.000	4.272	4.272
11. Current Period Base: (line 6 + line 10)	68.016	179.878	247.894	68.016	223.517	291.534
12. Plus: Property Rate Component			21.940			21.940
13. Plus: ROE/Use Rate			0.881			0.881
14. Total Current Period Base			270.716			314.355
15. Prospective Rate: Line 11 x Inflation (1.03303568)	70.263	185.820	256.083	70.263	230.901	301.165
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	70.263	185.820	256.083	70.263	230.901	301.165
19. Property Rate Component			21.940			21.940
20. ROE Component + ROE Interim Component			0.881			0.881
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			278.90			323.99
23. Medicaid Days			1,825			365
24. Resident Days			1,825			365
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj (10.58510%)			29.52			34.29
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			43.75			48.52
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			295.17			340.26



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028554400 - 2011/04
RI:299.42 / NM:0.00

Coletta Drive Group Home

1604 Coletta Drive
 Orlando FL 32807

Provider Number: 028554400
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>335.24</u>	<u>299.42</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028554400

Provider Name: **Coletta Drive Group Home**
 Provider Number: 28554400
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,166	0	2,166
2. Operating Expenses Component			
A. Administration			147,146
B. Plant Operation			27,176
C. Laundry			1,007
D. Housekeeping			2,938
E. Operating Expense Component & Per Diem	82.3024	0.0000	178,267
3. Resident Care			
A. Dietary			23,986
B. Other			0
C. Nursing			10,742
D. Resident Care & Per Diem	16.0332	0.0000	34,728
4. Prop Exp & Per Diem	18.1376	0.0000	39,286
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,624.50		1,624.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	239,202.00		239,202.00
5. Direct Care Expense Per Diem	110.4349		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,166		2,166
2. Additional Services	89,026		89,026
3. Additional Services Exp & Per Diem	41.1016		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	82.3024		178,267
2. Resident Care Component	167.5697		362,956
3. Property Cost Component	18.1376		39,286
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	268.0097		580,509



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028554400 - 2011/04

RI: 299.42

NM: 0.00

Coletta Drive Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.317	199.554	282.871			
2. Inflate Line 1 by Inflation Factor 1.01934246	84.929	203.413	288.342			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	85.573	204.957	290.531			
4. Current Period Cost	82.302	167.570	249.872			
5. Incentive Basis (line 3 - line 4)	3.271	37.388		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.302	167.570	249.872			
7. Incentive Line 5 x Oper 50% Res 50%	1.635	18.694	20.329	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.230	5.027	13.257	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.635	5.027	6.663	0.000	0.000	0.000
10. Final Incentive	1.635	5.027	6.663	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	83.938	172.597	256.535	0.000	0.000	0.000
12. Plus: Property Rate Component			18.138			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			274.672			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	86.711	178.299	265.009	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.711	178.299	265.009	0.000	0.000	0.000
19. Property Rate Component			18.138			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			283.15			0.00
23. Medicaid Days		2,166			0	
24. Resident Days		2,166			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			29.97			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			44.20			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			299.42			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028555200 - 2011/04
RI:216.53 / NM:244.79

Gulfview
 2603 State Avenue
 Panama City FL 32405

Provider Number: 028555200
 Date: 04/25/2011
 FYE: 12/31/2009
 Audit Status: DeskAudited [2]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	214.56	216.53	04/01/2011
#8 Non-Ambulatory & #9 Medical	242.51	244.79	04/01/2011

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)

Home Office:

Residential CRF, Inc.

1117 Central Avenue
 Connersville IN 47331

For Information only - No Change in rate



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028555200

Provider Name: **Gulfview**
 Provider Number: 28555200
 Audit Status: DeskAudited [2]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 01/01/2009 - 12/31/2009
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,453	630	2,083
2. Operating Expenses Component			
A. Administration			100,705
B. Plant Operation			22,766
C. Laundry			0
D. Housekeeping			4,833
E. Operating Expense Component & Per Diem	61.5958	61.5958	128,304
3. Resident Care			
A. Dietary			11,831
B. Other			0
C. Nursing			17,025
D. Resident Care & Per Diem	13.8531	13.8531	28,856
4. Prop Exp & Per Diem	17.9059	17.9059	37,298
5. ROE/Use Per Diem	1.2525	1.2525	2,609
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,089.75	630.00	1,719.75
3. Staffing Percent	63.3667684	36.6332316	100.00
4. Allocation of Direct Care	106,115.26	61,346.74	167,462.00
5. Direct Care Expense Per Diem	73.0318	97.3758	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,453	630	2,083
2. Additional Services	33,440	14,499	47,939
3. Additional Services Exp & Per Diem	23.0145	23.0143	
D. Medicaid Per Diem Cost			
1. Operating Component	61.5958	61.5958	128,304
2. Resident Care Component	109.8994	134.2432	244,257
3. Property Cost Component	17.9059	17.9059	37,298
4. ROE/Use Allow Component	1.2525	1.2525	2,609
5 Total Cost Per Diem	190.6536	214.9974	412,468



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Calculation Sheet
Rates Effective 04/01/2011 through 09/30/2011

028555200 - 2011/04

RI: 216.53

NM: 244.79

Gulfview

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2009	12/31/2009	DeskAudited [2]	201004
Prior Cost Report	01/01/2008	12/31/2008	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	62.430	107.694	170.124	62.430	136.587	199.017
2. Inflate Line 1 by Inflation Factor 1.02322350	63.880	110.195	174.075	63.880	139.759	203.639
3. Line 1 x 1.400 x Inflation Factor 1.03251290	64.460	111.195	175.655	64.460	141.027	205.487
4. Current Period Cost	61.596	109.899	171.495	61.596	134.243	195.839
5. Incentive Basis (line 3 - line 4)	2.864	1.296		2.864	6.784	
6. Allowed Current Period Costs (Min of line 3 or 4)	61.596	109.899	171.495	61.596	134.243	195.839
7. Incentive Line 5 x Oper 50% Res 50%	1.432	0.648	2.080	1.432	3.392	4.824
8. Incentive - Line 4 x Oper 10% Res 3%	6.160	3.297	9.457	6.160	4.027	10.187
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.432	0.648	2.080	1.432	3.392	4.824
10. Final Incentive	1.432	0.648	2.080	1.432	3.392	4.824
11. Current Period Base: (line 6 + line 10)	63.028	110.547	173.575	63.028	137.635	200.663
12. Plus: Property Rate Component			17.906			17.906
13. Plus: ROE/Use Rate			1.253			1.253
14. Total Current Period Base			192.734			219.822
15. Prospective Rate: Line 11 x Inflation (1.04333445)	65.759	115.338	181.097	65.759	143.600	209.359
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	65.759	115.338	181.097	65.759	143.600	209.359
19. Property Rate Component			17.906			17.906
20. ROE Component + ROE Interim Component			1.253			1.253
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			200.26			228.52
23. Medicaid Days		1,453			630	
24. Resident Days		1,453			630	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			21.20			24.19
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			35.43			38.42
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			216.53			244.79



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028557900 - 2011/04
RI:234.50 / NM:0.00

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

Provider Number: 028557900
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>242.57</u>	<u>234.50</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028557900

Provider Name: **Sunrise 148th Court**
 Provider Number: 28557900
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			60,718
B. Plant Operation			29,223
C. Laundry			2,290
D. Housekeeping			2,410
E. Operating Expense Component & Per Diem	43.2151	0.0000	94,641
3. Resident Care			
A. Dietary			18,342
B. Other			43,676
C. Nursing			825
D. Resident Care & Per Diem	28.6954	0.0000	62,843
4. Prop Exp & Per Diem	17.5215	0.0000	38,372
5. ROE/Use Per Diem	0.1018	0.0000	223
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	250,070.00		250,070.00
5. Direct Care Expense Per Diem	114.1872		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	7,571		7,571
3. Additional Services Exp & Per Diem	3.4571		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	43.2151		94,641
2. Resident Care Component	146.3397		320,484
3. Property Cost Component	17.5215		38,372
4. ROE/Use Allow Component	0.1018		223
5 Total Cost Per Diem	207.1781		453,720



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028557900 - 2011/04

RI: 234.50

NM: 0.00

Sunrise 148th Court

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.550	160.567	203.117			
2. Inflate Line 1 by Inflation Factor 1.01934246	43.373	163.673	207.046			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	43.702	164.916	208.617			
4. Current Period Cost	43.215	146.340	189.555			
5. Incentive Basis (line 3 - line 4)	0.487	18.576		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.215	146.340	189.555			
7. Incentive Line 5 x Oper 50% Res 50%	0.243	9.288	9.531	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.322	4.390	8.712	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.243	4.390	4.634	0.000	0.000	0.000
10. Final Incentive	0.243	4.390	4.634	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.458	150.730	194.188	0.000	0.000	0.000
12. Plus: Property Rate Component			17.521			0.000
13. Plus: ROE/Use Rate			0.102			0.000
14. Total Current Period Base			211.812			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	44.894	155.709	200.603	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.894	155.709	200.603	0.000	0.000	0.000
19. Property Rate Component			17.521			0.000
20. ROE Component + ROE Interim Component			0.102			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			218.23			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			23.10			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			37.33			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			234.50			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028558700 - 2011/04
RI:217.63 / NM:0.00

Sunrise Oakmont
 19420 W. Oakmont Drive
 Miami Lakes FL 33015

Provider Number: 028558700
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	228.30	217.63	04/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028558700

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			62,186
B. Plant Operation			33,817
C. Laundry			2,779
D. Housekeeping			5,434
E. Operating Expense Component & Per Diem	47.5872	0.0000	104,216
3. Resident Care			
A. Dietary			20,927
B. Other			41,579
C. Nursing			357
D. Resident Care & Per Diem	28.7046	0.0000	62,863
4. Prop Exp & Per Diem	20.5735	0.0000	45,056
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	216,735.00		216,735.00
5. Direct Care Expense Per Diem	98.9658		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	1,701		1,701
3. Additional Services Exp & Per Diem	0.7767		
D. Medicaid Per Diem Cost			
1. Operating Component	47.5872		104,216
2. Resident Care Component	128.4470		281,299
3. Property Cost Component	20.5735		45,056
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	196.6078		430,571



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028558700 - 2011/04
RI: 217.63
NM: 0.00

Sunrise Oakmont

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.582	141.989	183.571			
2. Inflate Line 1 by Inflation Factor 1.01934246	42.386	144.735	187.122			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	42.708	145.834	188.542			
4. Current Period Cost	47.587	128.447	176.034			
5. Incentive Basis (line 3 - line 4)	0.000	17.387	17.387	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	42.708	128.447	171.155			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.693	8.693	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.853	3.853	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.853	3.853	0.000	0.000	0.000
10. Final Incentive	0.000	3.853	3.853	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.708	132.300	175.008	0.000	0.000	0.000
12. Plus: Property Rate Component			20.574			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			195.582			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	44.119	136.671	180.790	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.119	136.671	180.790	0.000	0.000	0.000
19. Property Rate Component			20.574			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			201.36			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			21.31			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			35.54			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			217.63			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

028559500 - 2011/04
RI:242.70 / NM:0.00

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

Provider Number: 028559500
Date: 04/25/2011
FYE: 06/30/2010
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	252.02	242.70	04/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (10)
Home Office:
Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028559500

Provider Name: **Sunrise 53rd Ct.**
 Provider Number: 28559500
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,188	0	2,188
2. Operating Expenses Component			
A. Administration			63,073
B. Plant Operation			26,224
C. Laundry			1,636
D. Housekeeping			2,432
E. Operating Expense Component & Per Diem	42,6714	0.0000	93,365
3. Resident Care			
A. Dietary			21,669
B. Other			39,377
C. Nursing			6,975
D. Resident Care & Per Diem	31,0882	0.0000	68,021
4. Prop Exp & Per Diem	19,5910	0.0000	42,865
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,641.00		1,641.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	261,440.00		261,440.00
5. Direct Care Expense Per Diem	119.4881		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,188		2,188
2. Additional Services	1,810		1,810
3. Additional Services Exp & Per Diem	0.8272		
D. Medicaid Per Diem Cost			
1. Operating Component	42,6714		93,365
2. Resident Care Component	151,4036		331,271
3. Property Cost Component	19,5910		42,865
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	213.6659		467,501



