



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2021 through 09/30/2021

0 032049-00 - 2020/10

274.71

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%

Inflation
Direct Care
Cost
Target
PS Target

1.11459208
1.11931373
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	182.4422	53.7943	62.2514	298.4879
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	124.7155
6: Cost Based Class Ceiling:	139.0408	46.8144	61.1981	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	114.3176
9: Lesser of Line 3, Line 5, and Line 6:	139.0408	46.8144	61.1981	247.0533
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	139.0408	46.8144	61.1981	247.0533

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:	(20.3825)

17: Final Rate (Sum of Line 11 through Line 16): **274.7130**



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2021 through 09/30/2021

0 201006-00 - 2020/10

261.86

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%

Inflation	
Direct Care	1.11859647
Cost	1.12460173
Target	1.04403408
PS Target	1.06290583

2020 Cost per Square Foot:

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):	183.1336	47.9761	75.6807	306.7904
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	140.8689
6: Cost Based Class Ceiling:	148.7947	49.6331	68.8414	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	127.9624
9: Lesser of Line 3, Line 5, and Line 6:	148.7947	47.9761	68.8414	265.6122
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	148.7947	47.9761	68.8414	265.6122

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

	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:	(21.3322)

17: Final Rate (Sum of Line 11 through Line 16): **261.8573**



Florida Agency for Health Care Administration
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 Rate Semester 07/01/2021 through 09/30/2021

0 202533-00 - 2020/10
258.97

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%

Inflation
Direct Care
Cost
Target
PS Target

1.10841893
1.11096657
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	131.4095	44.7957	77.5218	253.7270
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	131.3057
6: Cost Based Class Ceiling:	139.0408	46.8144	61.1981	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	114.3176
9: Lesser of Line 3, Line 5, and Line 6:	131.4095	44.7957	61.1981	237.4033
10: Medicaid Adjustment Rate:	2.9038	0.9899	0.0000	3.8937
11: Prospective Rate (Line 9 + Line 10):	134.3133	45.7856	61.1981	241.2971

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

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	23.3076
16: Medicaid Trend Adjustment:	(19.1986)

17: Final Rate (Sum of Line 11 through Line 16):	258.9740
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Florida Agency for Health Care Administration
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 Rate Semester 07/01/2021 through 09/30/2021

0 203475-00 - 2020/10

239.11

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%

Inflation	
Direct Care	1.12794092
Cost	1.13477203
Target	1.04403408
PS Target	1.06290583

2020 Cost per Square Foot:

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):	136.0971	22.1934	51.2700	209.5605
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	79.2866
6: Cost Based Class Ceiling:	139.0408	46.8144	61.1981	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	114.3176
9: Lesser of Line 3, Line 5, and Line 6:	136.0971	22.1934	51.2700	209.5605
10: Medicaid Adjustment Rate:	3.1914	0.5204	0.0000	3.7118
11: Prospective Rate (Line 9 + Line 10):	139.2885	22.7138	51.2700	213.2723

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:	(17.6896)

17: Final Rate (Sum of Line 11 through Line 16): **239.1108**



Florida Agency for Health Care Administration
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 Rate Semester 07/01/2021 through 09/30/2021

0 203670-00 - 2020/10

250.00

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%

Inflation	
Direct Care	1.10841893
Cost	1.11096657
Target	1.04403408
PS Target	1.06290583

2020 Cost per Square Foot:

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):	181.5917	40.2464	70.7127	292.5508
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	128.8046
6: Cost Based Class Ceiling:	148.7947	49.6331	68.8414	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	127.9624
9: Lesser of Line 3, Line 5, and Line 6:	148.7947	40.2464	68.8414	257.8825
10: Medicaid Adjustment Rate:	2.5095	0.6788	0.0000	3.1882
11: Prospective Rate (Line 9 + Line 10):	151.3042	40.9252	68.8414	261.0708

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

	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:	(20.3664)

17: Final Rate (Sum of Line 11 through Line 16): **250.0011**



Florida Agency for Health Care Administration
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 Rate Semester 07/01/2021 through 09/30/2021

0 204161-00 - 2020/10
249.72

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%

Inflation
Direct Care
Cost
Target
PS Target

1.10841893
1.11096657
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	177.7630	45.7719	62.6551	286.1900
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	121.5311
6: Cost Based Class Ceiling:	148.7947	49.6331	68.8414	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	127.9624
9: Lesser of Line 3, Line 5, and Line 6:	148.7947	45.7719	62.6551	257.2217
10: Medicaid Adjustment Rate:	1.7805	0.5477	0.0000	2.3282
11: Prospective Rate (Line 9 + Line 10):	150.5752	46.3196	62.6551	259.5499

