



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2019 through 09/30/2020

0 032049-00 - 2019/10

265.72

Clyde E Lassen State Veterans Nursing Home

Zip Code:	32092
Region:	North
Beds:	120
Cost Report:	7/1/2016-6/30/2017
Total Patient Days:	43,635
Medicaid Days:	11,822
Medicaid Utilization:	0.270929%

Inflation
Direct Care
Cost
PS Target
1.09546071
1.10177905
1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,935,086	568,167	657,488	3,160,741
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	163.6852	48.0601	55.6157	267.3610
3: Inflated Cost Per Diem (Line 2 x Inflation):	179.3107	52.9516	61.2762	293.5385
4: Prior Semester: Provider Target Base:	0.0000	51.4416	59.4159	110.8575
5: Provider Target Rate (Line 4 x PS Target):	0.0000	54.4471	62.8873	117.3345
6: Cost Based Class Ceiling:	137.4353	47.6881	61.9577	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	109.4960
9: Lesser of Line 3, Line 5, and Line 6:	137.4353	47.6881	61.2762	246.3996
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	137.4353	47.6881	61.2762	246.3996

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	9	9	0.83	56,161	18.3471

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	2,672	0.0612

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.5738
16: Medicaid Trend Adjustment:	(25.5428)
17: Final Rate (Sum of Line 11 through Line 16):	265.7210



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2019 through 09/30/2020

0 201006-00 - 2019/10

255.56

Memorial Manor

Zip Code:	33025
Region:	South
Beds:	120
Cost Report:	5/1/2016-4/30/2017
Total Patient Days:	42,566
Medicaid Days:	16,030
Medicaid Utilization:	0.376592%

Inflation
Direct Care
Cost
PS Target

1.09939636
1.10698421
1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,624,388	683,848	1,078,748	4,386,984
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	163.7173	42.6605	67.2956	273.6734
3: Inflated Cost Per Diem (Line 2 x Inflation):	179.9902	47.2245	74.4952	301.7099
4: Prior Semester: Provider Target Base:	0.0000	51.3855	73.8305	125.2160
5: Provider Target Rate (Line 4 x PS Target):	0.0000	54.3878	78.1441	132.5319
6: Cost Based Class Ceiling:	151.9376	52.3998	66.3138	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	122.5654
9: Lesser of Line 3, Line 5, and Line 6:	151.9376	47.2245	66.3138	265.4759
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	151.9376	47.2245	66.3138	265.4759

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	30	11	0.84	34,179	15.5103

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	67,427	1.5841

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	(27.0694)
17: Final Rate (Sum of Line 11 through Line 16):	255.5597



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2019 through 09/30/2020

0 202533-00 - 2019/10

250.87

Rohr Home, The

Zip Code:	33830
Region:	North
Beds:	60
Cost Report:	10/1/2016-9/30/2017
Total Patient Days:	18,819
Medicaid Days:	13,106
Medicaid Utilization:	0.696424%

	Inflation
Direct Care	1.08939351
Cost	1.09356266
PS Target	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,553,792	528,452	914,519	2,996,764
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	118.5558	40.3214	69.7787	228.6559
3: Inflated Cost Per Diem (Line 2 x Inflation):	129.1539	44.0940	76.3074	249.5553
4: Prior Semester: Provider Target Base:	0.0000	41.9160	74.7994	116.7154
5: Provider Target Rate (Line 4 x PS Target):	0.0000	44.3650	79.1696	123.5346
6: Cost Based Class Ceiling:	137.4353	47.6881	61.9577	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	109.4960
9: Lesser of Line 3, Line 5, and Line 6:	129.1539	44.0940	61.6086	234.8565
10: Medicaid Adjustment Rate:	2.8540	0.9744	0.0000	3.8284
11: Prospective Rate (Line 9 + Line 10):	132.0079	45.0684	61.6086	238.6849

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	59	23	0.84	19,188	12.2411

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	0	0.0000

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	22.8078
16: Medicaid Trend Adjustment:	(24.1572)
17: Final Rate (Sum of Line 11 through Line 16):	250.8731