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028559500 - 2011/04

RI: 242.70

NM: 0.00

Sunrise 53rd Ct.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.675	160.209	204.884			
2. Inflate Line 1 by Inflation Factor 1.01934246	45.539	163.308	208.847			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	45.884	164.548	210.432			
4. Current Period Cost	42.671	151.404	194.075			
5. Incentive Basis (line 3 - line 4)	3.213	13.144		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.671	151.404	194.075			
7. Incentive Line 5 x Oper 50% Res 50%	1.607	6.572	8.179	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.267	4.542	8.809	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.607	4.542	6.149	0.000	0.000	0.000
10. Final Incentive	1.607	4.542	6.149	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	44.278	155.946	200.224	0.000	0.000	0.000
12. Plus: Property Rate Component			19.591			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			219.815			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	45.741	161.097	206.838	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	45.741	161.097	206.838	0.000	0.000	0.000
19. Property Rate Component			19.591			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			226.43			0.00
23. Medicaid Days		2,188			0	
24. Resident Days		2,188			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			23.97			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			38.20			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			242.70			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028560900 - 2011/04
RI:241.07 / NM:281.46

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

Provider Number: 028560900
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>248.62</u>	<u>241.07</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>276.51</u>	<u>281.46</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
 Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028560900

Provider Name: **Sunrise 55th Court**
 Provider Number: 28560900
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,902	91	1,993
2. Operating Expenses Component			
A. Administration			66,849
B. Plant Operation			21,163
C. Laundry			1,826
D. Housekeeping			1,904
E. Operating Expense Component & Per Diem	46.0321	46.0321	91,742
3. Resident Care			
A. Dietary			20,361
B. Other			31,627
C. Nursing			0
D. Resident Care & Per Diem	26.0853	26.0853	51,988
4. Prop Exp & Per Diem	13.3101	13.3101	26,527
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,426.50	91.00	1,517.50
3. Staffing Percent	94.0032949	5.9967051	100.00
4. Allocation of Direct Care	234,445.16	14,955.84	249,401.00
5. Direct Care Expense Per Diem	123.2624	164.3499	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,902	91	1,993
2. Additional Services	9,252	442	9,694
3. Additional Services Exp & Per Diem	4.8644	4.8571	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	46.0321	46.0321	91,742
2. Resident Care Component	154.2121	195.2924	311,083
3. Property Cost Component	13.3101	13.3101	26,527
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	213.5543	254.6346	429,352



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028560900 - 2011/04

RI: 241.07

NM: 281.46

Sunrise 55th Court

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.675	166.545	211.220	44.675	195.293	239.968
2. Inflate Line 1 by Inflation Factor 1.01934246	45.539	169.767	215.306	45.539	199.070	244.610
3. Line 1 x 1.400 x Inflation Factor 1.02707944	45.885	171.055	216.940	45.885	200.581	246.466
4. Current Period Cost	46.032	154.212	200.244	46.032	195.292	241.324
5. Incentive Basis (line 3 - line 4)	0.000	16.843		0.000	5.289	
6. Allowed Current Period Costs (Min of line 3 or 4)	45.885	154.212	200.097	45.885	195.292	241.177
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.422	8.422	0.000	2.645	2.645
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.626	4.626	0.000	5.859	5.859
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.626	4.626	0.000	2.645	2.645
10. Final Incentive	0.000	4.626	4.626	0.000	2.645	2.645
11. Current Period Base: (line 6 + line 10)	45.885	158.838	204.723	45.885	197.937	243.822
12. Plus: Property Rate Component			13.310			13.310
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			218.033			257.132
15. Prospective Rate: Line 11 x Inflation (1.03303568)	47.401	164.086	211.486	47.401	204.476	251.876
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	47.401	164.086	211.486	47.401	204.476	251.876
19. Property Rate Component			13.310			13.310
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			224.80			265.19
23. Medicaid Days		1,902			91	
24. Resident Days		1,902			91	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			23.79			28.07
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			38.02			42.30
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			241.07			281.46



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028561700 - 2011/04
RI:233.82 / NM:0.00

Sunrise Wentworth
 18711 Wentworth Drive
 Miami Lakes FL 33015

Provider Number: 028561700
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	230.04	233.82	04/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028561700

Provider Name: **Sunrise Wentworth**
 Provider Number: 28561700
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,151	0	2,151
2. Operating Expenses Component			
A. Administration			60,105
B. Plant Operation			21,986
C. Laundry			1,504
D. Housekeeping			1,988
E. Operating Expense Component & Per Diem	39,7875	0.0000	85,583
3. Resident Care			
A. Dietary			20,794
B. Other			38,637
C. Nursing			544
D. Resident Care & Per Diem	27,8824	0.0000	59,975
4. Prop Exp & Per Diem	19,6439	0.0000	42,254
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,613.25		1,613.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	268,541.00		268,541.00
5. Direct Care Expense Per Diem	124.8447		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,151		2,151
2. Additional Services	4,188		4,188
3. Additional Services Exp & Per Diem	1,9470		
D. Medicaid Per Diem Cost			
1. Operating Component	39,7875		85,583
2. Resident Care Component	154,6741		332,704
3. Property Cost Component	19,6439		42,254
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	214,1055		460,541



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028561700 - 2011/04

RI: 233.82

NM: 0.00

Sunrise Wentworth

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.644	147.333	186.976			
2. Inflate Line 1 by Inflation Factor 1.01934246	40.411	150.182	190.593			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	40.717	151.322	192.040			
4. Current Period Cost	39.788	154.674	194.462			
5. Incentive Basis (line 3 - line 4)	0.930	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.788	151.322	191.110			
7. Incentive Line 5 x Oper 50% Res 50%	0.465	0.000	0.465	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.979	0.000	3.979	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.465	0.000	0.465	0.000	0.000	0.000
10. Final Incentive	0.465	0.000	0.465	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	40.252	151.322	191.575	0.000	0.000	0.000
12. Plus: Property Rate Component			19.644			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			211.219			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	41.582	156.321	197.904	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	41.582	156.321	197.904	0.000	0.000	0.000
19. Property Rate Component			19.644			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			217.55			0.00
23. Medicaid Days		2,151			0	
24. Resident Days		2,151			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			23.03			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			37.26			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			233.82			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028563300 - 2011/04
RI:333.54 / NM:0.00

TUNIS STREET GROUP HOME
 4748 Tunis Street
 Jacksonville FL 32210

Provider Number: 028563300
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>331.31</u>	<u>333.54</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028563300

Provider Name: **TUNIS STREET GROUP HOME**
 Provider Number: 28563300
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,099	0	2,099
2. Operating Expenses Component			
A. Administration			158,524
B. Plant Operation			27,062
C. Laundry			848
D. Housekeeping			2,022
E. Operating Expense Component & Per Diem	89.7837	0.0000	188,456
3. Resident Care			
A. Dietary			24,728
B. Other			0
C. Nursing			43,363
D. Resident Care & Per Diem	32.4397	0.0000	68,091
4. Prop Exp & Per Diem	18.5617	0.0000	38,961
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,574.25		1,574.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	237,271.00		237,271.00
5. Direct Care Expense Per Diem	113.0400		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,099		2,099
2. Additional Services	124,121		124,121
3. Additional Services Exp & Per Diem	59.1334		
D. Medicaid Per Diem Cost			
1. Operating Component	89.7837		188,456
2. Resident Care Component	204.6131		429,483
3. Property Cost Component	18.5617		38,961
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	312.9586		656,900



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028563300 - 2011/04

RI: 333.54

NM: 0.00

TUNIS STREET GROUP HOME

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.187	199.475	281.662			
2. Inflate Line 1 by Inflation Factor 1.01934246	83.776	203.333	287.110			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	84.412	204.877	289.289			
4. Current Period Cost	89.784	204.613	294.397			
5. Incentive Basis (line 3 - line 4)	0.000	0.264		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	84.412	204.613	289.026			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.132	0.132	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.138	6.138	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.132	0.132	0.000	0.000	0.000
10. Final Incentive	0.000	0.132	0.132	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	84.412	204.745	289.157	0.000	0.000	0.000
12. Plus: Property Rate Component			18.562			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			307.719			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	87.201	211.509	298.710	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	87.201	211.509	298.710	0.000	0.000	0.000
19. Property Rate Component			18.562			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			317.27			0.00
23. Medicaid Days		2,099			0	
24. Resident Days		2,099			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			33.58			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			47.81			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			333.54			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028565000 - 2011/04
RI:300.44 / NM:366.93

LAKEVIEW COURT
 920 W. Kennedy Blvd
 Orlando FL 32810

Provider Number: 028565000
 Date: 04/25/2011
 FYE: 11/30/2009
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>297.66</u>	<u>300.44</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>363.43</u>	<u>366.93</u>	<u>04/01/2011</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

 X Prospective
 X Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 DSI

P.O. BOX 2064
WINTER PARK FL 32790

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028565000

Provider Name: **LAKEVIEW COURT**
 Provider Number: 28565000
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 12/01/2008 - 11/30/2009
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13,140	10,206	23,346
2. Operating Expenses Component			
A. Administration			1,199,077
B. Plant Operation			398,737
C. Laundry			43,084
D. Housekeeping			25,677
E. Operating Expense Component & Per Diem	71.3859	71.3859	1,666,575
3. Resident Care			
A. Dietary			527,961
B. Other			41,571
C. Nursing			685,584
D. Resident Care & Per Diem	53.7615	53.7615	1,255,116
4. Prop Exp & Per Diem	27.1426	27.1426	633,671
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,570.00	10,206.00	16,776.00
3. Staffing Percent	39.1630901	60.8369099	100.00
4. Allocation of Direct Care	819,193.55	1,272,555.45	2,091,749.00
5. Direct Care Expense Per Diem	62.3435	124.6870	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,140	10,206	23,346
2. Additional Services	734,511	570,504	1,305,015
3. Additional Services Exp & Per Diem	55.8989	55.8989	
D. Medicaid Per Diem Cost			
1. Operating Component	71.3859	71.3859	1,666,575
2. Resident Care Component	172.0039	234.3474	4,651,880
3. Property Cost Component	27.1426	27.1426	633,671
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	270.5323	332.8759	6,952,126



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Calculation Sheet
Rates Effective 04/01/2011 through 09/30/2011

028565000 - 2011/04

RI: 300.44

NM: 366.93

LAKEVIEW COURT

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/01/2008	11/30/2009	Unaudited [3]	201004
Prior Cost Report	12/01/2007	11/30/2008	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.598	172.103	240.701	68.598	234.863	303.461
2. Inflate Line 1 by Inflation Factor 1.02455940	70.282	176.330	246.612	70.282	240.632	310.914
3. Line 1 x 1.400 x Inflation Factor 1.03438315	70.956	178.020	248.977	70.956	242.939	313.895
4. Current Period Cost	71.386	172.004	243.390	71.386	234.347	305.733
5. Incentive Basis (line 3 - line 4)	0.000	6.017		0.000	8.591	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.956	172.004	242.960	70.956	234.347	305.304
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.008	3.008	0.000	4.296	4.296
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.160	5.160	0.000	7.030	7.030
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.008	3.008	0.000	4.296	4.296
10. Final Incentive	0.000	3.008	3.008	0.000	4.296	4.296
11. Current Period Base: (line 6 + line 10)	70.956	175.012	245.968	70.956	238.643	309.599
12. Plus: Property Rate Component			27.143			27.143
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			273.111			336.742
15. Prospective Rate: Line 11 x Inflation (1.04494741)	74.146	182.878	257.024	74.146	249.370	323.515
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	74.146	182.878	257.024	74.146	249.370	323.515
19. Property Rate Component			27.143			27.143
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			284.17			350.66
23. Medicaid Days		13,140			10,206	
24. Resident Days		13,140			10,206	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			30.08			37.12
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			44.31			51.35
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			300.44			366.93



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028566800 - 2011/04
RI:307.50 / NM:365.48

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

Provider Number: 028566800
 Date: 04/25/2011
 FYE: 11/30/2009
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>304.65</u>	<u>307.50</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>361.97</u>	<u>365.48</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)

Home Office:

DSI

P.O. BOX 2064
WINTER PARK FL 32790

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028566800

Provider Name: **WASHINGTON SQUARE**
 Provider Number: 28566800
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 12/01/2008 - 11/30/2009
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,388	18,801	23,189
2. Operating Expenses Component			
A. Administration			1,259,399
B. Plant Operation			362,461
C. Laundry			34,729
D. Housekeeping			23,110
E. Operating Expense Component & Per Diem	72.4352	72.4352	1,679,699
3. Resident Care			
A. Dietary			551,967
B. Other			43,248
C. Nursing			815,064
D. Resident Care & Per Diem	60.8167	60.8167	1,410,279
4. Prop Exp & Per Diem	28.4541	28.4541	659,821
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,194.00	18,801.00	20,995.00
3. Staffing Percent	10.4501072	89.5498928	100.00
4. Allocation of Direct Care	235,030.64	2,014,043.36	2,249,074.00
5. Direct Care Expense Per Diem	53.5621	107.1243	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,388	18,801	23,189
2. Additional Services	258,350	1,106,939	1,365,289
3. Additional Services Exp & Per Diem	58.8765	58.8766	
D. Medicaid Per Diem Cost			
1. Operating Component	72.4352	72.4352	1,679,699
2. Resident Care Component	173.2553	226.8176	5,024,642
3. Property Cost Component	28.4541	28.4541	659,821
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	274.1446	327.7068	7,364,162



