



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 10/01/2020 through 09/30/2021

0 032049-00 - 2020/10

273.56

**Clyde E Lassen State Veterans Nursing Home**

Zip Code:	32092
Region:	North
Beds:	120
Cost Report:	7/1/16-6/30/17
Total Patient Days:	43,635
Medicaid Days:	11,822
Medicaid Utilization:	27.09293%

**Direct Care**  
**Cost**  
**Target**  
**PS Target**

<b>Inflation</b>	<b>1.11459208</b>
	<b>1.11931373</b>
	<b>1.04403408</b>
	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

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):	<b>182.4422</b>	<b>53.7943</b>	<b>62.2514</b>	<b>298.4879</b>
4: Prior Semester: Provider Target Base:	0.0000	54.4471	62.8873	117.3345
5: Provider Target Rate (Line 4 x PS Target):	0.0000	57.8722	66.8433	<b>124.7155</b>
6: Cost Based Class Ceiling:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	247.0533
7: Prior Semester: Class Ceiling Target Base:	0.0000	47.8875	61.6086	109.4960
8: Target Rate Class Ceiling:	0.0000	49.9961	64.3215	<b>114.3176</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	<b>247.0533</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	<b>247.0533</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	10	2	0.84	56,161	23.4670

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.5140
16: Medicaid Trend Adjustment:	(25.1405)
17: Sum of Line 11 through Line 16:	269.9550

18: Percentage Rate Increase (1.3585% of 201910 Rate):	3.6099
19: Final Rate (Sum of Line 17 and Line 18):	273.5649



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 Rate Semester 10/01/2020 through 09/30/2021

<b>0 201006-00 - 2020/10</b>
<b>260.35</b>

**Memorial Manor**

Zip Code:	33025
Region:	South
Beds:	120
Cost Report:	5/1/16-4/30/17
Total Patient Days:	42,566
Medicaid Days:	16,030
Medicaid Utilization:	37.65916%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.11859647</b>
<b>Cost</b>	<b>1.12460173</b>
<b>Target</b>	<b>1.04403408</b>
<b>PS Target</b>	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>183.1336</b>	<b>47.9761</b>	<b>75.6807</b>	<b>306.7904</b>
4: Prior Semester: Provider Target Base:	0.0000	54.3878	78.1441	132.5319
5: Provider Target Rate (Line 4 x PS Target):	0.0000	57.8091	83.0599	<b>140.8689</b>
6: Cost Based Class Ceiling:	<b>148.7947</b>	<b>49.6331</b>	<b>68.8414</b>	267.2692
7: Prior Semester: Class Ceiling Target Base:	0.0000	53.5336	69.0317	122.5654
8: Target Rate Class Ceiling:	0.0000	55.8909	72.0715	<b>127.9624</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>148.7947</b>	<b>47.9761</b>	<b>68.8414</b>	<b>265.6122</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>148.7947</b>	<b>47.9761</b>	<b>68.8414</b>	<b>265.6122</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	31	12	0.85	34,179	<b>15.9932</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	67,437	<b>1.5841</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>0.0000</b>
16: Medicaid Trend Adjustment:	<b>(26.3120)</b>
17: Sum of Line 11 through Line 16:	<b>256.8775</b>
18: Percentage Rate Increase (1.3585% of 201910 Rate):	<b>3.4719</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>260.3494</b>



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 Rate Semester 10/01/2020 through 09/30/2021

0 202533-00 - 2020/10

257.90

**Rohr Home, The**

Zip Code:	33830
Region:	North
Beds:	60
Cost Report:	10/1/16-9/30/17
Total Patient Days:	18,819
Medicaid Days:	13,106
Medicaid Utilization:	69.64238%

**Direct Care**  
**Cost**  
**Target**  
**PS Target**

<b>Inflation</b>	<b>1.10841893</b>
	<b>1.11096657</b>
	<b>1.04403408</b>
	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

