



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

028001100 - 2011/04
RI:625.01 / NM:1,000.05

Gulf Coast No. 1
 5820 Buckingham Road
 Ft. Myers FL 33905

Provider Number: 028001100
 Date: 03/03/2011
 FYE: 06/30/2009
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>618.13</u>	<u>625.01</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>989.03</u>	<u>1,000.05</u>	<u>04/01/2011</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

_____ For Information only - No Change in rate



028001100

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 10/2008 to 04/2011

Provider Name: **Gulf Coast No. 1**
 Provider Number: 28001100
 Audit Status: Unaudited [3]
 Date: 3/3/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 07/01/2008 - 06/30/2009
 Days In Reporting Period: 365
 Number of Beds: 55

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	8,200	819	9,019
2. Operating Expenses Component			
A. Administration			813,661
B. Plant Operation			278,590
C. Laundry			115,923
D. Housekeeping			31,763
E. Operating Expense Component & Per Diem	137.4805	137.4805	1,239,937
3. Resident Care			
A. Dietary			396,156
B. Other			429,229
C. Nursing			5,753
D. Resident Care & Per Diem	92.1541	92.1541	831,138
4. Prop Exp & Per Diem	1.7073	1.7073	15,398
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	4,100.00	819.00	4,919.00
3. Staffing Percent	83.3502744	16.6497256	100.00
4. Allocation of Direct Care	2,690,986.95	537,541.05	3,228,528.00
5. Direct Care Expense Per Diem	328.1691	656.3383	
C. Additional Services Expense			
1. Medicaid Inpatient Days	8,150	815	8,965
2. Additional Services	278,018	50,616	328,634
3. Additional Services Exp & Per Diem	34.1126	62.1055	
D. Medicaid Per Diem Cost			
1. Operating Component	137.4805	137.4805	1,239,937
2. Resident Care Component	454.4359	810.5979	4,388,300
3. Property Cost Component	1.7073	1.7073	15,398
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	593.6237	949.7857	5,643,635



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

028001100 - 2011/04

RI: 625.01

NM: 1,000.05

Gulf Coast No. 1
 Ownership:State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2008	06/30/2009	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						
4. Current Period Cost	137.481	454.436	591.916	137.481	810.598	948.078
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)	137.481	454.436	591.916	137.481	810.598	948.078
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)	137.481	454.436	591.916	137.481	810.598	948.078
12. Plus: Property Rate Component			1.707			1.707
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			593.624			949.786
15. Prospective Rate: Line 11 x Inflation (1.05301713)	144.769	478.529	623.298	144.769	853.573	998.343
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	144.769	478.529	623.298	144.769	853.573	998.343
19. Property Rate Component			1.707			1.707
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			625.01			1,000.05
23. Medicaid Days		8,150			815	
24. Resident Days		8,200			819	
25. Medicaid Utilization		99.39%			99.51%	
			0.00			
						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

028003800 - 2011/04
RI:259.25 / NM:387.81

SUNLAND MARIANNA #1
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028003800
 Date: 03/03/2011
 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>264.01</u>	<u>259.25</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>399.30</u>	<u>387.81</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:

_____ For Information only - No Change in rate



028003800

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

Provider Name: **SUNLAND MARIANNA #1**
 Provider Number: 28003800
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 115

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	37,476	2,810	40,286
2. Operating Expenses Component			
A. Administration			676,004
B. Plant Operation			588,745
C. Laundry			0
D. Housekeeping			56,816
E. Operating Expense Component & Per Diem	32.8046	32.8046	1,321,565
3. Resident Care			
A. Dietary			1,109,059
B. Other			31,369
C. Nursing			1,299,691
D. Resident Care & Per Diem	60.5699	60.5699	2,440,119
4. Prop Exp & Per Diem	4.3234	4.3234	174,172
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	18,738.00	2,810.00	21,548.00
3. Staffing Percent	86.9593466	13.0406534	100.00
4. Allocation of Direct Care	4,664,182.82	699,453.18	5,363,636.00
5. Direct Care Expense Per Diem	124.4579	248.9157	
C. Additional Services Expense			
1. Medicaid Inpatient Days	37,476	2,810	40,286
2. Additional Services	1,084,466	81,313	1,165,779
3. Additional Services Exp & Per Diem	28.9376	28.9370	
D. Medicaid Per Diem Cost			
1. Operating Component	32.8046	32.8046	1,321,565
2. Resident Care Component	213.9654	338.4226	8,969,534
3. Property Cost Component	4.3234	4.3234	174,172
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	251.0933	375.5506	10,465,271