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Calculation Sheet
Rates Effective 04/01/2011 through 09/30/2011

028566800 - 2011/04
RI: 307.50
NM: 365.48

WASHINGTON SQUARE

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/01/2008	11/30/2009	Unaudited [3]	201004
Prior Cost Report	12/01/2007	11/30/2008	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.762	176.938	248.700	71.762	232.901	304.663
2. Inflate Line 1 by Inflation Factor 1.02455940	73.524	181.284	254.808	73.524	238.621	312.145
3. Line 1 x 1.400 x Inflation Factor 1.03438315	74.229	183.022	257.251	74.229	240.909	315.138
4. Current Period Cost	72.435	173.255	245.691	72.435	226.818	299.253
5. Incentive Basis (line 3 - line 4)	1.794	9.767		1.794	14.092	
6. Allowed Current Period Costs (Min of line 3 or 4)	72.435	173.255	245.691	72.435	226.818	299.253
7. Incentive Line 5 x Oper 50% Res 50%	0.897	4.883	5.780	0.897	7.046	7.943
8. Incentive - Line 4 x Oper 10% Res 3%	7.244	5.198	12.441	7.244	6.805	14.048
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.897	4.883	5.780	0.897	6.805	7.702
10. Final Incentive	0.897	4.883	5.780	0.897	6.805	7.702
11. Current Period Base: (line 6 + line 10)	73.332	178.139	251.471	73.332	233.622	306.954
12. Plus: Property Rate Component			28.454			28.454
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			279.925			335.408
15. Prospective Rate: Line 11 x Inflation (1.04494741)	76.628	186.146	262.774	76.628	244.123	320.751
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.628	186.146	262.774	76.628	244.123	320.751
19. Property Rate Component			28.454			28.454
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			291.23			349.21
23. Medicaid Days		4,388			18,801	
24. Resident Days		4,388			18,801	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			30.83			36.96
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			45.06			51.19
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			307.50			365.48



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028567600 - 2011/04
RI:287.54 / NM:340.14

HOWELL BRANCH COURT
 3664 Howell Branch Road
 Winter Park FL 32792

Provider Number: 028567600
 Date: 04/25/2011
 FYE: 11/30/2009
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>284.90</u>	<u>287.54</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>336.93</u>	<u>340.14</u>	<u>04/01/2011</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 DSI

 P.O. BOX 2064

 WINTER PARK FL 32790

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

028567600

Provider Name: **HOWELL BRANCH COURT**
 Provider Number: 28567600
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 12/01/2008 - 11/30/2009
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,253	20,972	23,225
2. Operating Expenses Component			1,208,359
A. Administration			336,102
B. Plant Operation			36,875
C. Laundry			21,507
D. Housekeeping			1,602,843
E. Operating Expense Component & Per Diem	69.0137	69.0137	
3. Resident Care			524,016
A. Dietary			60,582
B. Other			770,758
C. Nursing			1,355,356
D. Resident Care & Per Diem	58.3576	58.3576	
4. Prop Exp & Per Diem	27.3034	27.3034	634,121
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,126.50	20,972.00	22,098.50
3. Staffing Percent	5.0976311	94.9023689	100.00
4. Allocation of Direct Care	109,602.18	2,040,458.82	2,150,061.00
5. Direct Care Expense Per Diem	48.6472	97.2944	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,253	20,972	23,225
2. Additional Services	125,506	1,168,272	1,293,778
3. Additional Services Exp & Per Diem	55.7062	55.7063	
D. Medicaid Per Diem Cost			
1. Operating Component	69.0137	69.0137	1,602,843
2. Resident Care Component	162.7110	211.3583	4,799,195
3. Property Cost Component	27.3034	27.3034	634,121
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	259.0281	307.6754	7,036,159



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028567600 - 2011/04

RI: 287.54

NM: 340.14

HOWELL BRANCH COURT

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/01/2008	11/30/2009	Unaudited [3]	201004
Prior Cost Report	12/01/2007	11/30/2008	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	65.963	162.199	228.161	65.963	212.488	278.451
2. Inflate Line 1 by Inflation Factor 1.02455940	67.583	166.182	233.765	67.583	217.707	285.289
3. Line 1 x 1.400 x Inflation Factor 1.03438315	68.231	167.776	236.006	68.231	219.794	288.025
4. Current Period Cost	69.014	162.711	231.725	69.014	211.358	280.372
5. Incentive Basis (line 3 - line 4)	0.000	5.065		0.000	8.436	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.231	162.711	230.942	68.231	211.358	279.589
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.532	2.532	0.000	4.218	4.218
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.881	4.881	0.000	6.341	6.341
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.532	2.532	0.000	4.218	4.218
10. Final Incentive	0.000	2.532	2.532	0.000	4.218	4.218
11. Current Period Base: (line 6 + line 10)	68.231	165.243	233.474	68.231	215.576	283.807
12. Plus: Property Rate Component			27.303			27.303
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			260.777			311.110
15. Prospective Rate: Line 11 x Inflation (1.04494741)	71.297	172.671	243.968	71.297	225.266	296.563
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	71.297	172.671	243.968	71.297	225.266	296.563
19. Property Rate Component			27.303			27.303
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			271.27			323.87
23. Medicaid Days		2,253			20,972	
24. Resident Days		2,253			20,972	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			28.71			34.28
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			42.94			48.51
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			287.54			340.14



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028568400 - 2011/04
RI:249.65 / NM:0.00

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

Provider Number: 028568400
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>252.11</u>	<u>249.65</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

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

9040 Sunset Drive Suite 70-A
Miami Fl 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028568400

Provider Name: **Sunrise 157th Terrace**
 Provider Number: 28568400
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,046	0	2,046
2. Operating Expenses Component			
A. Administration			61,418
B. Plant Operation			21,559
C. Laundry			1,007
D. Housekeeping			2,830
E. Operating Expense Component & Per Diem	42.4311	0.0000	86,814
3. Resident Care			
A. Dietary			18,267
B. Other			36,412
C. Nursing			2,483
D. Resident Care & Per Diem	27.9384	0.0000	57,162
4. Prop Exp & Per Diem	12.5929	0.0000	25,765
5. ROE/Use Per Diem	1.3416	0.0000	2,745
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,534.50		1,534.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	262,995.00		262,995.00
5. Direct Care Expense Per Diem	128.5411		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,046		2,046
2. Additional Services	14,075		14,075
3. Additional Services Exp & Per Diem	6.8793		
D. Medicaid Per Diem Cost			
1. Operating Component	42.4311		86,814
2. Resident Care Component	163.3587		334,232
3. Property Cost Component	12.5929		25,765
4. ROE/Use Allow Component	1.3416		2,745
5 Total Cost Per Diem	219.7243		449,556



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028568400 - 2011/04

RI: 249.65

NM: 0.00

Sunrise 157th Terrace

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.839	168.448	213.287			
2. Inflate Line 1 by Inflation Factor 1.01934246	45.707	171.706	217.413			
3. Line 1 x 1.400 x Inflation Factor 1.02707944	46.054	173.009	219.063			
4. Current Period Cost	42.431	163.359	205.790			
5. Incentive Basis (line 3 - line 4)	3.622	9.651		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.431	163.359	205.790			
7. Incentive Line 5 x Oper 50% Res 50%	1.811	4.825	6.636	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.243	4.901	9.144	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.811	4.825	6.636	0.000	0.000	0.000
10. Final Incentive	1.811	4.825	6.636	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	44.242	168.184	212.426	0.000	0.000	0.000
12. Plus: Property Rate Component			12.593			0.000
13. Plus: ROE/Use Rate			1.342			0.000
14. Total Current Period Base			226.361			0.000
15. Prospective Rate: Line 11 x Inflation (1.03303568)	45.704	173.740	219.444	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	45.704	173.740	219.444	0.000	0.000	0.000
19. Property Rate Component			12.593			0.000
20. ROE Component + ROE Interim Component			1.342			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			233.38			0.00
23. Medicaid Days		2,046			0	
24. Resident Days		2,046			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			24.70			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			38.93			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			249.65			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028569200 - 2011/04

RI:286.74 / NM:331.07

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

Provider Number: 028569200
 Date: 04/25/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>279.93</u>	<u>286.74</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>324.96</u>	<u>331.07</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami Fl 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

028569200

Provider Name: **Sunrise 145th St. Group Home**
 Provider Number: 28569200
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	1,825	2,190
2. Operating Expenses Component			
A. Administration			87,172
B. Plant Operation			46,418
C. Laundry			1,893
D. Housekeeping			1,967
E. Operating Expense Component & Per Diem	62.7626	62.7626	137,450
3. Resident Care			
A. Dietary			20,467
B. Other			34,431
C. Nursing			12,301
D. Resident Care & Per Diem	30.6845	30.6845	67,199
4. Prop Exp & Per Diem	27.5475	27.5475	60,329
5. ROE/Use Per Diem	2.2096	2.2096	4,839
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,825.00	2,098.75
3. Staffing Percent	13.0434783	86.9565217	100.00
4. Allocation of Direct Care	45,343.30	302,288.70	347,632.00
5. Direct Care Expense Per Diem	124.2282	165.6376	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	5,749	28,747	34,496
3. Additional Services Exp & Per Diem	15.7507	15.7518	
D. Medicaid Per Diem Cost			
1. Operating Component	62.7626	62.7626	137,450
2. Resident Care Component	170.6634	212.0739	449,327
3. Property Cost Component	27.5475	27.5475	60,329
4. ROE/Use Allow Component	2.2096	2.2096	4,839
5 Total Cost Per Diem	263.1830	304.5935	651,945



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

028569200 - 2011/04
RI: 286.74
NM: 331.07

Sunrise 145th St. Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	56.600	174.373	230.973	56.600	217.617	274.217
2. Inflate Line 1 by Inflation Factor 1.01934246	57.695	177.746	235.441	57.695	221.826	279.521
3. Line 1 x 1.400 x Inflation Factor 1.02707944	58.133	179.095	237.228	58.133	223.510	281.643
4. Current Period Cost	62.763	170.663	233.426	62.763	212.074	274.836
5. Incentive Basis (line 3 - line 4)	0.000	8.432	8.432	0.000	11.436	11.436
6. Allowed Current Period Costs (Min of line 3 or 4)	58.133	170.663	228.796	58.133	212.074	270.207
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.216	4.216	0.000	5.718	5.718
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.120	5.120	0.000	6.362	6.362
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.216	4.216	0.000	5.718	5.718
10. Final Incentive	0.000	4.216	4.216	0.000	5.718	5.718
11. Current Period Base: (line 6 + line 10)	58.133	174.879	233.012	58.133	217.792	275.925
12. Plus: Property Rate Component			27.547			27.547
13. Plus: ROE/Use Rate			2.210			2.210
14. Total Current Period Base			262.769			305.682
15. Prospective Rate: Line 11 x Inflation (1.03303568)	60.053	180.656	240.710	60.053	224.987	285.040
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	60.053	180.656	240.710	60.053	224.987	285.040
19. Property Rate Component			27.547			27.547
20. ROE Component + ROE Interim Component			2.210			2.210
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			270.47			314.80
23. Medicaid Days			365			1,825
24. Resident Days			365			1,825
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj (10.58510%)			28.63			33.32
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			42.86			47.55
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			286.74			331.07



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031256800 - 2011/04
RI:372.41 / NM:460.34

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

Provider Number: 031256800
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>382.68</u>	<u>372.41</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>478.07</u>	<u>460.34</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (14)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031256800

Provider Name: **Mentor Avon Park Cluster**
 Provider Number: 31256800
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,291	8,291
2. Operating Expenses Component			
A. Administration			516,690
B. Plant Operation			230,738
C. Laundry			0
D. Housekeeping			74,282
E. Operating Expense Component & Per Diem	99.1087	99.1087	821,710
3. Resident Care			
A. Dietary			199,041
B. Other			0
C. Nursing			751,688
D. Resident Care & Per Diem	114.6700	114.6700	950,729
4. Prop Exp & Per Diem	11.4492	11.4492	94,925
5. ROE/Use Per Diem	0.9322	0.9322	7,729
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,291.00	8,291.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,259,326.00	1,259,326.00
5. Direct Care Expense Per Diem	75.9454	151.8907	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,291	8,291
2. Additional Services	0	135,127	135,127
3. Additional Services Exp & Per Diem	16.2980	16.2980	
D. Medicaid Per Diem Cost			
1. Operating Component	99.1087	99.1087	821,710
2. Resident Care Component	206.9134	282.8588	2,345,182
3. Property Cost Component	11.4492	11.4492	94,925
4. ROE/Use Allow Component	0.9322	0.9322	7,729
5 Total Cost Per Diem	318.4034	394.3488	3,269,546