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):	<b>131.4095</b>	<b>44.7957</b>	<b>77.5218</b>	<b>253.7270</b>
4: Prior Semester: Provider Target Base:	0.0000	44.3650	79.1696	123.5346
5: Provider Target Rate (Line 4 x PS Target):	0.0000	47.1558	84.1499	<b>131.3057</b>
6: Cost Based Class Ceiling:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	247.0533
7: Prior Semester: Class Ceiling Target Base:	0.0000	47.8875	61.6086	109.4960
8: Target Rate Class Ceiling:	0.0000	49.9961	64.3215	<b>114.3176</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>131.4095</b>	<b>44.7957</b>	<b>61.1981</b>	<b>237.4033</b>
10: Medicaid Adjustment Rate:	2.9038	0.9899	0.0000	3.8937
11: Prospective Rate (Line 9 + Line 10):	<b>134.3133</b>	<b>45.7856</b>	<b>61.1981</b>	<b>241.2971</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	60	25	0.85	19,188	<b>13.5679</b>

	Total	Per Diem
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	0	<b>0.0000</b>

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	<b>23.3076</b>
16: Medicaid Trend Adjustment:	<b>(23.6802)</b>
17: Sum of Line 11 through Line 16:	<b>254.4923</b>

18: Percentage Rate Increase (1.3585% of 201910 Rate): **3.4082**

19: Final Rate (Sum of Line 17 and Line 18): **257.9005**



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 Rate Semester 10/01/2020 through 09/30/2021

0 203475-00 - 2020/10

238.09

**Marianna Health and Rehabilitation Center**

Zip Code:	32447
Region:	North
Beds:	180
Cost Report:	1/1/16-12/31/16
Total Patient Days:	56,050
Medicaid Days:	39,708
Medicaid Utilization:	70.84389%

<b>Inflation</b>	
Direct Care	1.12794092
Cost	1.13477203
Target	1.04403408
PS Target	1.06290583

2020 Cost per Square Foot: \$ 235.30

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):	<b>136.0971</b>	<b>22.1934</b>	<b>51.2700</b>	<b>209.5605</b>
4: Prior Semester: Provider Target Base:	0.0000	22.4242	52.1699	74.5942
5: Provider Target Rate (Line 4 x PS Target):	0.0000	23.8349	55.4517	<b>79.2866</b>
6: Cost Based Class Ceiling:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	247.0533
7: Prior Semester: Class Ceiling Target Base:	0.0000	47.8875	61.6086	109.4960
8: Target Rate Class Ceiling:	0.0000	49.9961	64.3215	<b>114.3176</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>136.0971</b>	<b>22.1934</b>	<b>51.2700</b>	<b>209.5605</b>
10: Medicaid Adjustment Rate:	3.1914	0.5204	0.0000	3.7118
11: Prospective Rate (Line 9 + Line 10):	<b>139.2885</b>	<b>22.7138</b>	<b>51.2700</b>	<b>213.2723</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	50	11	0.86	76,695	21.2450

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	21.9675
16: Medicaid Trend Adjustment:	(21.8190)
17: Sum of Line 11 through Line 16:	234.9814

18: Percentage Rate Increase (1.3585% of 201910 Rate): **3.1082**

19: Final Rate (Sum of Line 17 and Line 18): **238.0896**



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<b>0 203670-00 - 2020/10</b>
<b>248.56</b>

**Jackson Memorial Perdue Medical Center**

Zip Code:	33157
Region:	South
Beds:	163
Cost Report:	10/1/16-9/30/17
Total Patient Days:	52,013
Medicaid Days:	33,804
Medicaid Utilization:	64.99144%