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2019 through 09/30/2020

0 203475-00 - 2019/10

228.79

Marianna Health and Rehabilitation Center

Zip Code:	32447
Region:	North
Beds:	180
Cost Report:	1/1/2016-12/31/2016
Total Patient Days:	56,050
Medicaid Days:	39,708
Medicaid Utilization:	0.708439%

	Inflation
Direct Care	1.10858042
Cost	1.11699519
PS Target	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	4,791,160	776,594	1,794,044	7,361,798
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	120.6598	19.5576	45.1809	185.3983
3: Inflated Cost Per Diem (Line 2 x Inflation):	133.7611	21.8457	50.4668	206.0736
4: Prior Semester: Provider Target Base:	0.0000	21.1864	49.2901	70.4765
5: Provider Target Rate (Line 4 x PS Target):	0.0000	22.4242	52.1699	74.5942
6: Cost Based Class Ceiling:	137.4353	47.6881	61.9577	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	109.4960
9: Lesser of Line 3, Line 5, and Line 6:	133.7611	21.8457	50.4668	206.0736
10: Medicaid Adjustment Rate:	3.1366	0.5123	0.0000	3.6489
11: Prospective Rate (Line 9 + Line 10):	136.8977	22.3580	50.4668	209.7225

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	49	12	0.83	76,695	17.9814

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	17,690	0.3156

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	21.1741
16: Medicaid Trend Adjustment:	-21.9912
17: Final Rate (Sum of Line 11 through Line 16):	228.7913



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0 203670-00 - 2019/10
243.90

Jackson Memorial Perdue Medical Center

Zip Code:	33157
Region:	South
Beds:	163
Cost Report:	10/1/2016-
Total Patient Days:	52,013
Medicaid Days:	33,804
Medicaid Utilization:	0.649914%

Inflation
Direct Care
Cost
PS Target
1.08939351
1.09356266
1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	5,538,091	1,224,600	2,151,613	8,914,304
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	163.8295	36.2265	63.6497	263.7057
3: Inflated Cost Per Diem (Line 2 x Inflation):	178.4748	39.6159	69.6049	287.6956
4: Prior Semester: Provider Target Base:	0.0000	42.5724	71.9198	114.4922
5: Provider Target Rate (Line 4 x PS Target):	0.0000	45.0597	76.1218	121.1815
6: Cost Based Class Ceiling:	151.9376	52.3998	66.3138	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	122.5654
9: Lesser of Line 3, Line 5, and Line 6:	151.9376	39.6159	66.3138	257.8673
10: Medicaid Adjustment Rate:	2.3519	0.6132	0.0000	2.9651
11: Prospective Rate (Line 9 + Line 10):	154.2895	40.2291	66.3138	260.8324

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	49	49	0.84	51,700	8.0472

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	0	0.0000

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	(25.8342)
17: Final Rate (Sum of Line 11 through Line 16):	243.8978



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0 204161-00 - 2019/10

245.12

Jackson Memorial Long Term Care Center

Zip Code:	33142
Region:	South
Beds:	180
Cost Report:	10/1/2016-
Total Patient Days:	63,127
Medicaid Days:	38,278
Medicaid Utilization:	0.606365%

Inflation
Direct Care
Cost
PS Target

1.08939351
1.09356266
1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	6,138,847	1,577,059	2,158,762	9,874,668
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	160.3753	41.2001	56.3969	257.9723
3: Inflated Cost Per Diem (Line 2 x Inflation):	174.7118	45.0549	61.6735	281.4402
4: Prior Semester: Provider Target Base:	0.0000	45.7332	62.2937	108.0269
5: Provider Target Rate (Line 4 x PS Target):	0.0000	48.4052	65.9333	114.3385
6: Cost Based Class Ceiling:	151.9376	52.3998	66.3138	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	122.5654
9: Lesser of Line 3, Line 5, and Line 6:	151.9376	45.0549	61.6735	258.6660
10: Medicaid Adjustment Rate:	1.8181	0.5391	0.0000	2.3572
11: Prospective Rate (Line 9 + Line 10):	153.7557	45.5940	61.6735	261.0232

