



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2021 through 09/30/2022

0 032049-00 - 2021/10
294.75

Clyde E Lassen State Veterans Nursing Home

Zip Code:	32092
Region:	North
Beds:	120
Cost Report:	7/1/17 - 6/30/18
Total Patient Days:	43,492
Medicaid Days:	12,146
Medicaid Utilization:	27.92698%

Inflation
Direct Care
Cost
Target
PS Target
2021 Cost per Square Foot: \$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,853,696	765,086	665,109	3,283,891
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	152.6178	62.9908	54.7595	270.3681
3: Inflated Cost Per Diem (Line 2 x Inflation):	171.0926	70.3366	61.1454	302.5746
4: Prior Semester: Provider Target Base:	0.0000	57.8722	66.8433	124.7155
5: Provider Target Rate (Line 4 x PS Target):	0.0000	60.7038	70.1139	130.8177
6: Cost Based Class Ceiling:	143.0728	48.5507	64.7270	256.3505
7: Prior Semester: Class Ceiling Target Base:	0.0000	49.9961	64.3215	114.3176
8: Target Rate Class Ceiling:	0.0000	51.4933	66.9015	118.3948
9: Lesser of Line 3, Line 5, and Line 6:	143.0728	48.5507	61.1454	252.7689
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	143.0728	48.5507	61.1454	252.7689

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	11	4	0.84	90,396	25.4955

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	2,630	0.0605

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	25.2864
16: Medicaid Trend Adjustment:	(8.8574)
17: Final Rate (Sum of Line 11 through Line 16):	294.7539



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2021 through 09/30/2022

0 201006-00 - 2021/10
287.24

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
Cost
Target
PS Target
2021 Cost per Square Foot: \$247.40

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):	188.5664	49.1868	77.5906	315.3438
4: Prior Semester: Provider Target Base:	0.0000	57.8091	83.0599	140.8689
5: Provider Target Rate (Line 4 x PS Target):	0.0000	60.6376	87.1239	147.7615
6: Cost Based Class Ceiling:	154.5293	53.3119	72.1259	279.9671
7: Prior Semester: Class Ceiling Target Base:	0.0000	55.8909	72.0715	127.9624
8: Target Rate Class Ceiling:	0.0000	56.5810	71.6052	128.1862
9: Lesser of Line 3, Line 5, and Line 6:	154.5293	49.1868	71.6052	275.3213
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	154.5293	49.1868	71.6052	275.3213

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	32	1	0.85	34,179	19.7741

	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:	(9.4415)
17: Final Rate (Sum of Line 11 through Line 16):	287.2380



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2021 through 09/30/2022

0 202533-00 - 2021/10

273.88

Rohr Home, The

Zip Code:	33830
Region:	North
Beds:	60
Cost Report:	10/1/17 - 9/30/18
Total Patient Days:	19,803
Medicaid Days:	16,187
Medicaid Utilization:	81.74014%

Inflation	
Direct Care	1.11413892
Cost	1.10717364
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,947,292	574,643	1,114,889	3,636,824
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	120.2997	35.5003	68.8756	224.6756
3: Inflated Cost Per Diem (Line 2 x Inflation):	134.0306	39.3050	76.2572	249.5928
4: Prior Semester: Provider Target Base:	0.0000	47.1558	84.1499	131.3057
5: Provider Target Rate (Line 4 x PS Target):	0.0000	49.4631	88.2672	137.7303
6: Cost Based Class Ceiling:	143.0728	48.5507	64.7270	256.3505
7: Prior Semester: Class Ceiling Target Base:	0.0000	49.9961	64.3215	114.3176
8: Target Rate Class Ceiling:	0.0000	51.4933	66.9015	118.3948
9: Lesser of Line 3, Line 5, and Line 6:	134.0306	39.3050	64.7270	238.0626
10: Medicaid Adjustment Rate:	4.7859	1.4035	0.0000	6.1894
11: Prospective Rate (Line 9 + Line 10):	138.8165	40.7085	64.7270	244.2520

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	61	27	0.84	21,590	13.7416

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.0994
16: Medicaid Trend Adjustment:	(8.2104)
17: Final Rate (Sum of Line 11 through Line 16):	273.8826



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2021 through 09/30/2022

0 203475-00 - 2021/10

263.49

Marianna Health and Rehabilitation Center

Zip Code:	32447
Region:	North
Beds:	180
Cost Report:	1/1/17 - 12/31/17
Total Patient Days:	54,812
Medicaid Days:	38,367
Medicaid Utilization:	69.99745%