<b>Inflation</b>
<b>Direct Care</b>
<b>Cost</b>
<b>Target</b>
<b>PS Target</b>

<b>1.10841893</b>
<b>1.11096657</b>
<b>1.04403408</b>
<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>181.5917</b>	<b>40.2464</b>	<b>70.7127</b>	<b>292.5508</b>
4: Prior Semester: Provider Target Base:	0.0000	45.0597	76.1218	121.1815
5: Provider Target Rate (Line 4 x PS Target):	0.0000	47.8943	80.9103	<b>128.8046</b>
6: Cost Based Class Ceiling:	<b>148.7947</b>	<b>49.6331</b>	<b>68.8414</b>	267.2692
7: Prior Semester: Class Ceiling Target Base:	0.0000	53.5336	69.0317	122.5654
8: Target Rate Class Ceiling:	0.0000	55.8909	72.0715	<b>127.9624</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>148.7947</b>	<b>40.2464</b>	<b>68.8414</b>	<b>257.8825</b>
10: Medicaid Adjustment Rate:	2.5095	0.6788	0.0000	3.1882
11: Prospective Rate (Line 9 + Line 10):	<b>151.3042</b>	<b>40.9252</b>	<b>68.8414</b>	<b>261.0708</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	50	40	0.85	51,700	<b>9.2967</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	0	<b>0.0000</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>0.0000</b>
16: Medicaid Trend Adjustment:	<b>(25.1206)</b>
17: Sum of Line 11 through Line 16:	<b>245.2469</b>

18: Percentage Rate Increase (1.3585% of 201910 Rate):	<b>3.3134</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>248.5603</b>



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<b>0 204161-00 - 2020/10</b>
<b>248.30</b>

**Jackson Memorial Long Term Care Center**

Zip Code:	33142
Region:	South
Beds:	180
Cost Report:	10/1/16-9/30/17
Total Patient Days:	63,127
Medicaid Days:	38,278
Medicaid Utilization:	60.63649%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.10841893</b>
<b>Cost</b>	<b>1.11096657</b>
<b>Target</b>	<b>1.04403408</b>
<b>PS Target</b>	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>177.7630</b>	<b>45.7719</b>	<b>62.6551</b>	<b>286.1900</b>
4: Prior Semester: Provider Target Base:	0.0000	48.4052	65.9333	114.3385
5: Provider Target Rate (Line 4 x PS Target):	0.0000	51.4502	70.0809	<b>121.5311</b>
6: Cost Based Class Ceiling:	<b>148.7947</b>	<b>49.6331</b>	<b>68.8414</b>	267.2692
7: Prior Semester: Class Ceiling Target Base:	0.0000	53.5336	69.0317	122.5654
8: Target Rate Class Ceiling:	0.0000	55.8909	72.0715	<b>127.9624</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>148.7947</b>	<b>45.7719</b>	<b>62.6551</b>	<b>257.2217</b>
10: Medicaid Adjustment Rate:	1.7805	0.5477	0.0000	2.3282
11: Prospective Rate (Line 9 + Line 10):	<b>150.5752</b>	<b>46.3196</b>	<b>62.6551</b>	<b>259.5499</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	55	40	0.85	77,248	<b>10.5125</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	0	<b>0.0000</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>0.0000</b>
16: Medicaid Trend Adjustment:	<b>(25.0923)</b>
17: Sum of Line 11 through Line 16:	<b>244.9702</b>

18: Percentage Rate Increase (1.3585% of 201910 Rate):	<b>3.3300</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>248.3002</b>



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<b>0 210889-00 - 2020/10</b>
<b>266.18</b>

**Emory L. Bennett Memorial**

Zip Code:	32117
Region:	North
Beds:	120
Cost Report:	7/1/16-6/30/17
Total Patient Days:	42,876
Medicaid Days:	15,562
Medicaid Utilization:	36.29536%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.11459208</b>
<b>Cost</b>	<b>1.11931373</b>
<b>Target</b>	<b>1.04403408</b>
<b>PS Target</b>	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>147.3729</b>	<b>57.3741</b>	<b>58.0252</b>	<b>262.7722</b>
4: Prior Semester: Provider Target Base:	0.0000	58.0653	58.8434	116.9087
5: Provider Target Rate (Line 4 x PS Target):	0.0000	61.7179	62.5450	<b>124.2629</b>
6: Cost Based Class Ceiling:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	247.0533
7: Prior Semester: Class Ceiling Target Base:	0.0000	47.8875	61.6086	109.4960
8: Target Rate Class Ceiling:	0.0000	49.9961	64.3215	<b>114.3176</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>139.0408</b>	<b>46.8144</b>	<b>58.0252</b>	<b>243.8804</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>139.0408</b>	<b>46.8144</b>	<b>58.0252</b>	<b>243.8804</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	27	2	0.86	26,235	<b>18.6926</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	1,920	<b>0.0448</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>24.4510</b>
16: Medicaid Trend Adjustment:	<b>(24.4006)</b>
17: Sum of Line 11 through Line 16:	<b>262.6682</b>