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031256800 - 2011/04
RI: 372.41
NM: 460.34

Mentor Avon Park Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
1. Prior Period Base:	*	116.817	207.999	324.816	116.817	290.229	407.045
2. Inflate Line 1 by Inflation Factor 1.01955169	*	126.897	221.660	348.557	126.897	315.092	441.989
3. Line 1 x 1.400 x Inflation Factor 1.02737237	*	127.810	223.287	351.098	127.810	317.362	445.172
4. Current Period Cost		103.657	212.510	316.167	103.657	294.053	397.710
5. Incentive Basis (line 3 - line 4)		24.153	10.777		24.153	23.309	
6. Allowed Current Period Costs (Min of line 3 or 4)		103.657	212.510	316.167	103.657	294.053	397.710
7. Incentive Line 5 x Oper 50% Res 50%		12.077	5.389	17.465	12.077	11.654	23.731
8. Incentive - Line 4 x Oper 10% Res 3%		10.366	6.375	16.741	10.366	8.822	19.187
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%		10.366	5.389	15.754	10.366	8.822	19.187
10. Final Incentive		10.366	5.389	15.754	10.366	8.822	19.187
11. Current Period Base: (line 6 + line 10)		114.023	217.899	331.921	114.023	302.875	416.897
12. Plus: Property Rate Component				11.449			11.449
13. Plus: ROE/Use Rate				0.932			0.932
14. Total Current Period Base				344.303			429.279
15. Prospective Rate: Line 11 x Inflation (1.03474680)		117.985	225.470	343.454	117.985	313.399	431.383
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		117.985	225.470	343.454	117.985	313.399	431.383
19. Property Rate Component				11.449			11.449
20. ROE Component + ROE Interim Component				0.932			0.932
21. Plus :Property Interim Rate Component *				0.303			0.303
22. Final Per Diem				356.14			444.07
23. Medicaid Days				0		8,291	
24. Resident Days				0		8,291	
25. Medicaid Utilization			NA			100.00%	
26. Medicaid Trend Adj (10.58510%)				37.70			47.00
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)				51.93			61.23
28. Supplemental Rate Add-on				2.04			2.04
29. Final Per Diem After Adjustments				372.41			460.34

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

Mentor Avon Park/Provider #0312568-00
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #217 - Effective 1/1/2010
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	109.550	109.550	100.000%	7.459
Resident Care	201.941	201.941	100.000%	6.058
Total	311.491	311.491		13.517
N-A/Medical				
Operating	109.550	109.550	100.000%	7.4590
Resident Care	281.775	281.775	100.000%	8.4530
Total	391.325	391.325		15.9120
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.01955169 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02737237 IRR @ 4/1/2011 (Col. 9)
Operating	116.8170	7.796	126.897	127.811
Resident Care	207.9990	9.594	221.660	223.286
Total	324.816	17.390	348.557	351.097
N-A/Medical				
Operating	116.8170	7.796	126.897	127.811
Resident Care	290.2290	19.189	315.092	317.362
Total	407.046	26.985	441.989	445.173

Mentor Avon Park Cluster		ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION					
Provider #0312568-00		OF L4, L20 @ 4/1/2011 RS					
Cost Settlement - IRR #217 Effective - 1/1/2010							
Calculation of L4		Residential/Institutional			Non-Ambulatory Medical		
		Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost		99.109	206.913	306.022	99.109	282.859	381.968
B. Cost Settlement for IRR Effective 1/1/2010		7.796	9.594	17.390	7.796	19.189	26.985
C. Prorated CS IRR eff 1/1/2010 - 7/12 of IRR comp.		4.548	5.597	10.144	4.548	11.194	15.741
D. Grossed Up Current Period (Line A plus Line C)		103.657	212.510	316.166	103.657	294.053	397.709

PROPERTY COMPONENT	
Calculation of L21 - 7/12 of IRR comp.	
Property Interim Rate Component	0.520
Grossed Up Property Interim Rate Component	0.303



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031257600 - 2011/04
RI:395.11 / NM:490.50

Mentor Eagle Watch Cluster
 1725 Fifth Street
 Daytona Beach FL 32117

Provider Number: 031257600
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>418.32</u>	<u>395.11</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>522.30</u>	<u>490.50</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (12)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031257600

Provider Name: **Mentor Eagle Watch Cluster**
 Provider Number: 31257600
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	619	7,435	8,054
2. Operating Expenses Component			
A. Administration			526,082
B. Plant Operation			198,719
C. Laundry			0
D. Housekeeping			67,634
E. Operating Expense Component & Per Diem	98.3902	98.3902	792,435
3. Resident Care			
A. Dietary			161,591
B. Other			0
C. Nursing			737,448
D. Resident Care & Per Diem	111.6264	111.6264	899,039
4. Prop Exp & Per Diem	7.7296	7.7296	62,254
5. ROE/Use Per Diem	2.1271	2.1271	17,132
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	309.50	7,435.00	7,744.50
3. Staffing Percent	3.9963845	96.0036155	100.00
4. Allocation of Direct Care	55,404.64	1,330,964.36	1,386,369.00
5. Direct Care Expense Per Diem	89.5067	179.0134	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	619	7,435	8,054
2. Additional Services	18,379	220,743	239,122
3. Additional Services Exp & Per Diem	29.6914	29.6897	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	98.3902	98.3902	792,435
2. Resident Care Component	230.8245	320.3295	2,524,530
3. Property Cost Component	7.7296	7.7296	62,254
4. ROE/Use Allow Component	2.1271	2.1271	17,132
5 Total Cost Per Diem	339.0715	428.5764	3,396,351



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031257600 - 2011/04

RI: 395.11

NM: 490.50

Mentor Eagle Watch Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
1. Prior Period Base:	*	124.162	239.795	363.957	124.162	339.450	463.612
2. Inflate Line 1 by Inflation Factor 1.01955169	*	134.079	259.155	393.233	134.079	367.128	501.207
3. Line 1 x 1.400 x Inflation Factor 1.02737237	*	135.050	261.030	396.080	135.050	369.783	504.833
4. Current Period Cost		98.390	230.825	329.215	98.390	320.329	418.720
5. Incentive Basis (line 3 - line 4)		36.660	30.205		36.660	49.453	
6. Allowed Current Period Costs (Min of line 3 or 4)		98.390	230.825	329.215	98.390	320.329	418.720
7. Incentive Line 5 x Oper 50% Res 50%		18.330	15.103	33.433	18.330	24.727	43.056
8. Incentive - Line 4 x Oper 10% Res 3%		9.839	6.925	16.764	9.839	9.610	19.449
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%		9.839	6.925	16.764	9.839	9.610	19.449
10. Final Incentive		9.839	6.925	16.764	9.839	9.610	19.449
11. Current Period Base: (line 6 + line 10)		108.229	237.749	345.979	108.229	329.939	438.169
12. Plus: Property Rate Component			7.730			7.730	
13. Plus: ROE/Use Rate			2.127			2.127	
14. Total Current Period Base			355.835			448.025	
15. Prospective Rate: Line 11 x Inflation (1.03474680)		111.990	246.010	358.000	111.990	341.404	453.394
16. Interim Rate Component:	*	0.000	10.980	10.980	0.000	10.980	10.980
17. NA		0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate		111.990	256.990	368.980	111.990	352.384	464.374
19. Property Rate Component			7.730			7.730	
20. ROE Component + ROE Interim Component			2.127			2.127	
21. Plus :Property Interim Rate Component			0.000			0.000	
22. Final Per Diem			378.84			474.23	
23. Medicaid Days			619			7,435	
24. Resident Days			619			7,435	
25. Medicaid Utilization			100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			40.10			50.20	
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			54.33			64.43	
28. Supplemental Rate Add-on			2.04			2.04	
29. Final Per Diem After Adjustments			395.11			490.50	

* See Attachment

IRR #228 - Mentor Eagle Watch - Provider #0312576-00 Granted
Staffing Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 9/1/2010 - Rate Semester 4/1/2011

		Residential/Institutional (Level of Care 7)				
		Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Residential/Institutional IRR Effective 9/1/2010	\$ 10.98					
Description						
Prospective Rate (Line 15)		111.990	246.010	7.730	2.127	367.86
Prospective Rate w/o ROE		111.990	246.010	7.730	0.000	365.73
Allocation %		0.000%	100.000%	0.000%	0.000%	100%
Allocation of IRR		0.000	10.980	0.000	0.000	10.98
Final Per Diem (Line 22)		111.990	256.990	7.730	2.127	378.84

L22. Final Per Diem Rate - LOC 7	378.84
L26. Less: Medicaid Trend Adjustment 10.58510%	40.10
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)	54.33
L28. Plus: Supplemental Rate Add-on	2.04
L29. Final Per Diem After Adjustments	395.11

		Non - Ambulatory/Medical (Level of Care 8, 9)				
		Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Non-Ambulatory/Medical IRR Effective 9/1/2010	\$ 10.98					
Description						
Prospective Rate (Line 15)		111.990	341.404	7.730	2.127	463.25
Prospective Rate w/o ROE		111.990	341.404	7.730	0.000	461.12
Allocation %		0.000%	100.000%	0.000%	0.000%	100%
Allocation of IRR		0.000	10.980	0.000	0.000	10.98
Final Per Diem (Line 22)		111.990	352.384	7.730	2.127	474.23

L22. Final Per Diem Rate - LOC 8, 9	474.23
L26. Less: Medicaid Trend Adjustment 10.58510%	50.20
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)	64.43
L28. Plus: Supplemental Rate Add-on	2.04
L29. Final Per Diem After Adjustments	490.50



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031258400 - 2011/04
RI:394.22 / NM:491.61

Mentor Point West Cluster
 4550 Ricker Road
 Jacksonville FL 32231

Provider Number: 031258400
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>406.99</u>	<u>394.22</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>508.80</u>	<u>491.61</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031258400

Provider Name: **Mentor Point West Cluster**
 Provider Number: 31258400
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	700	7,912	8,612
2. Operating Expenses Component			
A. Administration			593,810
B. Plant Operation			306,421
C. Laundry			0
D. Housekeeping			94,177
E. Operating Expense Component & Per Diem	115.4677	115.4677	994,408
3. Resident Care			
A. Dietary			124,811
B. Other			0
C. Nursing			744,222
D. Resident Care & Per Diem	100.9095	100.9095	869,033
4. Prop Exp & Per Diem	14.0307	14.0307	120,832
5. ROE/Use Per Diem	2.1179	2.1179	18,239
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	350.00	7,912.00	8,262.00
3. Staffing Percent	4.2362624	95.7637376	100.00
4. Allocation of Direct Care	63,961.80	1,445,902.20	1,509,864.00
5. Direct Care Expense Per Diem	91.3740	182.7480	
C. Additional Services Expense			
1. Medicaid Inpatient Days	700	7,912	8,612
2. Additional Services	15,161	171,354	186,515
3. Additional Services Exp & Per Diem	21.6586	21.6575	
D. Medicaid Per Diem Cost			
1. Operating Component	115.4677	115.4677	994,408
2. Resident Care Component	213.9421	305.3150	2,565,412
3. Property Cost Component	14.0307	14.0307	120,832
4. ROE/Use Allow Component	2.1179	2.1179	18,239
5 Total Cost Per Diem	345.5584	436.9313	3,698,891



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031258400 - 2011/04

RI: 394.22

NM: 491.61

Mentor Point West Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	122.550	231.685	354.234	122.550	329.262	451.812
2. Inflate Line 1 by Inflation Factor 1.01955169 *	124.946	246.244	371.190	124.946	345.730	470.676
3. Line 1 x 1.400 x Inflation Factor 1.02737237 *	125.904	248.056	373.961	125.904	348.305	474.209
4. Current Period Cost	115.468	222.300	337.768	115.468	313.673	429.141
5. Incentive Basis (line 3 - line 4)	10.436	25.756		10.436	34.632	
6. Allowed Current Period Costs (Min of line 3 or 4)	115.468	222.300	337.768	115.468	313.673	429.141
7. Incentive Line 5 x Oper 50% Res 50%	5.218	12.878	18.096	5.218	17.316	22.534
8. Incentive - Line 4 x Oper 10% Res 3%	11.547	6.669	18.216	11.547	9.410	20.957
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.218	6.669	11.887	5.218	9.410	14.628
10. Final Incentive	5.218	6.669	11.887	5.218	9.410	14.628
11. Current Period Base: (line 6 + line 10)	120.686	228.969	349.655	120.686	323.083	443.769
12. Plus: Property Rate Component			14.031			14.031
13. Plus: ROE/Use Rate			2.118			2.118
14. Total Current Period Base			365.804			459.918
15. Prospective Rate: Line 11 x Inflation (1.03474680)	124.880	236.925	361.805	124.880	334.309	459.189
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	124.880	236.925	361.805	124.880	334.309	459.189
19. Property Rate Component			14.031			14.031
20. ROE Component + ROE Interim Component			2.118			2.118
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			377.95			475.34
23. Medicaid Days		700			7,912	
24. Resident Days		700			7,912	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			40.01			50.31
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			54.24			64.54
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			394.22			491.61