Inflation	
Direct Care	1.13377599
Cost	1.13109282
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	5,030,613	826,907	1,895,695	7,753,215
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	131.1182	21.5526	49.4095	202.0803
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.6587	24.3780	55.8867	228.9234
4: Prior Semester: Provider Target Base:	0.0000	23.8349	55.4517	79.2866
5: Provider Target Rate (Line 4 x PS Target):	0.0000	25.0011	58.1649	83.1660
6: Cost Based Class Ceiling:	143.0728	48.5507	64.7270	256.3505
7: Prior Semester: Class Ceiling Target Base:	0.0000	49.9961	64.3215	114.3176
8: Target Rate Class Ceiling:	0.0000	51.4933	66.9015	118.3948
9: Lesser of Line 3, Line 5, and Line 6:	143.0728	24.3780	55.8867	223.3375
10: Medicaid Adjustment Rate:	3.2187	0.5484	0.0000	3.7672
11: Prospective Rate (Line 9 + Line 10):	146.2915	24.9264	55.8867	227.1046

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	51	13	0.85	76,695	21.3014

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	15,730	0.2870

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	22.7135
16: Medicaid Trend Adjustment:	(7.9144)
17: Final Rate (Sum of Line 11 through Line 16):	263.4922



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2021 through 09/30/2022

0 203670-00 - 2021/10
271.51

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
Cost
Target
PS Target
2021 Cost per Square Foot: \$247.40

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):	186.9788	41.2621	72.4972	300.7381
4: Prior Semester: Provider Target Base:	0.0000	47.8943	80.9103	128.8046
5: Provider Target Rate (Line 4 x PS Target):	0.0000	50.2377	84.8692	135.1068
6: Cost Based Class Ceiling:	154.5293	53.3119	72.1259	279.9671
7: Prior Semester: Class Ceiling Target Base:	0.0000	55.8909	72.0715	127.9624
8: Target Rate Class Ceiling:	0.0000	56.5810	71.6052	128.1862
9: Lesser of Line 3, Line 5, and Line 6:	154.5293	41.2621	71.6052	267.3966
10: Medicaid Adjustment Rate:	2.5419	0.6787	0.0000	3.2207
11: Prospective Rate (Line 9 + Line 10):	157.0712	41.9408	71.6052	270.6173

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	51	40	0.85	51,700	9.7348

	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:	(8.9245)
17: Final Rate (Sum of Line 11 through Line 16):	271.5090



Florida Agency for Health Care Administration
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0 204161-00 - 2021/10

270.24

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	1.14130109
Cost	1.13900316
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

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):	183.0365	46.9270	64.2362	294.1997
4: Prior Semester: Provider Target Base:	0.0000	51.4502	70.0809	121.5311
5: Provider Target Rate (Line 4 x PS Target):	0.0000	53.9676	73.5099	127.4775
6: Cost Based Class Ceiling:	154.5293	53.3119	72.1259	279.9671
7: Prior Semester: Class Ceiling Target Base:	0.0000	55.8909	72.0715	127.9624
8: Target Rate Class Ceiling:	0.0000	56.5810	71.6052	128.1862
9: Lesser of Line 3, Line 5, and Line 6:	154.5293	46.9270	64.2362	265.6925
10: Medicaid Adjustment Rate:	1.7427	0.5292	0.0000	2.2719
11: Prospective Rate (Line 9 + Line 10):	156.2720	47.4562	64.2362	267.9644

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	56	40	0.85	77,248	11.0156

	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:	(8.8826)
17: Final Rate (Sum of Line 11 through Line 16):	270.2361



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2021 through 09/30/2022

0 210889-00 - 2021/10

297.63

Emory L. Bennett Memorial

Zip Code:	32117
Region:	North
Beds:	120
Cost Report:	7/1/17 - 6/30/18
Total Patient Days:	41,687
Medicaid Days:	11,094
Medicaid Utilization:	26.61261%

Inflation	
Direct Care	1.12105289
Cost	1.11661716
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,622,074	655,467	608,396	2,885,937
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	146.2118	59.0830	54.8401	260.1349
3: Inflated Cost Per Diem (Line 2 x Inflation):	163.9112	65.9731	61.2354	291.1197
4: Prior Semester: Provider Target Base:	0.0000	61.7179	62.5450	124.2629
5: Provider Target Rate (Line 4 x PS Target):	0.0000	64.7377	65.6053	130.3430
6: Cost Based Class Ceiling:	143.0728	48.5507	64.7270	256.3505
7: Prior Semester: Class Ceiling Target Base:	0.0000	49.9961	64.3215	114.3176
8: Target Rate Class Ceiling:	0.0000	51.4933	66.9015	118.3948
9: Lesser of Line 3, Line 5, and Line 6:	143.0728	48.5507	61.2354	252.8589
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	143.0728	48.5507	61.2354	252.8589