18: Percentage Rate Increase (1.3585% of 201910 Rate):	<b>3.5157</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>266.1839</b>



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0 210951-00 - 2020/10

264.72

**Sabal Palms Health Care Center**

Zip Code:	34641
Region:	North
Beds:	47
Cost Report:	1/1/16-12/31/16
Total Patient Days:	15,981
Medicaid Days:	15,981
Medicaid Utilization:	100.00000%

**Direct Care**  
**Cost**  
**Target**  
**PS Target**

<b>Inflation</b>	<b>1.12794092</b>
	<b>1.13477203</b>
	<b>1.04403408</b>
	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

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):	<b>246.9604</b>	<b>60.7350</b>	<b>75.6886</b>	<b>383.3840</b>
4: Prior Semester: Provider Target Base:	0.0000	61.3665	76.4755	137.8420
5: Provider Target Rate (Line 4 x PS Target):	0.0000	65.2268	81.2863	<b>146.5131</b>
6: Cost Based Class Ceiling:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	247.0533
7: Prior Semester: Class Ceiling Target Base:	0.0000	47.8875	61.6086	109.4960
8: Target Rate Class Ceiling:	0.0000	49.9961	64.3215	<b>114.3176</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	<b>247.0533</b>
10: Medicaid Adjustment Rate:	6.2568	2.1066	0.0000	8.3635
11: Prospective Rate (Line 9 + Line 10):	<b>145.2976</b>	<b>48.9211</b>	<b>61.1981</b>	<b>255.4168</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	30	15	0.86	120,602	22.8074

	Total	Per Diem
13: Taxes:	73,681	4.6105
14: Insurance:	31,181	1.9511

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	2.8638
16: Medicaid Trend Adjustment:	(26.4603)
17: Sum of Line 11 through Line 16:	261.1893

18: Percentage Rate Increase (1.3585% of 201910 Rate):	3.5325
19: Final Rate (Sum of Line 17 and Line 18):	264.7219





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 Rate Semester 10/01/2020 through 09/30/2021

0 211052-00 - 2020/10

270.61

**W. Frank Wells Nursing Home**

Zip Code:	32063
Region:	North
Beds:	68
Cost Report:	10/1/16-9/30/17
Total Patient Days:	18,192
Medicaid Days:	15,286
Medicaid Utilization:	84.02595%

**Direct Care**  
**Cost**  
**Target**  
**PS Target**

<b>Inflation</b>	<b>1.10841893</b>
	<b>1.11096657</b>
	<b>1.04403408</b>
	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

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):	<b>189.6783</b>	<b>51.7572</b>	<b>91.8214</b>	<b>333.2569</b>
4: Prior Semester: Provider Target Base:	0.0000	57.1753	95.1221	152.2975
5: Provider Target Rate (Line 4 x PS Target):	0.0000	60.7720	101.1059	<b>161.8779</b>
6: Cost Based Class Ceiling:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	247.0533
7: Prior Semester: Class Ceiling Target Base:	0.0000	47.8875	61.6086	109.4960
8: Target Rate Class Ceiling:	0.0000	49.9961	64.3215	<b>114.3176</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	<b>247.0533</b>
10: Medicaid Adjustment Rate:	5.3224	1.7920	0.0000	7.1144
11: Prospective Rate (Line 9 + Line 10):	<b>144.3631</b>	<b>48.6064</b>	<b>61.1981</b>	<b>254.1677</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	52	17	0.84	18,628	<b>15.6765</b>