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

028003800 - 2011/04

RI: 259.25

NM: 387.81

SUNLAND MARIANNA #1
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	32.805	213.965	246.770	32.805	338.423	371.227
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)	32.805	213.965	246.770	32.805	338.423	371.227
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)	32.805	213.965	246.770	32.805	338.423	371.227
12. Plus: Property Rate Component			4.323			4.323
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			251.093			375.551
15. Prospective Rate: Line 11 x Inflation (1.03303568)	33.888	221.034	254.922	33.888	349.603	383.491
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	33.888	221.034	254.922	33.888	349.603	383.491
19. Property Rate Component			4.323			4.323
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem	259.25			387.81		
23. Medicaid Days		37,476			2,810	
24. Resident Days		37,476			2,810	
25. Medicaid Utilization		100.00%			100.00%	
			0.00			
						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

028004600 - 2011/04
RI:256.32 / NM:385.92

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

Provider Number: 028004600
 Date: 03/03/2011
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	253.38	256.32	04/01/2011
#8 Non-Ambulatory & #9 Medical	384.53	385.92	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 (3)
 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

028004600

Provider Name: **TACACHALE #1**
 Provider Number: 28004600
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 112

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	8,163	30,217	38,380
2. Operating Expenses Component			
A. Administration			1,078,781
B. Plant Operation			539,053
C. Laundry			0
D. Housekeeping			39,927
E. Operating Expense Component & Per Diem	43.1934	43.1934	1,657,761
3. Resident Care			
A. Dietary			878,394
B. Other			1,256,078
C. Nursing			0
D. Resident Care & Per Diem	55.6142	55.6142	2,134,472
4. Prop Exp & Per Diem	2.9630	2.9630	113,719
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	4,081.50	30,217.00	34,298.50
3. Staffing Percent	11.8999373	88.1000627	100.00
4. Allocation of Direct Care	985,917.18	7,299,144.82	8,285,062.00
5. Direct Care Expense Per Diem	120.7788	241.5576	
C. Additional Services Expense			
1. Medicaid Inpatient Days	7,899	30,197	38,096
2. Additional Services	202,746	916,394	1,119,140
3. Additional Services Exp & Per Diem	25.6673	30.3472	
D. Medicaid Per Diem Cost			
1. Operating Component	43.1934	43.1934	1,657,761
2. Resident Care Component	202.0603	327.5189	11,538,674
3. Property Cost Component	2.9630	2.9630	113,719
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	248.2166	373.6753	13,310,154



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

028004600 - 2011/04

RI: 256.32

NM: 385.92

TACACHALE #1
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	43.193	202.060	245.254	43.193	327.519	370.712
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.193	202.060	245.254	43.193	327.519	370.712
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.193	202.060	245.254	43.193	327.519	370.712
12. Plus: Property Rate Component			2.963			2.963
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			248.217			373.675
15. Prospective Rate: Line 11 x Inflation (1.03303568)	44.620	208.735	253.356	44.620	338.339	382.959
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	44.620	208.735	253.356	44.620	338.339	382.959
19. Property Rate Component			2.963			2.963
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			256.32			385.92
23. Medicaid Days		7,899			30,197	
24. Resident Days		8,163			30,217	
25. Medicaid Utilization		96.77%			99.93%	
			0.00			
						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

028006200 - 2011/04
RI:253.68 / NM:390.14

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

Provider Number: 028006200
 Date: 03/03/2011
 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>246.94</u>	<u>253.68</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>377.66</u>	<u>390.14</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 (3)
 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

028006200

Provider Name: **TACACHALE #2**
 Provider Number: 28006200
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 90