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	54	54	0.84	77,248	9.0932

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	0	0.0000

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	(25.9632)
17: Final Rate (Sum of Line 11 through Line 16):	245.1163



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 Rate Semester 10/01/2019 through 09/30/2020

0 210889-00 - 2019/10
258.78

Emory L. Bennett Memorial

Zip Code:	32117
Region:	North
Beds:	120
Cost Report:	7/1/2016-6/30/2017
Total Patient Days:	42,876
Medicaid Days:	15,562
Medicaid Utilization:	0.362954%

	Inflation
Direct Care	1.09546071
Cost	1.10177905
PS Target	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,057,630	797,681	806,734	3,662,045
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	132.2214	51.2583	51.8400	235.3197
3: Inflated Cost Per Diem (Line 2 x Inflation):	144.8433	56.4753	57.1162	258.4348
4: Prior Semester: Provider Target Base:	0.0000	54.8600	55.5952	110.4552
5: Provider Target Rate (Line 4 x PS Target):	0.0000	58.0653	58.8434	116.9087
6: Cost Based Class Ceiling:	137.4353	47.6881	61.9577	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	109.4960
9: Lesser of Line 3, Line 5, and Line 6:	137.4353	47.6881	57.1162	242.2396
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	137.4353	47.6881	57.1162	242.2396

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	26	5	0.85	26,235	15.5423

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	1,920	0.0448

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.2029
16: Medicaid Trend Adjustment:	(24.8473)
17: Final Rate (Sum of Line 11 through Line 16):	258.7837



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2019 through 09/30/2020

0 210951-00 - 2019/10
260.02

Sabal Palms Health Care Center

Zip Code:	34641
Region:	North
Beds:	47
Cost Report:	1/1/2016-
Total Patient Days:	15,981
Medicaid Days:	15,981
Medicaid Utilization:	1.000000%

Direct Care	Inflation
Cost	1.10858042
PS Target	1.11699519
	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	3,499,008	855,332	1,065,924	5,420,264
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	218.9480	53.5218	66.6994	339.1692
3: Inflated Cost Per Diem (Line 2 x Inflation):	242.72149999	59.7836	74.5029	377.0080
4: Prior Semester: Provider Target Base:	0.0000	57.9790	72.2540	130.2330
5: Provider Target Rate (Line 4 x PS Target):	0.0000	61.3665	76.4755	137.8420
6: Cost Based Class Ceiling:	137.4353	47.6881	61.9577	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	109.4960
9: Lesser of Line 3, Line 5, and Line 6:	137.4353	47.6881	61.6086	246.7320
10: Medicaid Adjustment Rate:	6.1846	2.1460	0.0000	8.3306
11: Prospective Rate (Line 9 + Line 10):	143.6199	49.8341	61.6086	255.0625

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	29	13	0.85	120,602	Error! Picture

	Total	Per Diem
13: Taxes:	73681	4.6105
14: Insurance:	31,181	1.9511

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	4.1284
16: Medicaid Trend Adjustment:	-27.1050
17: Final Rate (Sum of Line 11 through Line 16):	260.0241



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2019 through 09/30/2020

0 211052-00 - 2019/10

265.78

W. Frank Wells Nursing Home

Zip Code:	32063
Region:	North
Beds:	68
Cost Report:	10/1/2016-
Total Patient Days:	18,192
Medicaid Days:	15,286
Medicaid Utilization:	0.840259%

	Inflation
Direct Care	1.08939351
Cost	1.09356266
PS Target	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,615,818	712,136	1,263,388	4,591,342
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	171.1251	46.5875	82.6500	300.3626
3: Inflated Cost Per Diem (Line 2 x Inflation):	186.42259999	50.9464	90.3830	327.7520
4: Prior Semester: Provider Target Base:	0.0000	54.0192	89.8713	143.8905
5: Provider Target Rate (Line 4 x PS Target):	0.0000	57.1753	95.1221	152.2975
6: Cost Based Class Ceiling:	137.4353	47.6881	61.9577	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	109.4960
9: Lesser of Line 3, Line 5, and Line 6:	137.4353	47.6881	61.6086	246.7320
10: Medicaid Adjustment Rate:	5.2609	1.8255	0.0000	7.0864
11: Prospective Rate (Line 9 + Line 10):	142.6962	49.5136	61.6086	253.8184