	Total	Per Diem
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	12071	<b>0.6635</b>

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	<b>21.6246</b>
16: Medicaid Trend Adjustment:	<b>(25.1336)</b>
17: Sum of Line 11 through Line 16:	<b>266.9986</b>

18: Percentage Rate Increase (1.3585% of 201910 Rate):	<b>3.6107</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>270.6093</b>



Florida Agency for Health Care Administration  
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0 212032-00 - 2020/10

274.12

**E.J. Healey Rehab and Nursing Center**

Zip Code:	33407
Region:	South
Beds:	120
Cost Report:	10/1/16-9/30/17
Total Patient Days:	43,404
Medicaid Days:	31,157
Medicaid Utilization:	71.78371%

Direct Care  
 Cost  
 Target  
 PS Target

<b>Inflation</b>
1.10841893
1.11096657
1.04403408
1.06290583

2020 Cost per Square Foot: \$ 235.30

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):	<b>216.6319</b>	<b>97.8348</b>	<b>146.1223</b>	<b>460.5890</b>
4: Prior Semester: Provider Target Base:	0.0000	75.8934	148.9381	224.8315
5: Provider Target Rate (Line 4 x PS Target):	0.0000	80.6675	158.3072	<b>238.9747</b>
6: Cost Based Class Ceiling:	<b>148.7947</b>	<b>49.6331</b>	<b>68.8414</b>	267.2692
7: Prior Semester: Class Ceiling Target Base:	0.0000	53.5336	69.0317	122.5654
8: Target Rate Class Ceiling:	0.0000	55.8909	72.0715	<b>127.9624</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>148.7947</b>	<b>49.6331</b>	<b>68.8414</b>	<b>267.2692</b>
10: Medicaid Adjustment Rate:	3.6465	1.2163	0.0000	4.8628
11: Prospective Rate (Line 9 + Line 10):	<b>152.4412</b>	<b>50.8494</b>	<b>68.8414</b>	<b>272.1320</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	8	1	0.82	81,767	24.8772

	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:	(27.7020)
17: Sum of Line 11 through Line 16:	270.4481

18: Percentage Rate Increase (1.3585% of 201910 Rate):	3.6753
19: Final Rate (Sum of Line 17 and Line 18):	274.1234



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 10/01/2020 through 09/30/2021

<b>0 214914-00 - 2020/10</b>
<b>262.22</b>

**Baldomero Lopez Memorial Veterans N. H.**

Zip Code:	34639
Region:	North
Beds:	120
Cost Report:	7/1/16-6/30/17
Total Patient Days:	43,626
Medicaid Days:	14,861
Medicaid Utilization:	34.06455%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.11459208</b>
<b>Cost</b>	<b>1.11931373</b>
<b>Target</b>	<b>1.04403408</b>
<b>PS Target</b>	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>154.9626</b>	<b>59.8925</b>	<b>53.6890</b>	<b>268.5441</b>
4: Prior Semester: Provider Target Base:	0.0000	60.9598	54.2586	115.2185
5: Provider Target Rate (Line 4 x PS Target):	0.0000	64.7946	57.6718	<b>122.4664</b>
6: Cost Based Class Ceiling:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	247.0533
7: Prior Semester: Class Ceiling Target Base:	0.0000	47.8875	61.6086	109.4960
8: Target Rate Class Ceiling:	0.0000	49.9961	64.3215	<b>114.3176</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>139.0408</b>	<b>46.8144</b>	<b>53.6890</b>	<b>239.5442</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>139.0408</b>	<b>46.8144</b>	<b>53.6890</b>	<b>239.5442</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	21	2	0.85	25,290	<b>18.1775</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	2,020	<b>0.0463</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>24.9429</b>
16: Medicaid Trend Adjustment:	<b>(23.9500)</b>
17: Sum of Line 11 through Line 16:	<b>258.7609</b>

18: Percentage Rate Increase (1.3585% of 201910 Rate):	<b>3.4634</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>262.2243</b>



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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 Rate Semester 10/01/2020 through 09/30/2021