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

Point West Cluster/Provider #0312584-00
Adjustment to Prior Period Cost (L1, L2, L3)
Staffing IRR #224 - Effective 4/1/2010
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	122.340	122.340	100.000%	0.443
Resident Care	230.420	230.420	100.000%	1.885
Total	352.760	352.760		2.328
N-A/Medical				
Operating	122.340	122.340	100.000%	0.4430
Resident Care	321.306	321.306	100.000%	9.6390
Total	443.646	443.646		10.0820
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.01955169 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02737237 IRR @ 4/1/2011 (Col. 9)
Operating	122.5500	0.000	124.946	125.904
Resident Care	231.6850	10.030	246.245	248.057
Total	354.235	10.030	371.191	373.961
N-A/Medical				
Operating	122.5500	0.000	124.946	125.904
Resident Care	329.2620	10.030	345.730	348.305
Total	451.812	10.030	470.676	474.209

Mentor Point West Cluster		ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 4/1/2011 RS					
Provider #0312584-00							
Cost Settlement - IRR #224 Effective - 4/1/2010							
Calculation of L4		Residential/Institutional			Non-Ambulatory Medical		
		Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost		115.468	213.942	329.410	115.468	305.315	420.783
B. Cost Settlement for IRR Effective 4/1/2010		0.000	10.030	10.030	0.000	10.030	10.030
C. Prorated CS IRR eff 4/1/2010 - 10/12 of IRR comp.		0.000	8.358	8.358	0.000	8.358	8.358
D. Grossed Up Current Period (Line A plus Line C)		115.468	222.300	337.768	115.468	313.673	429.141

PROPERTY COMPONENT	
Calculation of L21 - 10/12 of IRR comp.	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	0.000



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031259200 - 2011/04
RI:360.25 / NM:446.11

Mentor Hodges Cluster
 3615 Hodges Boulevard
 Jacksonville FL 32224

Provider Number: 031259200
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	387.28	360.25	04/01/2011
#8 Non-Ambulatory & #9 Medical	482.30	446.11	04/01/2011

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031259200

Provider Name: **Mentor Hodges Cluster**
 Provider Number: 31259200
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,676	8,676
2. Operating Expenses Component			
A. Administration			548,035
B. Plant Operation			248,498
C. Laundry			0
D. Housekeeping			87,462
E. Operating Expense Component & Per Diem	101.8897	101.8897	883,995
3. Resident Care			
A. Dietary			117,644
B. Other			0
C. Nursing			861,321
D. Resident Care & Per Diem	112.8360	112.8360	978,965
4. Prop Exp & Per Diem	11.4121	11.4121	99,011
5. ROE/Use Per Diem	1.6502	1.6502	14,317
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,676.00	8,676.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,397,794.00	1,397,794.00
5. Direct Care Expense Per Diem	80.5552	161.1104	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,676	8,676
2. Additional Services	0	71,907	71,907
3. Additional Services Exp & Per Diem	8.2880	8.2880	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	101.8897	101.8897	883,995
2. Resident Care Component	201.6792	282.2344	2,448,666
3. Property Cost Component	11.4121	11.4121	99,011
4. ROE/Use Allow Component	1.6502	1.6502	14,317
5 Total Cost Per Diem	316.6312	397.1864	3,445,989



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031259200 - 2011/04

RI: 360.25

NM: 446.11

Mentor Hodges Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	119.889	225.461	345.351	119.889	316.535	436.424
2. Inflate Line 1 by Inflation Factor 1.01955169	122.233	229.870	352.103	122.233	322.723	444.957
3. Line 1 x 1.400 x Inflation Factor 1.02737237	123.171	231.633	354.804	123.171	325.199	448.370
4. Current Period Cost	101.890	201.679	303.569	101.890	282.234	384.124
5. Incentive Basis (line 3 - line 4)	21.281	29.954		21.281	42.964	
6. Allowed Current Period Costs (Min of line 3 or 4)	101.890	201.679	303.569	101.890	282.234	384.124
7. Incentive Line 5 x Oper 50% Res 50%	10.641	14.977	25.617	10.641	21.482	32.123
8. Incentive - Line 4 x Oper 10% Res 3%	10.189	6.050	16.239	10.189	8.467	18.656
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.189	6.050	16.239	10.189	8.467	18.656
10. Final Incentive	10.189	6.050	16.239	10.189	8.467	18.656
11. Current Period Base: (line 6 + line 10)	112.079	207.730	319.808	112.079	290.701	402.780
12. Plus: Property Rate Component			11.412			11.412
13. Plus: ROE/Use Rate			1.650			1.650
14. Total Current Period Base			332.871			415.842
15. Prospective Rate: Line 11 x Inflation (1.03474680)	115.973	214.948	330.921	115.973	300.802	416.775
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	115.973	214.948	330.921	115.973	300.802	416.775
19. Property Rate Component			11.412			11.412
20. ROE Component + ROE Interim Component			1.650			1.650
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			343.98			429.84
23. Medicaid Days			0		8,676	
24. Resident Days			0		8,676	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			36.41			45.50
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			50.64			59.73
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			360.25			446.11



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031260600 - 2011/04
RI:405.00 / NM:530.90

Mentor Kinkaid Cluster
 5808 Kinkaid Road
 Jacksonville FL 32244

Provider Number: 031260600
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>401.30</u>	<u>405.00</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>526.14</u>	<u>530.90</u>	<u>04/01/2011</u>

Rate Type:

X Interim
 Total Interim
X Interim Component
 Settlement Based on Costs

X Prospective
X Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 04/2011

031260600

Provider Name: **Mentor Kinkaid Cluster**
 Provider Number: 31260600
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,252	8,252
2. Operating Expenses Component			
A. Administration			596,205
B. Plant Operation			277,261
C. Laundry			0
D. Housekeeping			94,183
E. Operating Expense Component & Per Diem	117.2624	117.2624	967,649
3. Resident Care			
A. Dietary			162,169
B. Other			0
C. Nursing			821,382
D. Resident Care & Per Diem	119.1894	119.1894	983,551
4. Prop Exp & Per Diem	8.2082	8.2082	67,734
5. ROE/Use Per Diem	2.5583	2.5583	21,111
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,252.00	8,252.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,495,336.00	1,495,336.00
5. Direct Care Expense Per Diem	90.6045	181.2089	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,252	8,252
2. Additional Services	0	210,568	210,568
3. Additional Services Exp & Per Diem	25.5172	25.5172	
D. Medicaid Per Diem Cost			
1. Operating Component	117.2624	117.2624	967,649
2. Resident Care Component	235.3111	325.9155	2,689,455
3. Property Cost Component	8.2082	8.2082	67,734
4. ROE/Use Allow Component	2.5583	2.5583	21,111
5 Total Cost Per Diem	363.3399	453.9444	3,745,949



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031260600 - 2011/04

RI: 405.00

NM: 530.90

Mentor Kinkaid Cluster

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 04/27/2010 - 05/19/2010 Days Eligible: 161 of 183

Eligibility factor :87.98%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	109.241	205.114	314.355	109.241	294.988	404.229
2. Inflate Line 1 by Inflation Factor 1.01955169	111.377	209.124	320.501	111.377	300.756	412.133
3. Line 1 x 1.400 x Inflation Factor 1.02737237	112.231	210.728	322.960	112.231	303.063	415.294
4. Current Period Cost	117.262	235.311	352.573	117.262	325.916	443.178
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	112.231	210.728	322.960	112.231	303.063	415.294
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 87.98%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	112.231	210.728	322.960	112.231	303.063	415.294
12. Plus: Property Rate Component			8.208			8.208
13. Plus: ROE/Use Rate			2.558			2.558
14. Total Current Period Base			333.726			426.061
15. Prospective Rate: Line 11 x Inflation (1.03474680)	116.131	218.051	334.182	116.131	313.593	429.724
16. Interim Rate Component: *	12.725	30.355	43.080	12.725	60.710	73.435
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	128.856	248.406	377.262	128.856	374.303	503.159
19. Property Rate Component			8.208			8.208
20. ROE Component + ROE Interim Component			2.558			2.558
21. Plus :Property Interim Rate Component *			0.705			0.705
22. Final Per Diem			388.73			514.63
23. Medicaid Days			0		8,252	
24. Resident Days			0		8,252	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			41.15			54.47
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			55.38			68.70
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			405.00			530.90

* See Attachment

IRR #225 - Mentor Kinkaid Cluster - Provider #0312606-00
Interim Rate Analysis - ICF/DD Plan Section IV.G. (GRANTED)
Effective Date 4/1/2010 - Rate Semester 4/1/2011

				Residential/Institutional (Level of Care 7)				
Residential/Institutional IRR Effective 4/1/2010				Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description								
L15.	Prospective Rate			116.131	218.051	8.208	2.558	344.95
L16 & 21.	Interim Rate #	223	<i>(extrapolated rate)</i>	12.725	17.445	0.705	0.000	30.875
L16 & 21.	Interim Rate #	225	<i>(extrapolated rate)</i>		12.910			12.910
L16 & 21.	Interim Rate #							0.000
L22.	Final Per Diem			128.856	248.406	8.913	2.558	388.73
L1.	Total Per Diem Rate - LOC 7			388.73				
L2.	Less: Medicaid Trend Adjustment 10.58510%			41.15				
L3.	Plus: Quality Assessment - Medicaid Share (L2 + 14.23)			55.38				
L4.	Plus: Supplemental Rate Add-on			2.04				
L29.	Final Per Diem After Adjustments			405.00				
				Non - Ambulatory/Medical (Level of Care 8, 9)				
Non-Ambulatory/Medical IRR Effective 4/1/2010				Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description								
L15.	Prospective Rate			116.131	313.593	8.208	2.558	440.49
L16 & 21.	Interim Rate #	223		12.725	34.890	0.705	0.000	48.320
L16 & 21.	Interim Rate #	225			25.820			25.820
L16 & 21.	Interim Rate #							0.000
L22.	Final Per Diem			128.856	374.303	8.913	2.558	514.63
L1.	Total Per Diem Rate - LOC 8, 9			514.63				
L2.	Less: Medicaid Trend Adjustment 10.58510%			54.47				
L3.	Plus: Quality Assessment - Medicaid Share (L2 + 14.23)			68.70				
L4.	Plus: Supplemental Rate Add-on			2.04				
L29.	Final Per Diem After Adjustments			530.90				

IRR #223 - Mentor Kinkaid Cluster - Provider #0312606-00
Cost Settlement Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 3/1/2010 - Rate Semester 4/1/2011

		Residential/Institutional (Level of Care 7)				
		Operating	Resident	Property	ROE	
Residential/Institutional IRR Effective 3/1/2010		Component	Component	Component	Component	Totals
Description						
Prospective Rate (Line 15)		116.131	218.051	8.208	2.558	344.95
Prospective Rate w/o ROE		116.131	218.051	8.208	0.000	342.39
Allocation %		0.000%	0.000%	0.000%	0.000%	0%
Allocation of IRR		12.725	17.445	0.705	0.000	30.88
Final Per Diem (Line 22)		128.856	235.496	8.913	2.558	375.82

L22. Final Per Diem Rate - LOC 7	375.82
L26. Less: Medicaid Trend Adjustment 10.58510%	39.78
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)	54.01
L28. Plus: Supplemental Rate Add-on	2.04
L29. Final Per Diem After Adjustments	392.09

		Non - Ambulatory/Medical (Level of Care 8, 9)				
		Operating	Resident	Property	ROE	
Non-Ambulatory/Medical IRR Effective 3/1/2010		Component	Component	Component	Component	Totals
Description						
Prospective Rate (Line 15)		116.131	313.593	8.208	2.558	440.49
Prospective Rate w/o ROE		116.131	313.593	8.208	0.000	437.93
Allocation %		26.335%	72.206%	1.459%	0.000%	100%
Allocation of IRR		12.725	34.890	0.705	0.000	48.32
Final Per Diem (Line 22)		128.856	348.483	8.913	2.558	488.81

L22. Final Per Diem Rate - LOC 8, 9	488.81
L26. Less: Medicaid Trend Adjustment 10.58510%	51.74
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)	65.97
L28. Plus: Supplemental Rate Add-on	2.04
L29. Final Per Diem After Adjustments	505.08