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	18,449	16,643	35,092
2. Operating Expenses Component			
A. Administration			873,770
B. Plant Operation			565,260
C. Laundry			0
D. Housekeeping			41,868
E. Operating Expense Component & Per Diem	42.2004	42.2004	1,480,898
3. Resident Care			
A. Dietary			804,464
B. Other			813,384
C. Nursing			0
D. Resident Care & Per Diem	46.1030	46.1030	1,617,848
4. Prop Exp & Per Diem	3.8424	3.8424	134,836
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	9,224.50	16,643.00	25,867.50
3. Staffing Percent	35.6605779	64.3394221	100.00
4. Allocation of Direct Care	2,393,029.12	4,317,543.88	6,710,573.00
5. Direct Care Expense Per Diem	129.7105	259.4210	
C. Additional Services Expense			
1. Medicaid Inpatient Days	18,436	16,543	34,979
2. Additional Services	439,401	433,774	873,175
3. Additional Services Exp & Per Diem	23.8339	26.2210	
D. Medicaid Per Diem Cost			
1. Operating Component	42.2004	42.2004	1,480,898
2. Resident Care Component	199.6474	331.7451	9,201,596
3. Property Cost Component	3.8424	3.8424	134,836
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	245.6902	377.7879	10,817,330



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

028006200 - 2011/04
RI: 253.68
NM: 390.14

TACACHALE #2
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	42.200	199.647	241.848	42.200	331.745	373.945
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.200	199.647	241.848	42.200	331.745	373.945
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.200	199.647	241.848	42.200	331.745	373.945
12. Plus: Property Rate Component			3.842			3.842
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			245.690			377.788
15. Prospective Rate: Line 11 x Inflation (1.03303568)	43.595	206.243	249.837	43.595	342.704	386.299
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	43.595	206.243	249.837	43.595	342.704	386.299
19. Property Rate Component			3.842			3.842
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			253.68			390.14
23. Medicaid Days		18,436			16,543	
24. Resident Days		18,449			16,643	
25. Medicaid Utilization		99.93%			99.40%	
			0.00			
						0.00



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

028009700

Provider Name: **SUNLAND MARIANNA #2**
 Provider Number: 28009700
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 121

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	31,422	1,057	32,479
2. Operating Expenses Component			
A. Administration			1,075,906
B. Plant Operation			904,102
C. Laundry			0
D. Housekeeping			87,249
E. Operating Expense Component & Per Diem	63.6490	63.6490	2,067,257
3. Resident Care			
A. Dietary			951,057
B. Other			48,171
C. Nursing			675,283
D. Resident Care & Per Diem	51.5567	51.5567	1,674,511
4. Prop Exp & Per Diem	8.2350	8.2350	267,466
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	15,711.00	1,057.00	16,768.00
3. Staffing Percent	93.6963263	6.3036737	100.00
4. Allocation of Direct Care	7,998,470.29	538,118.71	8,536,589.00
5. Direct Care Expense Per Diem	254.5500	509.1000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	30,327	1,057	31,384
2. Additional Services	905,763	31,589	937,352
3. Additional Services Exp & Per Diem	29.8666	29.8855	
D. Medicaid Per Diem Cost			
1. Operating Component	63.6490	63.6490	2,067,257
2. Resident Care Component	335.9733	590.5423	11,148,452
3. Property Cost Component	8.2350	8.2350	267,466
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	407.8574	662.4263	13,483,175



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

028009700 - 2011/04

RI: 421.06

NM: 684.04

SUNLAND MARIANNA #2

Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	63.649	335.973	399.622	63.649	590.542	654.191
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	63.649	335.973	399.622	63.649	590.542	654.191
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 73.77%	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)	63.649	335.973	399.622	63.649	590.542	654.191
12. Plus: Property Rate Component			8.235			8.235
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			407.857			662.426
15. Prospective Rate: Line 11 x Inflation (1.03303568)	65.752	347.072	412.824	65.752	610.051	675.803
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	65.752	347.072	412.824	65.752	610.051	675.803
19. Property Rate Component			8.235			8.235
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			421.06			684.04
23. Medicaid Days		30,327			1,057	
24. Resident Days		31,422			1,057	
25. Medicaid Utilization		96.52%			100.00%	
			0.00			
						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

028011900 - 2011/04
RI:240.99 / NM:374.93

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

Provider Number: 028011900
 Date: 03/03/2011
 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>235.05</u>	<u>240.99</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>352.44</u>	<u>374.93</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 (3)
 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

028011900

Provider Name: **TACACHALE #3**
 Provider Number: 28011900
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 49