0 226017-00 - 2020/10

295.88

**Plantation Nursing & Rehabilitation Center**

Zip Code:	33317
Region:	South
Beds:	100
Cost Report:	3/1/17-12/31/17
Total Patient Days:	19,943
Medicaid Days:	19,489
Medicaid Utilization:	97.72351%

**Direct Care**  
**Cost**  
**Target**  
**PS Target**

**Inflation**

1.09907221
1.10127115
1.04403408
1.06290583

2020 Cost per Square Foot: \$ 235.30

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):	<b>416.0586</b>	<b>69.7126</b>	<b>64.5235</b>	<b>550.2947</b>
4: Prior Semester: Provider Target Base:	0.0000	70.4337	65.1910	135.6247
5: Provider Target Rate (Line 4 x PS Target):	0.0000	74.8644	69.2919	<b>144.1563</b>
6: Cost Based Class Ceiling:	<b>148.7947</b>	<b>49.6331</b>	<b>68.8414</b>	267.2692
7: Prior Semester: Class Ceiling Target Base:	0.0000	53.5336	69.0317	122.5654
8: Target Rate Class Ceiling:	0.0000	55.8909	72.0715	<b>127.9624</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>148.7947</b>	<b>49.6331</b>	<b>64.5235</b>	<b>262.9513</b>
10: Medicaid Adjustment Rate:	6.6958	2.2335	0.0000	8.9292
11: Prospective Rate (Line 9 + Line 10):	<b>155.4905</b>	<b>51.8665</b>	<b>64.5235</b>	<b>271.8805</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	52	1	0.84	47,341	20.1843

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	21.6864
16: Medicaid Trend Adjustment:	(27.6760)
17: Sum of Line 11 through Line 16:	291.8812

18: Percentage Rate Increase (1.3585% of 201910 Rate):	3.9989
19: Final Rate (Sum of Line 17 and Line 18):	295.8801



Florida Agency for Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 10/01/2020 through 09/30/2021

0 229849-00 - 2020/10

276.19

**Alexander Nininger State Veterans' N. Home**

Zip Code:	33025
Region:	South
Beds:	120
Cost Report:	7/1/16-6/30/17
Total Patient Days:	42,173
Medicaid Days:	10,651
Medicaid Utilization:	25.25550%

**Direct Care**  
**Cost**  
**Target**  
**PS Target**

**Inflation**

1.11459208
1.11931373
1.04403408
1.06290583

2020 Cost per Square Foot: \$ 235.30

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):	<b>192.7563</b>	<b>51.1489</b>	<b>57.2669</b>	<b>301.1721</b>
4: Prior Semester: Provider Target Base:	0.0000	61.3840	59.9273	121.3113
5: Provider Target Rate (Line 4 x PS Target):	0.0000	65.2454	63.6971	<b>128.9425</b>
6: Cost Based Class Ceiling:	<b>148.7947</b>	<b>49.6331</b>	<b>68.8414</b>	267.2692
7: Prior Semester: Class Ceiling Target Base:	0.0000	53.5336	69.0317	122.5654
8: Target Rate Class Ceiling:	0.0000	55.8909	72.0715	<b>127.9624</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>148.7947</b>	<b>49.6331</b>	<b>57.2669</b>	<b>255.6947</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>148.7947</b>	<b>49.6331</b>	<b>57.2669</b>	<b>255.6947</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	19	8	0.85	24,535	17.2068

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	8,729	0.2070

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.7653
16: Medicaid Trend Adjustment:	(25.3753)
17: Sum of Line 11 through Line 16:	272.4985

18: Percentage Rate Increase (1.3585% of 201910 Rate):	3.6903
19: Final Rate (Sum of Line 17 and Line 18):	276.1888



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 10/01/2020 through 09/30/2021