IRR #225 - Mentor Kinkaid Cluster - Provider #0312606-00
Interim Rate Analysis - ICF/DD Plan Section IV.G. (GRANTED)
Effective Date 4/1/2010 - Rate Semester 4/1/2011

		Residential/Institutional (Level of Care 7)				
		Operating	Resident	Property	ROE	
Residential/Institutional IRR Effective 4/1/2010		\$	12.91			
Description		Component	Component	Component	Component	Totals
Prospective Rate (Line 15)		116.131	218.051	8.208	2.558	344.95
Prospective Rate w/o ROE		116.131	218.051	8.208	0.000	342.39
Allocation of IRR		0.000	12.910	0.000	0.000	12.91
Final Per Diem (Line 22)		116.131	230.961	8.208	2.558	357.86
L22. Final Per Diem Rate - LOC 7			357.86			
L26. Less: Medicaid Trend Adjustment 10.58510%			37.88			
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)			52.11			
L28. Plus: Supplemental Rate Add-on			2.04			
L29. Final Per Diem After Adjustments			374.13			
		Non - Ambulatory/Medical (Level of Care 8, 9)				
		Operating	Resident	Property	ROE	
Non-Ambulatory/Medical IRR Effective 4/1/2010		\$	25.82			
Description		Component	Component	Component	Component	Totals
Prospective Rate (Line 15)		116.131	313.593	8.208	2.558	440.49
Prospective Rate w/o ROE		116.131	313.593	8.208	0.000	437.93
Allocation of IRR		0.000	25.820	0.000	0.000	25.82
Final Per Diem (Line 22)		116.131	339.413	8.208	2.558	466.31
L22. Final Per Diem Rate - LOC 8, 9			466.31			
L26. Less: Medicaid Trend Adjustment 10.58510%			49.36			
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)			63.59			
L28. Plus: Supplemental Rate Add-on			2.04			
L29. Final Per Diem After Adjustments			482.58			



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031261400 - 2011/04
RI:407.53 / NM:501.40

Mentor Flamingo Cluster
 1285 Flamingo Drive
 Lantana FL 33462

Provider Number: 031261400
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>420.91</u>	<u>407.53</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>519.14</u>	<u>501.40</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (9)
 Home Office:
 National Mentor Healthcare, LLC

3258 Parkside Center Circle
 Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031261400 - 2011/04

RI: 407.53

NM: 501.40

Mentor Flamingo Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	144.998	230.567	375.565	144.998	324.719	469.717
2. Inflate Line 1 by Inflation Factor 1.01955169 *	159.332	253.592	412.924	159.332	357.195	516.527
3. Line 1 x 1.400 x Inflation Factor 1.02737237 *	160.466	255.395	415.861	160.466	359.735	520.200
4. Current Period Cost	124.927	220.465	345.392	124.927	308.535	433.462
5. Incentive Basis (line 3 - line 4)	35.539	34.930		35.539	51.200	
6. Allowed Current Period Costs (Min of line 3 or 4)	124.927	220.465	345.392	124.927	308.535	433.462
7. Incentive Line 5 x Oper 50% Res 50%	17.769	17.465	35.234	17.769	25.600	43.369
8. Incentive - Line 4 x Oper 10% Res 3%	12.493	6.614	19.107	12.493	9.256	21.749
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	12.493	6.614	19.107	12.493	9.256	21.749
10. Final Incentive	12.493	6.614	19.107	12.493	9.256	21.749
11. Current Period Base: (line 6 + line 10)	137.419	227.079	364.499	137.419	317.791	455.210
12. Plus: Property Rate Component			10.420			10.420
13. Plus: ROE/Use Rate			3.680			3.680
14. Total Current Period Base			378.599			469.310
15. Prospective Rate: Line 11 x Inflation (1.03474680)	142.194	234.970	377.164	142.194	328.833	471.027
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	142.194	234.970	377.164	142.194	328.833	471.027
19. Property Rate Component			10.420			10.420
20. ROE Component + ROE Interim Component			3.680			3.680
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			391.26			485.13
23. Medicaid Days			0		7,976	
24. Resident Days			0		7,976	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			41.42			51.35
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			55.65			65.58
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			407.53			501.40

* See Attachment



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031261400

Provider Name: **Mentor Flamingo Cluster**
 Provider Number: 31261400
 Audit Status: Unaudited [3]
 Date: 4/25/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,976	7,976
2. Operating Expenses Component			
A. Administration			601,481
B. Plant Operation			318,200
C. Laundry			0
D. Housekeeping			76,735
E. Operating Expense Component & Per Diem	124.9268	124.9268	996.416
3. Resident Care			
A. Dietary			121,868
B. Other			0
C. Nursing			786,174
D. Resident Care & Per Diem	113.8468	113.8468	908,042
4. Prop Exp & Per Diem	10.4199	10.4199	83,109
5. ROE/Use Per Diem	3.6799	3.6799	29,351
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,976.00	7,976.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,404,885.00	1,404,885.00
5. Direct Care Expense Per Diem	88.0695	176.1390	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,976	7,976
2. Additional Services	0	147,947	147,947
3. Additional Services Exp & Per Diem	18.5490	18.5490	
D. Medicaid Per Diem Cost			
1. Operating Component	124.9268	124.9268	996.416
2. Resident Care Component	220.4653	308.5349	2,460,874
3. Property Cost Component	10.4199	10.4199	83,109
4. ROE/Use Allow Component	3.6799	3.6799	29,351
5 Total Cost Per Diem	359.4919	447.5614	3,569,750

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

Mentor Flamingo Cluster/Provider #0312614-00
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #207 - Effective 4/1/2009
Status: Intial Period

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2008	Allowable Prior Period FYE 5/31/2008	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	126.732	126.732	100.000%	5.369
Resident Care	207.667	207.667	100.000%	5.054
Total	334.399	334.399		10.423
N-A/Medical				
Operating	126.732	126.732	0.000%	5.369
Resident Care	297.338	297.338	0.000%	3.703
Total	424.070	424.070		9.0720
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.01955169 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02737237 IRR @ 4/1/2011 (Col. 9)
Operating	144.998	11.499	159.332	160.466
Resident Care	230.567	18.517	253.592	255.395
Total	375.565	30.016	412.924	415.861
N-A/Medical				
Operating	144.998	11.499	159.332	160.466
Resident Care	324.719	26.127	357.195	359.734
Total	469.717	37.626	516.527	520.200



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031262200 - 2011/04
RI:347.30 / NM:405.54

Mentor Barranger Group
 9513 Barranger Drive
 Pensacola FL 32514

Provider Number: 031262200
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>355.01</u>	<u>347.30</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>414.73</u>	<u>405.54</u>	<u>04/01/2011</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031262200

Provider Name: **Mentor Barranger Group**
 Provider Number: 31262200
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			111,431
B. Plant Operation			52,934
C. Laundry			0
D. Housekeeping			4,281
E. Operating Expense Component & Per Diem	77.0073	77.0073	168,646
3. Resident Care			
A. Dietary			17,228
B. Other			0
C. Nursing			69,107
D. Resident Care & Per Diem	39.4224	39.4224	86,335
4. Prop Exp & Per Diem	21.0886	21.0886	46,184
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	294,291.32	78,477.68	372,769.00
5. Direct Care Expense Per Diem	161.2555	215.0074	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	16,848	3,370	20,218
3. Additional Services Exp & Per Diem	9.2318	9.2329	
D. Medicaid Per Diem Cost			
1. Operating Component	77.0073	77.0073	168,646
2. Resident Care Component	209.9097	263.6626	479,322
3. Property Cost Component	21.0886	21.0886	46,184
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	308.0056	361.7585	694,152



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031262200 - 2011/04
RI: 347.30
NM: 405.54

Mentor Barranger Group

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	94.498	213.895	308.393	94.498	271.129	365.627
2. Inflate Line 1 by Inflation Factor 1.01955169	96.345	218.077	314.423	96.345	276.430	372.775
3. Line 1 x 1.400 x Inflation Factor 1.02737237	97.084	219.750	316.835	97.084	278.550	375.635
4. Current Period Cost	77.007	209.910	286.917	77.007	263.663	340.670
5. Incentive Basis (line 3 - line 4)	20.077	9.840		20.077	14.888	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.007	209.910	286.917	77.007	263.663	340.670
7. Incentive Line 5 x Oper 50% Res 50%	10.039	4.920	14.959	10.039	7.444	17.482
8. Incentive - Line 4 x Oper 10% Res 3%	7.701	6.297	13.998	7.701	7.910	15.611
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.701	4.920	12.621	7.701	7.444	15.145
10. Final Incentive	7.701	4.920	12.621	7.701	7.444	15.145
11. Current Period Base: (line 6 + line 10)	84.708	214.830	299.538	84.708	271.106	355.814
12. Plus: Property Rate Component			21.089			21.089
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			320.627			376.903
15. Prospective Rate: Line 11 x Inflation (1.03474680)	87.651	222.295	309.946	87.651	280.527	368.178
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	87.651	222.295	309.946	87.651	280.527	368.178
19. Property Rate Component			21.089			21.089
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			331.03			389.27
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			35.04			41.20
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			49.27			55.43
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			347.30			405.54



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031263100 - 2011/04
RI:305.32 / NM:0.00

Mentor Greenridge Group Home
 222 Greenridge Road
 Pensacola FL 32514

Provider Number: 031263100
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>328.57</u>	<u>305.32</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031263100

Provider Name: **Mentor Greenridge Group Home**
 Provider Number: 31263100
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			101,562
B. Plant Operation			57,951
C. Laundry			0
D. Housekeeping			2,735
E. Operating Expense Component & Per Diem	74.0858	0.0000	162,248
3. Resident Care			
A. Dietary			18,892
B. Other			0
C. Nursing			32,088
D. Resident Care & Per Diem	23.2785	0.0000	50,980
4. Prop Exp & Per Diem	17.7667	0.0000	38,909
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	316,589.00		316,589.00
5. Direct Care Expense Per Diem	144.5612		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	16,591		16,591
3. Additional Services Exp & Per Diem	7.5758		
D. Medicaid Per Diem Cost			
1. Operating Component	74.0858		162,248
2. Resident Care Component	175.4155		384,160
3. Property Cost Component	17.7667		38,909
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	267.2680		585,317



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031263100 - 2011/04

RI: 305.32

NM: 0.00

Mentor Greenridge Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	90.521	191.856	282.377			
2. Inflate Line 1 by Inflation Factor 1.01955169	92.291	195.607	287.898			
3. Line 1 x 1.400 x Inflation Factor 1.02737237	92.999	197.107	290.106			
4. Current Period Cost	74.086	175.416	249.501			
5. Incentive Basis (line 3 - line 4)	18.913	21.692		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.086	175.416	249.501			
7. Incentive Line 5 x Oper 50% Res 50%	9.457	10.846	20.302	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.409	5.262	12.671	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.409	5.262	12.671	0.000	0.000	0.000
10. Final Incentive	7.409	5.262	12.671	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	81.494	180.678	262.172	0.000	0.000	0.000
12. Plus: Property Rate Component			17.767			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			279.939			0.000
15. Prospective Rate: Line 11 x Inflation (1.03474680)	84.326	186.956	271.282	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.326	186.956	271.282	0.000	0.000	0.000
19. Property Rate Component			17.767			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			289.05			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj (10.58510%)			30.60			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			44.83			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			305.32			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031264900 - 2011/04
RI:364.84 / NM:448.19

Mentor Pensacola Cluster
 9460 S. University Parkway
 Pensacola FL 32514

Provider Number: 031264900
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>387.32</u>	<u>364.84</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>481.69</u>	<u>448.19</u>	<u>04/01/2011</u>

Rate Type:

X Interim
 _____ Total Interim
 _____ Interim Component
X Settlement Based on Costs

X Prospective
 _____ Total Prospective
 _____ Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031264900

Provider Name: **Mentor Pensacola Cluster**
 Provider Number: 31264900
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,719	8,719
2. Operating Expenses Component			
A. Administration			546,403
B. Plant Operation			313,148
C. Laundry			0
D. Housekeeping			82,540
E. Operating Expense Component & Per Diem	108.0503	108.0503	942,091
3. Resident Care			
A. Dietary			164,142
B. Other			0
C. Nursing			786,183
D. Resident Care & Per Diem	108.9947	108.9947	950,325
4. Prop Exp & Per Diem	7.3721	7.3721	64,277
5. ROE/Use Per Diem	1.6523	1.6523	14,406
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,719.00	8,719.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,283,030.00	1,283,030.00
5. Direct Care Expense Per Diem	73.5767	147.1533	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,719	8,719
2. Additional Services	0	147,888	147,888
3. Additional Services Exp & Per Diem	16.9616	16.9616	
D. Medicaid Per Diem Cost			
1. Operating Component	108.0503	108.0503	942,091
2. Resident Care Component	199.5330	273.1096	2,381,243
3. Property Cost Component	7.3721	7.3721	64,277
4. ROE/Use Allow Component	1.6523	1.6523	14,406
5 Total Cost Per Diem	316.6076	390.1843	3,402,017