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	51	15	0.83	18,628	Error! Picture

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	12,071	0.6635

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	21.6099
16: Medicaid Trend Adjustment:	-25.8630
17: Final Rate (Sum of Line 11 through Line 16):	265.7798



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2019 through 09/30/2020

0 212032-00 - 2019/10
270.53

E.J. Healey Rehab and Nursing Center

Zip Code:	33407
Region:	South
Beds:	120
Cost Report:	10/1/2016-
Total Patient Days:	43,404
Medicaid Days:	31,157
Medicaid Utilization:	0.717837%

Direct Care	Inflation
Cost	1.08939351
PS Target	1.09356266
	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	6,089,396	2,743,773	4,097,994	12,931,163
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	195.4423	88.0628	131.5272	415.0323
3: Inflated Cost Per Diem (Line 2 x Inflation):	212.9136	96.3022	143.8332	453.0490
4: Prior Semester: Provider Target Base:	0.0000	71.7040	140.7166	212.4206
5: Provider Target Rate (Line 4 x PS Target):	0.0000	75.8934	148.9381	224.8315
6: Cost Based Class Ceiling:	151.9376	52.3998	66.3138	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	122.5654
9: Lesser of Line 3, Line 5, and Line 6:	151.9376	52.3998	66.3138	270.6513
10: Medicaid Adjustment Rate:	3.7235	1.2841	0.0000	5.0076
11: Prospective Rate (Line 9 + Line 10):	155.6611	53.6840	66.3138	275.6589

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	7	6	0.82	81,767	Error! Picture

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	49,521	1.1409

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	-28.6551
17: Final Rate (Sum of Line 11 through Line 16):	270.5303



Florida Agency for Health Care Administration
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0 214914-00 - 2019/10

254.94

Baldomero Lopez Memorial Veterans N. H.

Zip Code:	34639
Region:	North
Beds:	120
Cost Report:	7/1/2016-6/30/2017
Total Patient Days:	43,626
Medicaid Days:	14,861
Medicaid Utilization:	0.340645%

	Inflation
Direct Care	1.09546071
Cost	1.10177905
PS Target	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,066,137	795,186	712,823	3,574,146
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	139.0308	53.5082	47.9660	240.5050
3: Inflated Cost Per Diem (Line 2 x Inflation):	152.3028	58.9542	52.8479	264.1049
4: Prior Semester: Provider Target Base:	0.0000	57.5948	51.2635	108.8583
5: Provider Target Rate (Line 4 x PS Target):	0.0000	60.9598	54.2586	115.2185
6: Cost Based Class Ceiling:	137.4353	47.6881	61.9577	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	109.4960
9: Lesser of Line 3, Line 5, and Line 6:	137.4353	47.6881	52.8479	237.9713
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	137.4353	47.6881	52.8479	237.9713

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	20	5	0.85	25,290	15.2772

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	2,020	0.0463

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.4792
16: Medicaid Trend Adjustment:	-24.4104
17: Final Rate (Sum of Line 11 through Line 16):	254.9354



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2019 through 09/30/2020

0 226017-00 - 2019/10

294.35

Plantation Nursing & Rehabilitation Center

Zip Code:	33317
Region:	South
Beds:	100
Cost Report:	3/1/2017-
Total Patient Days:	19,943
Medicaid Days:	19,489
Medicaid Utilization:	0.977235%