<b>0 260355-00 - 2020/10</b>
<b>238.72</b>

**Sarasota Memorial Nursing & Rehabilitation Facility**

Zip Code:	34238
Region:	North
Beds:	120
Cost Report:	10/1/16-9/30/17
Total Patient Days:	37,226
Medicaid Days:	14,565
Medicaid Utilization:	39.12588%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.10841893</b>
<b>Cost</b>	<b>1.11096657</b>
<b>Target</b>	<b>1.04403408</b>
<b>PS Target</b>	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>171.8688</b>	<b>39.5564</b>	<b>48.1968</b>	<b>259.6220</b>
4: Prior Semester: Provider Target Base:	0.0000	40.0040	47.5840	87.5879
5: Provider Target Rate (Line 4 x PS Target):	0.0000	42.5204	50.5773	<b>93.0977</b>
6: Cost Based Class Ceiling:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	247.0533
7: Prior Semester: Class Ceiling Target Base:	0.0000	47.8875	61.6086	109.4960
8: Target Rate Class Ceiling:	0.0000	49.9961	64.3215	<b>114.3176</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>139.0408</b>	<b>39.5564</b>	<b>48.1968</b>	<b>226.7940</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>139.0408</b>	<b>39.5564</b>	<b>48.1968</b>	<b>226.7940</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	33	16	0.85	38,898	<b>16.1306</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	0	<b>0.0000</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>15.2346</b>
16: Medicaid Trend Adjustment:	<b>(22.5708)</b>
17: Sum of Line 11 through Line 16:	<b>235.5884</b>

18: Percentage Rate Increase (1.3585% of 201910 Rate):	<b>3.1305</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>238.7189</b>



Florida Agency for Health Care Administration  
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 Computation of Nursing Home Medicaid Reimbursement Rate  
 Rate Semester 10/01/2020 through 09/30/2021

0 264491-00 - 2020/10

265.26

**Clifford Chester Sims State Veteran's Nursing Home**

Zip Code:	32404
Region:	North
Beds:	120
Cost Report:	7/1/16-6/30/17
Total Patient Days:	42,963
Medicaid Days:	10,366
Medicaid Utilization:	24.12774%

<b>Inflation</b>	
Direct Care	1.11459208
Cost	1.11931373
Target	1.04403408
PS Target	1.06290583

2020 Cost per Square Foot: \$ 235.30

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):	<b>150.9223</b>	<b>60.0849</b>	<b>57.2641</b>	<b>268.2713</b>
4: Prior Semester: Provider Target Base:	0.0000	61.7673	57.8595	119.6268
5: Provider Target Rate (Line 4 x PS Target):	0.0000	65.6528	61.4992	<b>127.1520</b>
6: Cost Based Class Ceiling:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	247.0533
7: Prior Semester: Class Ceiling Target Base:	0.0000	47.8875	61.6086	109.4960
8: Target Rate Class Ceiling:	0.0000	49.9961	64.3215	<b>114.3176</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>139.0408</b>	<b>46.8144</b>	<b>57.2641</b>	<b>243.1193</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>139.0408</b>	<b>46.8144</b>	<b>57.2641</b>	<b>243.1193</b>

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	17	1	0.86	31,686	<b>18.9188</b>

	Total	Per Diem
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	5,340	<b>0.1243</b>

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	<b>23.9886</b>
16: Medicaid Trend Adjustment:	<b>(24.3583)</b>
17: Sum of Line 11 through Line 16:	<b>261.7927</b>

18: Percentage Rate Increase (1.3585% of 201910 Rate): **3.4698**

19: Final Rate (Sum of Line 17 and Line 18): **265.2625**



Florida Agency for Health Care Administration  
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<b>0 269492-00 - 2020/10</b>
<b>264.79</b>