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Calculation Sheet
Rates Effective 04/01/2011 through 09/30/2011

031264900 - 2011/04

RI: 364.84

NM: 448.19

Mentor Pensacola Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
1. Prior Period Base:	*	124.249	213.550	337.799	124.249	295.112	419.361
2. Inflate Line 1 by Inflation Factor 1.01955169	*	126.678	226.990	353.668	126.678	319.412	446.091
3. Line 1 x 1.400 x Inflation Factor 1.02737237	*	127.650	228.660	356.310	127.650	321.720	449.370
4. Current Period Cost		108.050	204.166	312.216	108.050	282.375	390.425
5. Incentive Basis (line 3 - line 4)		19.600	24.494		19.600	39.345	
6. Allowed Current Period Costs (Min of line 3 or 4)		108.050	204.166	312.216	108.050	282.375	390.425
7. Incentive Line 5 x Oper 50% Res 50%		9.800	12.247	22.047	9.800	19.673	29.473
8. Incentive - Line 4 x Oper 10% Res 3%		10.805	6.125	16.930	10.805	8.471	19.276
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%		9.800	6.125	15.925	9.800	8.471	18.271
10. Final Incentive		9.800	6.125	15.925	9.800	8.471	18.271
11. Current Period Base: (line 6 + line 10)		117.850	210.291	328.141	117.850	290.846	408.697
12. Plus: Property Rate Component			7.372			7.372	
13. Plus: ROE/Use Rate			1.652			1.652	
14. Total Current Period Base			337.165			417.721	
15. Prospective Rate: Line 11 x Inflation (1.03474680)		121.945	217.598	339.543	121.945	300.952	422.897
16. Interim Rate Component:		0.000	0.000	0.000	0.000	0.000	0.000
17. NA		0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate		121.945	217.598	339.543	121.945	300.952	422.897
19. Property Rate Component			7.372			7.372	
20. ROE Component + ROE Interim Component			1.652			1.652	
21. Plus :Property Interim Rate Component			0.000			0.000	
22. Final Per Diem			348.57			431.92	
23. Medicaid Days			0			8,719	
24. Resident Days			0			8,719	
25. Medicaid Utilization			NA			100.00%	
26. Medicaid Trend Adj (10.58510%)			36.90			45.72	
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			51.13			59.95	
28. Supplemental Rate Add-on			2.04			2.04	
29. Final Per Diem After Adjustments			364.84			448.19	

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

Mentor Pensacola Cluster/Provider #0312649-00
Adjustment to Prior Period Cost (L1, L2, L3)
Staffing IRR #215 - Effective 12/1/2009
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	114.557	114.557	100.000%	9.899
Resident Care	207.330	207.330	100.000%	6.220
Total	321.887	321.887		16.119
N-A/Medical				
Operating	114.557	114.557	100.000%	9.8990
Resident Care	286.517	286.517	100.000%	8.5960
Total	401.074	401.074		18.4950
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.01955169 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02737237 IRR @ 4/1/2011 (Col. 9)
Operating	124.2490	0.000	126.678	127.650
Resident Care	213.5500	9.265	226.990	228.660
Total	337.799	9.265	353.669	356.310
N-A/Medical				
Operating	124.2490	0.000	126.678	127.650
Resident Care	295.1120	18.530	319.412	321.720
Total	419.361	18.530	446.090	449.370

Mentor Pensacola Cluster		ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION					
Provider #0312649-00		OF L4, L20 @ 4/1/2011 RS					
Cost Settlement - IRR #215 Effective - 12/1/2009							
Calculation of L4		Residential/Institutional			Non-Ambulatory Medical		
		Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost		108.050	199.533	307.583	108.050	273.110	381.160
B. Cost Settlement for IRR Effective 12/1/2009		0.000	9.265	9.265	0.000	18.530	18.530
C. Prorated CS IRR eff 12/1/2009 - 6/12 of IRR comp.		0.000	4.633	4.633	0.000	9.265	9.265
D. Grossed Up Current Period (Line A plus Line C)		108.050	204.166	312.216	108.050	282.375	390.425

PROPERTY COMPONENT	
Calculation of L21 - 6/12 of IRR comp.	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	0.000



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031265700 - 2011/04
RI:401.67 / NM:396.94

Mentor Caprona Group Home
 111 N.E Caprona Avenue
 Port St. Lucie FL 34983

Provider Number: 031265700
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>439.08</u>	<u>401.67</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>401.89</u>	<u>396.94</u>	<u>04/01/2011</u>

Rate Type:

X Interim
 Total Interim
X Interim Component
 Settlement Based on Costs

X Prospective
X Total Prospective
 Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (15)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031265700

Provider Name: **Mentor Caprona Group Home**
 Provider Number: 31265700
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,006	92	2,098
2. Operating Expenses Component			
A. Administration			93,595
B. Plant Operation			63,866
C. Laundry			0
D. Housekeeping			4,964
E. Operating Expense Component & Per Diem	77.4190	77.4190	162,425
3. Resident Care			
A. Dietary			21,746
B. Other			0
C. Nursing			54,629
D. Resident Care & Per Diem	36.4037	36.4037	76,375
4. Prop Exp & Per Diem	23.8875	23.8875	50,116
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,504.50	92.00	1,596.50
3. Staffing Percent	94.2373943	5.7626057	100.00
4. Allocation of Direct Care	310,237.04	18,970.96	329,208.00
5. Direct Care Expense Per Diem	154.6546	206.2061	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,006	92	2,098
2. Additional Services	27,879	1,279	29,158
3. Additional Services Exp & Per Diem	13.8978	13.9022	
D. Medicaid Per Diem Cost			
1. Operating Component	77.4190	77.4190	162,425
2. Resident Care Component	204.9561	256.5120	434,741
3. Property Cost Component	23.8875	23.8875	50,116
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	306.2626	357.8184	647,282



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031265700 - 2011/04

RI: 401.67

NM: 396.94

Mentor Caprona Group Home

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 04/16/2010 - 04/28/2010 Days Eligible: 171 of 183
 Eligibility factor :93.44%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.971	242.712	326.683	83.971	263.715	347.685
2. Inflate Line 1 by Inflation Factor 1.01955169	85.613	247.458	333.071	85.612	268.871	354.483
3. Line 1 x 1.400 x Inflation Factor 1.02737237	86.270	249.356	335.626	86.269	270.933	357.202
4. Current Period Cost	77.419	204.956	282.375	77.419	256.512	333.931
5. Incentive Basis (line 3 - line 4)	8.851	44.400		8.850	14.421	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.419	204.956	282.375	77.419	256.512	333.931
7. Incentive Line 5 x Oper 50% Res 50%	4.425	22.200	26.625	4.425	7.211	11.636
8. Incentive - Line 4 x Oper 10% Res 3%	7.742	6.149	13.891	7.742	7.695	15.437
9. Incentive - Min of Line 7,8 x Eligibility factor 93.44%	4.135	5.745	9.881	4.135	6.738	10.873
10. Final Incentive	4.135	5.745	9.881	4.135	6.738	10.873
11. Current Period Base: (line 6 + line 10)	81.554	210.702	292.256	81.554	263.250	344.804
12. Plus: Property Rate Component			23.888			23.888
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			316.143			368.691
15. Prospective Rate: Line 11 x Inflation (1.03474680)	84.388	218.023	302.411	84.388	272.397	356.784
16. Interim Rate Component: *	14.214	41.075	55.289	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	98.602	259.098	357.700	84.388	272.397	356.784
19. Property Rate Component			23.888			23.888
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component *			3.812			0.000
22. Final Per Diem			385.40			380.67
23. Medicaid Days			2,006			92
24. Resident Days			2,006			92
25. Medicaid Utilization			100.00%			100.00%
26. Medicaid Trend Adj (10.58510%)			40.79			40.29
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			55.02			54.52
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			401.67			396.94

* See Attachment

IRR #227 - Mentor Caprona Group Home - Provider #0312657-00
Vacancy Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 9/1/2010 - Rate Semester 4/1/2011

		Residential/Institutional (Level of Care 7)				
		Operating	Resident	Property	ROE	
Residential/Institutional IRR Effective 9/1/2010		Component	Component	Component	Component	Totals
Description						
Prospective Rate (Line 15)		84.388	218.023	23.888	0.000	326.30
Prospective Rate w/o ROE		84.388	218.023	23.888	0.000	326.3
Allocation %		24.050%	69.500%	6.450%	0.000%	100%
Allocation of IRR		14.214	41.075	3.812	0.000	59.10
Final Per Diem (Line 22)		98.602	259.098	27.700	0.000	385.40

L22. Final Per Diem Rate - LOC 7	385.40	
L26. Less: Medicaid Trend Adjustment 10.58510%	40.79	
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)	55.02	
L28. Plus: Supplemental Rate Add-on	2.04	
L29. Final Per Diem After Adjustments	401.67	

		Non - Ambulatory/Medical (Level of Care 8, 9)				
		Operating	Resident	Property	ROE	
Non-Ambulatory/Medical IRR Effective 9/1/2010		Component	Component	Component	Component	Totals
Description						
Prospective Rate (Line 15)		84.388	272.397	23.888	0.000	380.67
Prospective Rate w/o ROE		84.388	272.397	23.888	0.000	380.67
Allocation %		0.000%	0.000%	0.000%	0.000%	0%
Allocation of IRR		0.000	0.000	0.000	0.000	0.00
Final Per Diem (Line 22)		84.388	272.397	23.888	0.000	380.67

L22. Final Per Diem Rate - LOC 8, 9	380.67	
L26. Less: Medicaid Trend Adjustment 10.58510%	40.29	
L27. Plus: Quality Assessment - Medicaid Share (L2 + 14.23)	54.52	
L28. Plus: Supplemental Rate Add-on	2.04	
L29. Final Per Diem After Adjustments	396.94	



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031266500 - 2011/04
RI:312.41 / NM:363.13

Mentor Rich Street Group
 2318 Rich Street
 Port St. Lucie FL 34984

Provider Number: 031266500
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>338.96</u>	<u>312.41</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>389.15</u>	<u>363.13</u>	<u>04/01/2011</u>

Rate Type:

X Interim
 _____ Total Interim
 _____ Interim Component
X Settlement Based on Costs

X Prospective
 _____ X Total Prospective
 _____ Prospective Adjusted for New Cost

Basis

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

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (15)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031266500

Provider Name: **Mentor Rich Street Group**
 Provider Number: 31266500
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,688	320	2,008
2. Operating Expenses Component			
A. Administration			87,086
B. Plant Operation			54,443
C. Laundry			0
D. Housekeeping			3,952
E. Operating Expense Component & Per Diem	72.4507	72.4507	145,481
3. Resident Care			
A. Dietary			19,644
B. Other			0
C. Nursing			13,860
D. Resident Care & Per Diem	16.6853	16.6853	33,504
4. Prop Exp & Per Diem	22.9353	22.9353	46,054
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,266.00	320.00	1,586.00
3. Staffing Percent	79.8234552	20.1765448	100.00
4. Allocation of Direct Care	234,980.30	59,394.70	294,375.00
5. Direct Care Expense Per Diem	139.2063	185.6084	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,688	320	2,008
2. Additional Services	25,656	4,864	30,520
3. Additional Services Exp & Per Diem	15.1991	15.2000	
D. Medicaid Per Diem Cost			
1. Operating Component	72.4507	72.4507	145,481
2. Resident Care Component	171.0906	217.4937	358,399
3. Property Cost Component	22.9353	22.9353	46,054
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	266.4766	312.8797	549,934