	Inflation
Direct Care	1.08020722
Cost	1.08401912
PS Target	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	7,377,648	1,233,691	1,141,861	9,753,199
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	378.5544	63.3019	58.5900	500.4463
3: Inflated Cost Per Diem (Line 2 x Inflation):	408.9172	68.6205	63.5127	541.0504
4: Prior Semester: Provider Target Base:	0.0000	66.5457	61.5924	128.1381
5: Provider Target Rate (Line 4 x PS Target):	0.0000	70.4337	65.1910	135.6247
6: Cost Based Class Ceiling:	151.9376	52.3998	66.3138	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	122.5654
9: Lesser of Line 3, Line 5, and Line 6:	151.9376	52.3998	63.5127	267.8501
10: Medicaid Adjustment Rate:	6.8372	2.3580	0.0000	9.1952
11: Prospective Rate (Line 9 + Line 10):	158.7748	54.7578	63.5127	277.0453

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	51	1	0.84	47,341	22.9185

	Total	Per Diem
13: Taxes:	39,573	1.9843
14: Insurance:	76,219	3.8218

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	20.9218
16: Medicaid Trend Adjustment:	(28.9622)
17: Final Rate (Sum of Line 11 through Line 16):	294.3509



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0 229849-00 - 2019/10
271.64

Alexander Nininger State Veterans' N. Home

Zip Code:	33025
Region:	South
Beds:	120
Cost Report:	7/1/2016-6/30/2017
Total Patient Days:	42,173
Medicaid Days:	10,651
Medicaid Utilization:	0.252555%

	Inflation
Direct Care	1.09546071
Cost	1.10177905
PS Target	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,841,972	486,715	544,932	2,873,619
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	172.9389	45.6967	51.1625	269.7981
3: Inflated Cost Per Diem (Line 2 x Inflation):	189.4478	50.3477	56.3698	296.1653
4: Prior Semester: Provider Target Base:	0.0000	57.9955	56.6193	114.6148
5: Provider Target Rate (Line 4 x PS Target):	0.0000	61.3840	59.9273	121.3113
6: Cost Based Class Ceiling:	151.9376	52.3998	66.3138	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	122.5654
9: Lesser of Line 3, Line 5, and Line 6:	151.9376	50.3477	56.3698	258.6551
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	151.9376	50.3477	56.3698	258.6551

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	18	16	0.84	24,535	13.2433

Total	Per Diem
0	0.0000
8,729	0.2070

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.5138
16: Medicaid Trend Adjustment:	(26.1760)
17: Final Rate (Sum of Line 11 through Line 16):	271.6389



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0 260355-00 - 2019/10

230.43

Sarasota Memorial Nursing & Rehabilitation Facility

Zip Code:	34238
Region:	North
Beds:	120
Cost Report:	10/1/2016-
Total Patient Days:	37,226
Medicaid Days:	14,565
Medicaid Utilization:	0.391259%

	Inflation
Direct Care	1.08939351
Cost	1.09356266
PS Target	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,258,413	518,592	631,871	3,408,876
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	155.0576	35.6054	43.3828	234.0458
3: Inflated Cost Per Diem (Line 2 x Inflation):	168.9187	38.9367	47.4418	255.2972
4: Prior Semester: Provider Target Base:	0.0000	37.7957	44.9573	82.7530
5: Provider Target Rate (Line 4 x PS Target):	0.0000	40.0040	47.5840	87.5879
6: Cost Based Class Ceiling:	137.4353	47.6881	61.9577	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	109.4960
9: Lesser of Line 3, Line 5, and Line 6:	137.4353	38.9367	47.4418	223.8138
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	137.4353	38.9367	47.4418	223.8138

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	32	15	0.85	38,898	14.3677

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	0,000	0.0000

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	13.6897
16: Medicaid Trend Adjustment:	-22.9581
17: Final Rate (Sum of Line 11 through Line 16):	230.4348



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0 264491-00 - 2019/10
255.40

Clifford Chester Sims State Veteran's Nursing Home

Zip Code:	32404
Region:	North
Beds:	120
Cost Report:	7/1/2016-6/30/2017
Total Patient Days:	42,963
Medicaid Days:	10,366
Medicaid Utilization:	0.241277%