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	11,503	6,962	18,465
2. Operating Expenses Component			
A. Administration			430,542
B. Plant Operation			276,993
C. Laundry			0
D. Housekeeping			20,516
E. Operating Expense Component & Per Diem	39.4287	39.4287	728,051
3. Resident Care			
A. Dietary			424,805
B. Other			255,127
C. Nursing			0
D. Resident Care & Per Diem	36.8227	36.8227	679,932
4. Prop Exp & Per Diem	3.7137	3.7137	68,573
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,751.50	6,962.00	12,713.50
3. Staffing Percent	45.2393125	54.7606875	100.00
4. Allocation of Direct Care	1,495,870.89	1,810,702.11	3,306,573.00
5. Direct Care Expense Per Diem	130.0418	260.0836	
C. Additional Services Expense			
1. Medicaid Inpatient Days	11,503	6,950	18,453
2. Additional Services	269,061	159,916	428,977
3. Additional Services Exp & Per Diem	23.3905	23.0095	
D. Medicaid Per Diem Cost			
1. Operating Component	39.4287	39.4287	728,051
2. Resident Care Component	190.2551	319.9159	4,415,482
3. Property Cost Component	3.7137	3.7137	68,573
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	233.3974	363.0582	5,212,106



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

028011900 - 2011/04

RI: 240.99

NM: 374.93

TACACHALE #3
Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	39.429	190.255	229.684	39.429	319.916	359.345
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)	39.429	190.255	229.684	39.429	319.916	359.345
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)	39.429	190.255	229.684	39.429	319.916	359.345
12. Plus: Property Rate Component			3.714			3.714
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			233.397			363.058
15. Prospective Rate: Line 11 x Inflation (1.03303568)	40.731	196.540	237.272	40.731	330.484	371.216
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	40.731	196.540	237.272	40.731	330.484	371.216
19. Property Rate Component			3.714			3.714
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			240.99			374.93
23. Medicaid Days		11,503			6,950	
24. Resident Days		11,503			6,962	
25. Medicaid Utilization		100.00%			99.83%	
			0.00			
						0.00



Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028015100 - 2011/04
RI:235.18 / NM:353.93

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

Provider Number: 028015100
 Date: 03/03/2011
 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>242.08</u>	<u>235.18</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>366.18</u>	<u>353.93</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 (3)
 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

028015100

Provider Name: **TACACHALE #4**
 Provider Number: 28015100
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 59

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	12,520	9,002	21,522
2. Operating Expenses Component			
A. Administration			472,741
B. Plant Operation			425,478
C. Laundry			0
D. Housekeeping			31,514
E. Operating Expense Component & Per Diem	43.1992	43.1992	929,733
3. Resident Care			
A. Dietary			490,554
B. Other			225,792
C. Nursing			0
D. Resident Care & Per Diem	33.2844	33.2844	716,346
4. Prop Exp & Per Diem	3.4334	3.4334	73,893
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,260.00	9,002.00	15,262.00
3. Staffing Percent	41.0169047	58.9830953	100.00
4. Allocation of Direct Care	1,489,185.99	2,141,478.01	3,630,664.00
5. Direct Care Expense Per Diem	118.9446	237.8891	
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,520	8,981	21,501
2. Additional Services	361,976	223,725	585,701
3. Additional Services Exp & Per Diem	28.9118	24.9109	
D. Medicaid Per Diem Cost			
1. Operating Component	43.1992	43.1992	929,733
2. Resident Care Component	181.1407	296.0844	4,932,711
3. Property Cost Component	3.4334	3.4334	73,893
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	227.7733	342.7170	5,936,337



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

028015100 - 2011/04

RI: 235.18

NM: 353.93

TACACHALE #4
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	43.199	181.141	224.340	43.199	296.084	339.284
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.199	181.141	224.340	43.199	296.084	339.284
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.199	181.141	224.340	43.199	296.084	339.284
12. Plus: Property Rate Component			3.433			3.433
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			227.773			342.717
15. Prospective Rate: Line 11 x Inflation (1.03303568)	44.626	187.125	231.751	44.626	305.866	350.492
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.626	187.125	231.751	44.626	305.866	350.492
19. Property Rate Component			3.433			3.433
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			235.18			353.93
23. Medicaid Days		12,520			8,981	
24. Resident Days		12,520			9,002	
25. Medicaid Utilization		100.00%			99.77%	
			0.00			
						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