**Douglas Jacobson State Veterans Nursing Home**

Zip Code:	33954
Region:	North
Beds:	120
Cost Report:	7/1/16-6/30/17
Total Patient Days:	41,993
Medicaid Days:	16,105
Medicaid Utilization:	38.35163%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.11459208</b>
<b>Cost</b>	<b>1.11931373</b>
<b>Target</b>	<b>1.04403408</b>
<b>PS Target</b>	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>156.4618</b>	<b>62.6944</b>	<b>57.8405</b>	<b>276.9967</b>
4: Prior Semester: Provider Target Base:	0.0000	61.8146	57.9991	119.8137
5: Provider Target Rate (Line 4 x PS Target):	0.0000	65.7031	61.6476	<b>127.3507</b>
6: Cost Based Class Ceiling:	<b>139.0408</b>	<b>46.8144</b>	<b>61.1981</b>	247.0533
7: Prior Semester: Class Ceiling Target Base:	0.0000	47.8875	61.6086	109.4960
8: Target Rate Class Ceiling:	0.0000	49.9961	64.3215	<b>114.3176</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>139.0408</b>	<b>46.8144</b>	<b>57.8405</b>	<b>243.6957</b>
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	<b>139.0408</b>	<b>46.8144</b>	<b>57.8405</b>	<b>243.6957</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	16	6	0.84	31,592	<b>17.6251</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	5,692	<b>0.1355</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>24.1414</b>
16: Medicaid Trend Adjustment:	<b>(24.2927)</b>
17: Sum of Line 11 through Line 16:	<b>261.3051</b>

18: Percentage Rate Increase (1.3585% of 201910 Rate):	<b>3.4872</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>264.7922</b>





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<b>0 312789-00 - 2020/10</b>
<b>266.37</b>

**Children's Comprehensive Care Center, Inc.**

Zip Code:	33060
Region:	South
Beds:	36
Cost Report:	8/1/16-7/31/17
Total Patient Days:	11,404
Medicaid Days:	10,915
Medicaid Utilization:	95.71203%

<b>Inflation</b>	
<b>Direct Care</b>	<b>1.11253055</b>
<b>Cost</b>	<b>1.11652439</b>
<b>Target</b>	<b>1.04404308</b>
<b>PS Target</b>	<b>1.06290583</b>

2020 Cost per Square Foot: \$ 235.30

<b>Cost Component:</b>	<b>Direct Care</b>	<b>Indirect Care</b>	<b>Operating</b>	<b>Total</b>
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):	<b>141.9154</b>	<b>50.1412</b>	<b>77.6312</b>	<b>269.6878</b>
4: Prior Semester: Provider Target Base:	0.0000	50.6625	78.4383	129.1008
5: Provider Target Rate (Line 4 x PS Target):	0.0000	53.8495	83.3725	<b>137.2220</b>
6: Cost Based Class Ceiling:	<b>148.7947</b>	<b>49.6331</b>	<b>68.8414</b>	267.2692
7: Prior Semester: Class Ceiling Target Base:	0.0000	53.5336	69.0317	122.5654
8: Target Rate Class Ceiling:	0.0000	55.8909	72.0715	<b>127.9624</b>
9: Lesser of Line 3, Line 5, and Line 6:	<b>141.9154</b>	<b>49.6331</b>	<b>68.8414</b>	<b>260.3899</b>
10: Medicaid Adjustment Rate:	6.3862	2.2335	0.0000	8.6197
11: Prospective Rate (Line 9 + Line 10):	<b>148.3016</b>	<b>51.8665</b>	<b>68.8414</b>	<b>269.0095</b>

<b>Property Component:</b>	<b>Actual Age</b>	<b>Adjusted Age</b>	<b>RS Means Index</b>	<b>Sqr. Footage</b>	<b>Per Diem</b>
12: FRVS:	32	12	0.85	12,391	<b>17.2695</b>

	<b>Total</b>	<b>Per Diem</b>
13: Taxes:	0	<b>0.0000</b>
14: Insurance:	40,249	<b>3.5294</b>

<b>Add-Ons</b>	<b>Per Diem</b>
15: NFQA Medicaid Share Return:	<b>0.0000</b>
16: Medicaid Trend Adjustment:	<b>(26.9269)</b>
17: Sum of Line 11 through Line 16:	<b>262.8815</b>
18: Percentage Rate Increase (1.3585% of 201910 Rate):	<b>3.4886</b>
19: Final Rate (Sum of Line 17 and Line 18):	<b>266.3701</b>