	Inflation
Direct Care	1.09546071
Cost	1.10177905
PS Target	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,403,618	556,448	530,325	2,490,391
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	135.4059	53.6801	51.1600	240.2460
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.3318	59.1436	56.3670	263.8424
4: Prior Semester: Provider Target Base:	0.0000	58.3577	54.6656	113.0233
5: Provider Target Rate (Line 4 x PS Target):	0.0000	61.7673	57.8595	119.6268
6: Cost Based Class Ceiling:	137.4353	47.6881	61.9577	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	109.4960
9: Lesser of Line 3, Line 5, and Line 6:	137.4353	47.6881	56.3670	241.4904
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	137.4353	47.6881	56.3670	241.4904

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	16	14	0.83	31,686	13.2384

Total	Per Diem
0	0.0000
5,340	0.1243

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	23.8042
16: Medicaid Trend Adjustment:	-24.5315
17: Final Rate (Sum of Line 11 through Line 16):	255.4037



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0 269492-00 - 2019/10

256.68

Douglas Jacobson State Veterans Nursing Home

Zip Code:	33954
Region:	North
Beds:	120
Cost Report:	7/1/2016-6/30/2017
Total Patient Days:	41,993
Medicaid Days:	16,105
Medicaid Utilization:	0.383516%

	Inflation
Direct Care	1.09546071
Cost	1.10177905
PS Target	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,260,752	902,066	832,226	3,995,043
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	140.3758	56.0115	51.6750	248.0623
3: Inflated Cost Per Diem (Line 2 x Inflation):	153.7762	61.7123	56.9344	272.4229
4: Prior Semester: Provider Target Base:	0.0000	58.4024	54.7975	113.1999
5: Provider Target Rate (Line 4 x PS Target):	0.0000	61.8146	57.9991	119.8137
6: Cost Based Class Ceiling:	137.4353	47.6881	61.9577	247.0811
7: Prior Semester: Class Ceiling Target Base:	0.0000	46.0059	59.1879	105.1938
8: Target Rate Class Ceiling:	0.0000	47.8875	61.6086	109.4960
9: Lesser of Line 3, Line 5, and Line 6:	137.4353	47.6881	56.9344	242.0578
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	137.4353	47.6881	56.9344	242.0578

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	15	14	0.84	31,592	13.6978

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	5,692	0.1355

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.1126
16: Medicaid Trend Adjustment:	-24.6345
17: Final Rate (Sum of Line 11 through Line 16):	256.6845



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0 312789-00 - 2019/10
256.79

Children's Comprehensive Care Center, Inc.

Zip Code:	33060
Region:	South
Beds:	36
Cost Report:	8/1/2016-7/31/2017
Total Patient Days:	11,404
Medicaid Days:	10,915
Medicaid Utilization:	0.957120%

Direct Care	Inflation
Cost	1.09343456
PS Target	1.09903341
	1.05842611

2019 Cost per Square Foot: \$227.00

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,392,328	490,174	758,912	2,641,413
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	127.5609	44.9083	69.5293	241.9985
3: Inflated Cost Per Diem (Line 2 x Inflation):	139.4795	49.3557	76.4150	265.2502
4: Prior Semester: Provider Target Base:	0.0000	47.8659	74.1084	121.9743
5: Provider Target Rate (Line 4 x PS Target):	0.0000	50.6625	78.4383	129.1008
6: Cost Based Class Ceiling:	151.9376	52.3998	66.3138	270.6513
7: Prior Semester: Class Ceiling Target Base:	0.0000	51.4302	66.3194	117.7496
8: Target Rate Class Ceiling:	0.0000	53.5336	69.0317	122.5654
9: Lesser of Line 3, Line 5, and Line 6:	139.4795	49.3557	66.3138	255.1490
10: Medicaid Adjustment Rate:	6.2766	2.2210	0.0000	8.4976
11: Prospective Rate (Line 9 + Line 10):	145.7561	51.5767	66.3138	263.6466

Property Component:	Actual Age	Adjusted Age	Location Factor	Sqr. Footage	Per Diem
12: FRVS:	31	11	0.84	12,391	18.3928

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	40,249	3.5294

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	(27.1995)
17: Final Rate (Sum of Line 11 through Line 16):	256.7881