028016000 - 2011/04
RI:231.45 / NM:337.88

SUNLAND MARIANNA #3
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028016000
 Date: 03/03/2011
 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>229.78</u>	<u>231.45</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>330.87</u>	<u>337.88</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:

For Information only - No Change in rate



028016000

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

Provider Name: **SUNLAND MARIANNA #3**
 Provider Number: 28016000
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 44

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	12,849	2,718	15,567
2. Operating Expenses Component			
A. Administration			237,433
B. Plant Operation			336,480
C. Laundry			0
D. Housekeeping			32,472
E. Operating Expense Component & Per Diem	38.9532	38.9532	606,385
3. Resident Care			
A. Dietary			419,225
B. Other			17,928
C. Nursing			420,733
D. Resident Care & Per Diem	55.1093	55.1093	857,886
4. Prop Exp & Per Diem	6.3945	6.3945	99,543
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,424.50	2,718.00	9,142.50
3. Staffing Percent	70.2707137	29.7292863	100.00
4. Allocation of Direct Care	1,323,811.71	560,062.29	1,883,874.00
5. Direct Care Expense Per Diem	103.0284	206.0568	
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,059	2,718	14,777
2. Additional Services	250,439	56,434	306,873
3. Additional Services Exp & Per Diem	20.7678	20.7631	
D. Medicaid Per Diem Cost			
1. Operating Component	38.9532	38.9532	606,385
2. Resident Care Component	178.9055	281.9291	3,048,633
3. Property Cost Component	6.3945	6.3945	99,543
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	224.2532	327.2768	3,754,561



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

028016000 - 2011/04

RI: 231.45

NM: 337.88

SUNLAND MARIANNA #3
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	38.953	178.905	217.859	38.953	281.929	320.882
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)	38.953	178.905	217.859	38.953	281.929	320.882
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)	38.953	178.905	217.859	38.953	281.929	320.882
12. Plus: Property Rate Component			6.394			6.394
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			224.253			327.277
15. Prospective Rate: Line 11 x Inflation (1.03303568)	40.240	184.816	225.056	40.240	291.243	331.483
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	40.240	184.816	225.056	40.240	291.243	331.483
19. Property Rate Component			6.394			6.394
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			231.45			337.88
23. Medicaid Days		12,059			2,718	
24. Resident Days		12,849			2,718	
25. Medicaid Utilization		93.85%			100.00%	
			0.00			
						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

028017800 - 2011/04
RI:549.02 / NM:825.94

GULF COAST #5
 5820 Buckingham Road
 Ft. Myers FL 33905

Provider Number: 028017800
 Date: 03/03/2011
 FYE: 06/30/2009
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>542.98</u>	<u>549.02</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>816.85</u>	<u>825.94</u>	<u>04/01/2011</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (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) 10/2008 to 04/2011

028017800

Provider Name: **GULF COAST #5**
 Provider Number: 28017800
 Audit Status: Unaudited [3]
 Date: 3/3/2011

Cost Report Entered by: Squire, Yashica
 Rate Semester: April, 2011
 Cost Report: 07/01/2008 - 06/30/2009
 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	5,565	4,086	9,651
2. Operating Expenses Component			
A. Administration			864,416
B. Plant Operation			281,412
C. Laundry			124,130
D. Housekeeping			32,085
E. Operating Expense Component & Per Diem	134.9128	134.9128	1,302,043
3. Resident Care			
A. Dietary			409,787
B. Other			517,072
C. Nursing			16,352
D. Resident Care & Per Diem	97.7319	97.7319	943,211
4. Prop Exp & Per Diem	1.6116	1.6116	15,554
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,782.50	4,086.00	6,868.50
3. Staffing Percent	40.5110286	59.4889714	100.00
4. Allocation of Direct Care	1,389,493.85	2,040,421.15	3,429,915.00
5. Direct Care Expense Per Diem	249.6844	499.3689	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,329	3,940	9,269
2. Additional Services	199,924	200,208	400,132
3. Additional Services Exp & Per Diem	37.5162	50.8142	
D. Medicaid Per Diem Cost			
1. Operating Component	134.9128	134.9128	1,302,043
2. Resident Care Component	384.9326	647.9150	4,773,258
3. Property Cost Component	1.6116	1.6116	15,554
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	521.4570	784.4394	6,090,855