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

	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:	(20.3434)

17: Final Rate (Sum of Line 11 through Line 16):	249.7191
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Florida Agency for Health Care Administration
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 Rate Semester 07/01/2021 through 09/30/2021

0 210889-00 - 2020/10

267.29

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%

Inflation
Direct Care
Cost
Target
PS Target

1.11459208
1.11931373
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	147.3729	57.3741	58.0252	262.7722
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	124.2629
6: Cost Based Class Ceiling:	139.0408	46.8144	61.1981	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	114.3176
9: Lesser of Line 3, Line 5, and Line 6:	139.0408	46.8144	58.0252	243.8804
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	139.0408	46.8144	58.0252	243.8804

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

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.4510
16: Medicaid Trend Adjustment:	(19.7826)

17: Final Rate (Sum of Line 11 through Line 16): **267.2862**



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2021 through 09/30/2021

0 210951-00 - 2020/10

266.20

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%

Inflation	1.12794092
Direct Care Cost	1.13477203
Target	1.04403408
PS Target	1.06290583

2020 Cost per Square Foot:

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):	246.9604	60.7350	75.6886	383.3840
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	146.5131
6: Cost Based Class Ceiling:	139.0408	46.8144	61.1981	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	114.3176
9: Lesser of Line 3, Line 5, and Line 6:	139.0408	46.8144	61.1981	247.0533
10: Medicaid Adjustment Rate:	6.2568	2.1066	0.0000	8.3635
11: Prospective Rate (Line 9 + Line 10):	145.2976	48.9211	61.1981	255.4168

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:	(21.4525)

17: Final Rate (Sum of Line 11 through Line 16): **266.1971**



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2021 through 09/30/2021

0 211052-00 - 2020/10

271.76

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%

Inflation	
Direct Care	1.10841893
Cost	1.11096657
Target	1.04403408
PS Target	1.06290583

2020 Cost per Square Foot:

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):	189.6783	51.7572	91.8214	333.2569
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	161.8779
6: Cost Based Class Ceiling:	139.0408	46.8144	61.1981	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	114.3176
9: Lesser of Line 3, Line 5, and Line 6:	139.0408	46.8144	61.1981	247.0533
10: Medicaid Adjustment Rate:	5.3224	1.7920	0.0000	7.1144
11: Prospective Rate (Line 9 + Line 10):	144.3631	48.6064	61.1981	254.1677

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

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	21.6246
16: Medicaid Trend Adjustment:	(20.3769)

17: Final Rate (Sum of Line 11 through Line 16): **271.7553**



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2021 through 09/30/2021

0 212032-00 - 2020/10

275.69

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%

Inflation
Direct Care
Cost
Target
PS Target

1.10841893
1.11096657
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	216.6319	97.8348	146.1223	460.5890
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	238.9747
6: Cost Based Class Ceiling:	148.7947	49.6331	68.8414	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	127.9624
9: Lesser of Line 3, Line 5, and Line 6:	148.7947	49.6331	68.8414	267.2692
10: Medicaid Adjustment Rate:	3.6465	1.2163	0.0000	4.8628
11: Prospective Rate (Line 9 + Line 10):	152.4412	50.8494	68.8414	272.1320

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:	(22.4592)
17: Final Rate (Sum of Line 11 through Line 16):	275.6909



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2021 through 09/30/2021

0 214914-00 - 2020/10

263.29

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%

Inflation
Direct Care
Cost
Target
PS Target

1.11459208
1.11931373
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	154.9626	59.8925	53.6890	268.5441
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	122.4664
6: Cost Based Class Ceiling:	139.0408	46.8144	61.1981	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	114.3176
9: Lesser of Line 3, Line 5, and Line 6:	139.0408	46.8144	53.6890	239.5442
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	139.0408	46.8144	53.6890	239.5442

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

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.9429
16: Medicaid Trend Adjustment:	(19.4173)

17: Final Rate (Sum of Line 11 through Line 16): **263.2936**



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 07/01/2021 through 09/30/2021