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031266500 - 2011/04

RI: 312.41

NM: 363.13

Mentor Rich Street Group

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
1. Prior Period Base:	*	74.764	192.499	267.264	74.764	238.724	313.488
2. Inflate Line 1 by Inflation Factor 1.01955169	*	81.460	209.922	291.382	81.460	259.012	340.472
3. Line 1 x 1.400 x Inflation Factor 1.02737237	*	82.045	211.428	293.472	82.045	260.879	342.923
4. Current Period Cost		75.504	179.059	254.563	75.594	226.606	302.200
5. Incentive Basis (line 3 - line 4)		6.541	32.369		6.451	34.273	
6. Allowed Current Period Costs (Min of line 3 or 4)		75.504	179.059	254.563	75.594	226.606	302.200
7. Incentive Line 5 x Oper 50% Res 50%		3.270	16.184	19.455	3.225	17.136	20.362
8. Incentive - Line 4 x Oper 10% Res 3%		7.550	5.372	12.922	7.559	6.798	14.358
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%		3.270	5.372	8.642	3.225	6.798	10.024
10. Final Incentive		3.270	5.372	8.642	3.225	6.798	10.024
11. Current Period Base: (line 6 + line 10)		78.774	184.431	263.205	78.819	233.404	312.224
12. Plus: Property Rate Component			22.935				22.935
13. Plus: ROE/Use Rate			0.000				0.000
14. Total Current Period Base			286.140				335.159
15. Prospective Rate: Line 11 x Inflation (1.03474680)		81.511	190.839	272.351	81.558	241.514	323.072
16. Interim Rate Component:		0.000	0.000	0.000	0.000	0.000	0.000
17. NA		0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate		81.511	190.839	272.351	81.558	241.514	323.072
19. Property Rate Component			22.935				22.935
20. ROE Component + ROE Interim Component			0.000				0.000
21. Plus :Property Interim Rate Component	*		0.850				0.850
22. Final Per Diem			296.14				346.86
23. Medicaid Days			1,688			320	
24. Resident Days			1,688			320	
25. Medicaid Utilization			100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			31.35			36.72	
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			45.58			50.95	
28. Supplemental Rate Add-on			2.04			2.04	
29. Final Per Diem After Adjustments			312.41			363.13	

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

Mentor Rich Street Group/Provider #0312665-00
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #216 - Effective 1/1/2010
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	70.812	70.812	100.000%	4.074
Resident Care	186.893	186.893	100.000%	5.607
Total	257.705	257.705		9.681
N-A/Medical				
Operating	70.812	70.812	100.000%	4.0740
Resident Care	231.771	231.771	100.000%	6.9530
Total	302.583	302.583		11.0270
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.01955169 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02737237 IRR @ 4/1/2011 (Col. 9)
Operating	74.7640	5.234	81.460	82.044
Resident Care	192.4990	13.659	209.922	211.427
Total	267.263	18.893	291.381	293.472
N-A/Medical				
Operating	74.7640	5.234	81.460	82.044
Resident Care	238.7240	15.620	259.011	260.878
Total	313.488	20.854	340.471	342.923

Mentor Rich Street Group Provider #0312665-00 Cost Settlement - IRR #216 Effective - 1/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 4/1/2011 RS					
Calculation of L4	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	72.451	171.091	243.542	72.541	217.494	290.035
B. Cost Settlement for IRR Effective 1/1/2010	5.234	13.659	18.893	5.234	15.620	20.854
C. Prorated CS IRR eff 1/1/2010 - 7/12 of IRR comp.	3.053	7.968	11.021	3.053	9.112	12.165
D. Grossed Up Current Period (Line A plus Line C)	75.504	179.059	254.563	75.594	226.606	302.200

PROPERTY COMPONENT Calculation of L21 - 7/12 of IRR comp.	
Property Interim Rate Component	1.457
Grossed Up Property Interim Rate Component	0.850



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031267300 - 2011/04
RI:358.85 / NM:437.69

Mentor Sandpiper Cluster
 1000 East 14th Street
 Stuart FL 34996

Provider Number: 031267300
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>358.91</u>	<u>358.85</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>437.49</u>	<u>437.69</u>	<u>04/01/2011</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (15)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031267300

Provider Name: **Mentor Sandpiper Cluster**
 Provider Number: 31267300
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,100	7,088	8,188
2. Operating Expenses Component			
A. Administration			507,843
B. Plant Operation			198,053
C. Laundry			0
D. Housekeeping			67,679
E. Operating Expense Component & Per Diem	94.4767	94.4767	773,575
3. Resident Care			
A. Dietary			181,990
B. Other			0
C. Nursing			799,350
D. Resident Care & Per Diem	119.8510	119.8510	981,340
4. Prop Exp & Per Diem	12.2651	12.2651	100,427
5. ROE/Use Per Diem	3.1364	3.1364	25,681
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	550.00	7,088.00	7,638.00
3. Staffing Percent	7.2008379	92.7991621	100.00
4. Allocation of Direct Care	81,016.48	1,044,081.52	1,125,098.00
5. Direct Care Expense Per Diem	73.6513	147.3027	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,100	7,088	8,188
2. Additional Services	24,906	160,488	185,394
3. Additional Services Exp & Per Diem	22.6418	22.6422	
D. Medicaid Per Diem Cost			
1. Operating Component	94.4767	94.4767	773,575
2. Resident Care Component	216.1442	289.7959	2,291,832
3. Property Cost Component	12.2651	12.2651	100,427
4. ROE/Use Allow Component	3.1364	3.1364	25,681
5 Total Cost Per Diem	326.0224	399.6741	3,191,515



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031267300 - 2011/04
RI: 358.85
NM: 437.69

Mentor Sandpiper Cluster

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	105.433	209.074	314.507	105.433	284.389	389.822
2. Inflate Line 1 by Inflation Factor 1.01955169	107.495	213.162	320.656	107.495	289.949	397.444
3. Line 1 x 1.400 x Inflation Factor 1.02737237	108.319	214.797	323.116	108.319	292.174	400.493
4. Current Period Cost	94.477	216.144	310.621	94.477	289.796	384.273
5. Incentive Basis (line 3 - line 4)	13.842	0.000		13.842	2.378	
6. Allowed Current Period Costs (Min of line 3 or 4)	94.477	214.797	309.273	94.477	289.796	384.273
7. Incentive Line 5 x Oper 50% Res 50%	6.921	0.000	6.921	6.921	1.189	8.110
8. Incentive - Line 4 x Oper 10% Res 3%	9.448	0.000	9.448	9.448	8.694	18.142
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.921	0.000	6.921	6.921	1.189	8.110
10. Final Incentive	6.921	0.000	6.921	6.921	1.189	8.110
11. Current Period Base: (line 6 + line 10)	101.398	214.797	316.195	101.398	290.985	392.383
12. Plus: Property Rate Component			12.265			12.265
13. Plus: ROE/Use Rate			3.136			3.136
14. Total Current Period Base			331.596			407.784
15. Prospective Rate: Line 11 x Inflation (1.03474680)	104.921	222.260	327.181	104.921	301.096	406.017
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	104.921	222.260	327.181	104.921	301.096	406.017
19. Property Rate Component			12.265			12.265
20. ROE Component + ROE Interim Component			3.136			3.136
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			342.58			421.42
23. Medicaid Days		1,100			7,088	
24. Resident Days		1,100			7,088	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj (10.58510%)			36.26			44.61
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			50.49			58.84
28. Supplemental Rate Add-on			2.04			2.04
29. Final Per Diem After Adjustments			358.85			437.69



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031345900 - 2011/04
RI:375.29 / NM:0.00

New Horizons Village
 1275 N. Rainbow Loop
 Lecanto FL 32661

Provider Number: 031345900
 Date: 04/25/2011
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>371.77</u>	<u>375.29</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (13)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 04/2011

031345900

Provider Name: **New Horizons Village**
 Provider Number: 31345900
 Audit Status: Unaudited [3]
 Date: 4/22/2011

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: April, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	17,363	0	17,363
2. Operating Expenses Component			
A. Administration			904,167
B. Plant Operation			389,137
C. Laundry			47,182
D. Housekeeping			282,659
E. Operating Expense Component & Per Diem	93.4830	0.0000	1,623,145
3. Resident Care			
A. Dietary			412,181
B. Other			0
C. Nursing			513,558
D. Resident Care & Per Diem	53.3168	0.0000	925,739
4. Prop Exp & Per Diem	31.6809	0.0000	550,076
5. ROE/Use Per Diem	1.3408	0.0000	23,281
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	8,681.50		8,681.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,286,254.00		2,286,254.00
5. Direct Care Expense Per Diem	131.6739		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	17,363		17,363
2. Additional Services	382,551		382,551
3. Additional Services Exp & Per Diem	22.0325		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	93.4830		1,623,145
2. Resident Care Component	207.0232		3,594,544
3. Property Cost Component	31.6809		550,076
4. ROE/Use Allow Component	1.3408		23,281
5 Total Cost Per Diem	333.5280		5,791,046



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 04/01/2011 through 09/30/2011

031345900 - 2011/04

RI: 375.29

NM: 0.00

New Horizons Village

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2010 - 09/30/2010 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	*	98.794	190.579	289.373		
2. Inflate Line 1 by Inflation Factor 1.01955169	*	104.590	219.699	324.288		
3. Line 1 x 1.400 x Inflation Factor 1.02737237	*	105.362	221.189	326.551		
4. Current Period Cost		93.483	210.070	303.553		
5. Incentive Basis (line 3 - line 4)		11.879	11.119		0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)		93.483	210.070	303.553		
7. Incentive Line 5 x Oper 50% Res 50%		5.940	5.560	11.499	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%		9.348	6.302	15.650	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%		5.940	5.560	11.499	0.000	0.000
10. Final Incentive		5.940	5.560	11.499	0.000	0.000
11. Current Period Base: (line 6 + line 10)		99.423	215.630	315.052	0.000	0.000
12. Plus: Property Rate Component			31.681			0.000
13. Plus: ROE/Use Rate			1.341			0.000
14. Total Current Period Base			348.074			0.000
15. Prospective Rate: Line 11 x Inflation (1.03474680)		102.877	223.122	325.999	0.000	0.000
16. Interim Rate Component:		0.000	0.000	0.000	0.000	0.000
17. NA		0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate		102.877	223.122	325.999	0.000	0.000
19. Property Rate Component			31.681			0.000
20. ROE Component + ROE Interim Component			1.341			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			359.02			0.00
23. Medicaid Days			17,363			0
24. Resident Days			17,363			0
25. Medicaid Utilization			100.00%		NA	
26. Medicaid Trend Adj (10.58510%)			38.00			
27. Quality Assessment-Medicaid Share (Line 26 + 14.23)			52.23			
28. Supplemental Rate Add-on			2.04			0.00
29. Final Per Diem After Adjustments			375.29			0.00

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

New Horizons Village/Provider #0313459-00
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #205 - Effective 4/1/2009
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2008	Allowable Prior Period FYE 5/31/2008	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	93.790	93.790	100.000%	3.513
Resident Care	173.857	173.857	100.000%	5.216
Total	267.647	267.647		8.729
N-A/Medical				
Operating	0.000	0.000	0.000%	0.0000
Resident Care	0.000	0.000	0.000%	0.0000
Total	0.000	0.000		0.0000
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.01955169 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02737237 IRR @ 4/1/2011 (Col. 9)
Operating	98.7940	3.864	104.590	105.362
Resident Care	190.5790	7.112	201.417	202.908
Total	289.373	10.976	306.007	308.270
N-A/Medical				
Operating	0.0000	0.000	0.000	0.000
Resident Care	0.0000	0.000	0.000	0.000
Total	0.000	0.000	0.000	0.000

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 4/1/2011 Rate Semester

New Horizons Village/Provider #0313459-00
Adjustment to Prior Period Cost (L1, L2, L3)
Staffing IRR #214 - Effective 8/1/2009
Status: COST SETTLEMENT

A @ 4/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	92.749	92.749	100.000%	6.515
Resident Care	186.963	186.963	100.000%	3.855
Total	279.712	279.712		10.370
N-A/Medical				
Operating	0.000	0.000	0.000%	0.0000
Resident Care	0.000	0.000	0.000%	0.0000
Total	0.000	0.000		0.0000
B @ 4/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 4/1/2011	(L2) Inflate Col 8 By Factor 1.01955169 IRR @ 4/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02737237 IRR @ 4/1/2011 (Col. 9)
Operating	98.7940	0.000	100.726	101.498
Resident Care	190.5790	18.282	212.587	214.078
Total	289.373	18.282	313.313	315.576
N-A/Medical				
Operating	0.0000	0.000	0.000	0.000
Resident Care	0.0000	0.000	0.000	0.000
Total	0.000	0.000	0.000	0.000

New Horizons Village Provider #0313459-00 Cost Settlement - IRR #214 Effective - 8/1/2009	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 4/1/2011 RS					
	Calculation of L4			Residential/Institutional		Non-Ambulatory Medical
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	93.483	207.023	300.506	0.000	0.000	0.000
B. Cost Settlement for IRR Effective 8/1/2009	0.000	18.282	18.282	0.000	0.000	0.000
C. Prorated CS IRR eff 8/1/2009 - 2/12 of IRR comp.	0.000	3.047	3.047	0.000	0.000	0.000
D. Grossed Up Current Period (Line A plus Line C)	93.483	210.070	303.553	0.000	0.000	0.000

PROPERTY COMPONENT Calculation of L21 - 2/12 of IRR comp.	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	0.000