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

028017800 - 2011/04

RI: 549.02

NM: 825.94

GULF COAST #5
 Ownership: State[1]

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2008	06/30/2009	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						
4. Current Period Cost	134.913	384.933	519.845	134.913	647.915	782.828
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)	134.913	384.933	519.845	134.913	647.915	782.828
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)	134.913	384.933	519.845	134.913	647.915	782.828
12. Plus: Property Rate Component			1.612			1.612
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			521.457			784.439
15. Prospective Rate: Line 11 x Inflation (1.05301713)	142.065	405.341	547.406	142.065	682.266	824.331
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	142.065	405.341	547.406	142.065	682.266	824.331
19. Property Rate Component			1.612			1.612
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			549.02			825.94
23. Medicaid Days		5,329			3,940	
24. Resident Days		5,565			4,086	
25. Medicaid Utilization		95.76%			96.43%	
			0.00			0.00
						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

028024100 - 2011/04
RI:331.10 / NM:472.77

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

Provider Number: 028024100
 Date: 03/03/2011
 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>614.82</u>	<u>331.10</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>1,056.76</u>	<u>472.77</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 (3)
 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

028024100

Provider Name: **TACACHALE #5**
 Provider Number: 28024100
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 40

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,440	2,634	7,074
2. Operating Expenses Component			
A. Administration			170,516
B. Plant Operation			426,135
C. Laundry			0
D. Housekeeping			31,563
E. Operating Expense Component & Per Diem	88.8061	88.8061	628,214
3. Resident Care			
A. Dietary			163,155
B. Other			252,460
C. Nursing			0
D. Resident Care & Per Diem	58.7525	58.7525	415,615
4. Prop Exp & Per Diem	12.2108	12.2108	86,379
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	2,220.00	2,634.00	4,854.00
3. Staffing Percent	45.7354759	54.2645241	100.00
4. Allocation of Direct Care	598,938.07	710,631.93	1,309,570.00
5. Direct Care Expense Per Diem	134.8960	269.7919	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,911	2,517	6,428
2. Additional Services	102,630	71,674	174,304
3. Additional Services Exp & Per Diem	26.2414	28.4760	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	88.8061	88.8061	628,214
2. Resident Care Component	219.8898	357.0204	1,899,489
3. Property Cost Component	12.2108	12.2108	86,379
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	320.9066	458.0372	2,614,082



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

028024100 - 2011/04
RI: 331.10
NM: 472.77

TACACHALE #5
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	88.806	219.890	308.696	88.806	357.020	445.826
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	88.806	219.890	308.696	88.806	357.020	445.826
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)	88.806	219.890	308.696	88.806	357.020	445.826
12. Plus: Property Rate Component			12.211			12.211
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			320.907			458.037
15. Prospective Rate: Line 11 x Inflation (1.03303568)	91.740	227.154	318.894	91.740	368.815	460.555
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	91.740	227.154	318.894	91.740	368.815	460.555
19. Property Rate Component			12.211			12.211
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			331.10			472.77
23. Medicaid Days		3,911			2,517	
24. Resident Days		4,440			2,634	
25. Medicaid Utilization		88.09%			95.56%	
			0.00			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

028026700 - 2011/04
RI:325.63 / NM:459.52

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

Provider Number: 028026700
 Date: 03/03/2011
 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>337.49</u>	<u>325.63</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>502.63</u>	<u>459.52</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 (3)
 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

028026700

Provider Name: **TACACHALE #7**
Provider Number: 28026700
Audit Status: Unaudited [3]
Date: 3/3/2011

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: 30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	10,581	10,581
2. Operating Expenses Component			
A. Administration			357,134
B. Plant Operation			149,700
C. Laundry			0
D. Housekeeping			11,088
E. Operating Expense Component & Per Diem	48.9483	48.9483	517,922
3. Resident Care			
A. Dietary			235,045
B. Other			776,937
C. Nursing			0
D. Resident Care & Per Diem	95.6414	95.6414	1,011,982
4. Prop Exp & Per Diem	3.9559	3.9559	41,857
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	10,581.00	10,581.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	2,742,795.00	2,742,795.00
5. Direct Care Expense Per Diem	129.6094	259.2189	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	10,484	10,484
2. Additional Services	0	389,913	389,913
3. Additional Services Exp & Per Diem	37.1912	37.1912	
D. Medicaid Per Diem Cost			
1. Operating Component	48.9483	48.9483	517,922
2. Resident Care Component	262.4421	392.0516	4,144,690
3. Property Cost Component	3.9559	3.9559	41,857
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	315.3463	444.9557	4,704,469