0 226017-00 - 2020/10

297.12

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%

Inflation
Direct Care
Cost
Target
PS Target

1.09907221
1.10127115
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	416.0586	69.7126	64.5235	550.2947
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	144.1563
6: Cost Based Class Ceiling:	148.7947	49.6331	68.8414	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	127.9624
9: Lesser of Line 3, Line 5, and Line 6:	148.7947	49.6331	64.5235	262.9513
10: Medicaid Adjustment Rate:	6.6958	2.2335	0.0000	8.9292
11: Prospective Rate (Line 9 + Line 10):	155.4905	51.8665	64.5235	271.8805

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:	39,573	1.9843
14: Insurance:	76,219	3.8218

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	21.6864
16: Medicaid Trend Adjustment:	(22.4382)

17: Final Rate (Sum of Line 11 through Line 16): **297.1191**



Florida Agency for Health Care Administration
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 Rate Semester 07/01/2021 through 09/30/2021

0 229849-00 - 2020/10

277.30

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%

Inflation
Direct Care
Cost
Target
PS Target

1.11459208
1.11931373
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	192.7563	51.1489	57.2669	301.1721
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	128.9425
6: Cost Based Class Ceiling:	148.7947	49.6331	68.8414	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	127.9624
9: Lesser of Line 3, Line 5, and Line 6:	148.7947	49.6331	57.2669	255.6947
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	148.7947	49.6331	57.2669	255.6947

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:	(20.5728)

17: Final Rate (Sum of Line 11 through Line 16): **277.3010**



Florida Agency for Health Care Administration
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0 260355-00 - 2020/10

239.86

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%

Inflation	
Direct Care	1.10841893
Cost	1.11096657
Target	1.04403408
PS Target	1.06290583

2020 Cost per Square Foot:

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):	171.8688	39.5564	48.1968	259.6220
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	93.0977
6: Cost Based Class Ceiling:	139.0408	46.8144	61.1981	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	114.3176
9: Lesser of Line 3, Line 5, and Line 6:	139.0408	39.5564	48.1968	226.7940
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	139.0408	39.5564	48.1968	226.7940

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

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	15.2346
16: Medicaid Trend Adjustment:	(18.2991)

17: Final Rate (Sum of Line 11 through Line 16): **239.8600**



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0 264491-00 - 2020/10

266.40

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%

Inflation
Direct Care
Cost
Target
PS Target

1.11459208
1.11931373
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	150.9223	60.0849	57.2641	268.2713
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	127.1520
6: Cost Based Class Ceiling:	139.0408	46.8144	61.1981	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	114.3176
9: Lesser of Line 3, Line 5, and Line 6:	139.0408	46.8144	57.2641	243.1193
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	139.0408	46.8144	57.2641	243.1193

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

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	5,340	0.1243

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	23.9886
16: Medicaid Trend Adjustment:	(19.7483)
17: Final Rate (Sum of Line 11 through Line 16):	266.4027



Florida Agency for Health Care Administration
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0 269492-00 - 2020/10

265.90

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%

Inflation
Direct Care
Cost
Target
PS Target

1.11459208
1.11931373
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	156.4618	62.6944	57.8405	276.9967
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	127.3507
6: Cost Based Class Ceiling:	139.0408	46.8144	61.1981	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	114.3176
9: Lesser of Line 3, Line 5, and Line 6:	139.0408	46.8144	57.8405	243.6957
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	139.0408	46.8144	57.8405	243.6957

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

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.1414
16: Medicaid Trend Adjustment:	(19.6951)

17: Final Rate (Sum of Line 11 through Line 16): **265.9026**



Florida Agency for Health Care Administration
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 Rate Semester 07/01/2021 through 09/30/2021

0 312789-00 - 2020/10
267.98

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%

Inflation
Direct Care
Cost
Target
PS Target

1.11253055
1.11652439
1.04403408
1.06290583

2020 Cost per Square Foot:

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):	141.9154	50.1412	77.6312	269.6878
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	137.2220
6: Cost Based Class Ceiling:	148.7947	49.6331	68.8414	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	127.9624
9: Lesser of Line 3, Line 5, and Line 6:	141.9154	49.6331	68.8414	260.3899
10: Medicaid Adjustment Rate:	6.3862	2.2335	0.0000	8.6197
11: Prospective Rate (Line 9 + Line 10):	148.3016	51.8665	68.8414	269.0095

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

	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:	(21.8308)

17: Final Rate (Sum of Line 11 through Line 16): **267.9776**