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

028026700 - 2011/04

RI: 325.63

NM: 459.52

TACACHALE #7
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	48.948	262.442	311.390	48.948	392.052	441.000
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)	48.948	262.442	311.390	48.948	392.052	441.000
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)	48.948	262.442	311.390	48.948	392.052	441.000
12. Plus: Property Rate Component			3.956			3.956
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			315.346			444.956
15. Prospective Rate: Line 11 x Inflation (1.03303568)	50.565	271.112	321.677	50.565	405.003	455.569
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	50.565	271.112	321.677	50.565	405.003	455.569
19. Property Rate Component			3.956			3.956
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			325.63			459.52
23. Medicaid Days			0			10,484
24. Resident Days			0			10,581
25. Medicaid Utilization			NA			99.08%
			0.00			
						0.00



Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028055100 - 2011/04
RI:371.80 / NM:588.60

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

Provider Number: 028055100
 Date: 03/03/2011
 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>394.62</u>	<u>371.80</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>632.80</u>	<u>588.60</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 (3)
 Home Office:

_____ For Information only - No Change in rate



028055100

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

Provider Name: **TACACHALE FACILITY #8**
 Provider Number: 28055100
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13,500	6,907	20,407
2. Operating Expenses Component			
A. Administration			758,176
B. Plant Operation			607,952
C. Laundry			0
D. Housekeeping			45,030
E. Operating Expense Component & Per Diem	69.1507	69.1507	1,411,158
3. Resident Care			
A. Dietary			467,170
B. Other			386,691
C. Nursing			0
D. Resident Care & Per Diem	41.8416	41.8416	853,861
4. Prop Exp & Per Diem	2.2438	2.2438	45,790
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,750.00	6,907.00	13,657.00
3. Staffing Percent	49.4252032	50.5747968	100.00
4. Allocation of Direct Care	2,877,936.17	2,944,874.83	5,822,811.00
5. Direct Care Expense Per Diem	213.1805	426.3609	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,468	6,850	20,318
2. Additional Services	452,064	207,220	659,284
3. Additional Services Exp & Per Diem	33.5658	30.2511	
D. Medicaid Per Diem Cost			
1. Operating Component	69.1507	69.1507	1,411,158
2. Resident Care Component	288.5878	498.4536	7,335,956
3. Property Cost Component	2.2438	2.2438	45,790
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	359.9823	569.8481	8,792,904



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

028055100 - 2011/04
RI: 371.80
NM: 588.60

TACACHALE FACILITY #8
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	69.151	288.588	357.739	69.151	498.454	567.604
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)	69.151	288.588	357.739	69.151	498.454	567.604
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)	69.151	288.588	357.739	69.151	498.454	567.604
12. Plus: Property Rate Component			2.244			2.244
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			359.982			569.848
15. Prospective Rate: Line 11 x Inflation (1.03303568)	71.435	298.122	369.557	71.435	514.920	586.355
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	71.435	298.122	369.557	71.435	514.920	586.355
19. Property Rate Component			2.244			2.244
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem	371.80			588.60		
23. Medicaid Days		13,468			6,850	
24. Resident Days		13,500			6,907	
25. Medicaid Utilization		99.76%			99.17%	
			0.00			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

028058500 - 2011/04
RI:247.08 / NM:346.24

Sunland Marianna #4
 3700 Williams Road
 Marianna FL 32446

Provider Number: 028058500
 Date: 03/03/2011
 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>238.91</u>	<u>247.08</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>337.51</u>	<u>346.24</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:

 For Information only - No Change in rate



028058500

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

Provider Name: **Sunland Marianna #4**
 Provider Number: 28058500
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 20

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,932	1,095	7,027
2. Operating Expenses Component			
A. Administration			97,602
B. Plant Operation			195,482
C. Laundry			0
D. Housekeeping			18,865
E. Operating Expense Component & Per Diem	44.3929	44.3929	311,949
3. Resident Care			
A. Dietary			212,040
B. Other			10,415
C. Nursing			106,129
D. Resident Care & Per Diem	46.7602	46.7602	328,584
4. Prop Exp & Per Diem	8.2298	8.2298	57,831
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,966.00	1,095.00	4,061.00
3. Staffing Percent	73.0361980	26.9638020	100.00
4. Allocation of Direct Care	565,595.24	208,808.76	774,404.00
5. Direct Care Expense Per Diem	95.3465	190.6929	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,850	1,095	6,945
2. Additional Services	261,571	49,661	311,232
3. Additional Services Exp & Per Diem	44.7130	45.3525	
D. Medicaid Per Diem Cost			
1. Operating Component	44.3929	44.3929	311,949
2. Resident Care Component	186.8197	282.8057	1,414,220
3. Property Cost Component	8.2298	8.2298	57,831
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	239.4424	335.4284	1,784,000



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

028058500 - 2011/04
RI: 247.08
NM: 346.24

Sunland Marianna #4
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	44.393	186.820	231.213	44.393	282.806	327.199
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	44.393	186.820	231.213	44.393	282.806	327.199
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)	44.393	186.820	231.213	44.393	282.806	327.199
12. Plus: Property Rate Component			8.230			8.230
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			239.442			335.428
15. Prospective Rate: Line 11 x Inflation (1.03303568)	45.859	192.991	238.851	45.859	292.148	338.008
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	45.859	192.991	238.851	45.859	292.148	338.008
19. Property Rate Component			8.230			8.230
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			247.08			346.24
23. Medicaid Days		5,850			1,095	
24. Resident Days		5,932			1,095	
25. Medicaid Utilization		98.62%			100.00%	
			0.00			
						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

028562500 - 2011/04
RI:243.57 / NM:377.76

SUNLAND MARIANNA #5
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028562500
 Date: 03/03/2011
 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>263.24</u>	<u>243.57</u>	<u>04/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>385.73</u>	<u>377.76</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:

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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

028562500

Provider Name: **SUNLAND MARIANNA #5**
 Provider Number: 28562500
 Audit Status: Unaudited [3]
 Date: 3/3/2011

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: 49

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	5,319	10,992	16,311
2. Operating Expenses Component			
A. Administration			365,635
B. Plant Operation			424,735
C. Laundry			0
D. Housekeeping			40,988
E. Operating Expense Component & Per Diem	50.9692	50.9692	831,358
3. Resident Care			
A. Dietary			404,865
B. Other			22,630
C. Nursing			468,282
D. Resident Care & Per Diem	54.9186	54.9186	895,777
4. Prop Exp & Per Diem	7.7035	7.7035	125,652
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	2,659.50	10,992.00	13,651.50
3. Staffing Percent	19.4813757	80.5186243	100.00
4. Allocation of Direct Care	565,167.76	2,335,899.24	2,901,067.00
5. Direct Care Expense Per Diem	106.2545	212.5090	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	5,319	10,623	15,942
2. Additional Services	86,049	423,116	509,165
3. Additional Services Exp & Per Diem	16.1777	39.8302	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	50.9692	50.9692	831,358
2. Resident Care Component	177.3508	307.2578	4,306,009
3. Property Cost Component	7.7035	7.7035	125,652
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	236.0234	365.9305	5,263,019



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

028562500 - 2011/04

RI: 243.57
 NM: 377.76

SUNLAND MARIANNA #5
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	50.969	177.351	228.320	50.969	307.258	358.227
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	50.969	177.351	228.320	50.969	307.258	358.227
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	50.969	177.351	228.320	50.969	307.258	358.227
12. Plus: Property Rate Component			7.704			7.704
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			236.023			365.930
15. Prospective Rate: Line 11 x Inflation (1.03303568)	52.653	183.210	235.863	52.653	317.408	370.061
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	52.653	183.210	235.863	52.653	317.408	370.061
19. Property Rate Component			7.704			7.704
20. ROE Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			243.57			377.76
23. Medicaid Days		5,319			10,623	
24. Resident Days		5,319			10,992	
25. Medicaid Utilization		100.00%			96.64%	
			0.00			
						0.00