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	28		0.85	69,491	28.4578

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	1,892	0.0454

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	25.2262
16: Medicaid Trend Adjustment:	(8.9540)
17: Final Rate (Sum of Line 11 through Line 16):	297.6342



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2021 through 09/30/2022

0 210951-00 - 2021/10

288.81

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	
Direct Care	1.16140222
Cost	1.16340938
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

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	66.6995	339.1693
3: Inflated Cost Per Diem (Line 2 x Inflation):	254.2867	62.2678	77.5988	394.1533
4: Prior Semester: Provider Target Base:	0.0000	65.2268	81.2863	146.5131
5: Provider Target Rate (Line 4 x PS Target):	0.0000	68.4183	85.2635	153.6818
6: Cost Based Class Ceiling:	143.0728	48.5507	64.7270	256.3505
7: Prior Semester: Class Ceiling Target Base:	0.0000	49.9961	64.3215	114.3176
8: Target Rate Class Ceiling:	0.0000	51.4933	66.9015	118.3948
9: Lesser of Line 3, Line 5, and Line 6:	143.0728	48.5507	64.7270	256.3505
10: Medicaid Adjustment Rate:	6.4383	2.1848	0.0000	8.6231
11: Prospective Rate (Line 9 + Line 10):	149.5110	50.7355	64.7270	264.9735

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	31	16	0.85	120,602	22.5353

	Total	Per Diem
13: Taxes:	75,994	4.7553
14: Insurance:	32,189	2.0142

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	3.8988
16: Medicaid Trend Adjustment:	(9.3651)
17: Final Rate (Sum of Line 11 through Line 16):	288.8120



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2021 through 09/30/2022

0 211052-00 - 2021/10

292.73

W. Frank Wells Nursing Home

Zip Code:	32063
Region:	North
Beds:	68
Cost Report:	10/1/17 - 9/30/18
Total Patient Days:	18,250
Medicaid Days:	15,076
Medicaid Utilization:	82.60822%

Inflation	
Direct Care	1.11413892
Cost	1.10717364
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,486,331	648,911	1,104,468	4,239,710
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	164.9198	43.0427	73.2600	281.2225
3: Inflated Cost Per Diem (Line 2 x Inflation):	183.7436	47.6557	81.1115	312.5108
4: Prior Semester: Provider Target Base:	0.0000	60.7720	101.1059	161.8779
5: Provider Target Rate (Line 4 x PS Target):	0.0000	63.7455	106.0529	169.7984
6: Cost Based Class Ceiling:	143.0728	48.5507	64.7270	256.3505
7: Prior Semester: Class Ceiling Target Base:	0.0000	49.9961	64.3215	114.3176
8: Target Rate Class Ceiling:	0.0000	51.4933	66.9015	118.3948
9: Lesser of Line 3, Line 5, and Line 6:	143.0728	47.6557	64.7270	255.4554
10: Medicaid Adjustment Rate:	5.2485	1.7482	0.0000	6.9967
11: Prospective Rate (Line 9 + Line 10):	148.3213	49.4039	64.7270	262.4522

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	53	18	0.84	18,628	16.1133

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	10,647	0.5834

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	22.4657
16: Medicaid Trend Adjustment:	(8.8836)
17: Final Rate (Sum of Line 11 through Line 16):	292.7310



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 10/01/2021 through 09/30/2022

0 212032-00 - 2021/10

302.04

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	1.14130109
Cost	1.13900316
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

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):	223.0585	100.3038	149.8099	473.1722
4: Prior Semester: Provider Target Base:	0.0000	80.6675	158.3072	238.9747
5: Provider Target Rate (Line 4 x PS Target):	0.0000	84.6145	166.0530	250.6675
6: Cost Based Class Ceiling:	154.5293	53.3119	72.1259	279.9671
7: Prior Semester: Class Ceiling Target Base:	0.0000	55.8909	72.0715	127.9624
8: Target Rate Class Ceiling:	0.0000	56.5810	71.6052	128.1862
9: Lesser of Line 3, Line 5, and Line 6:	154.5293	53.3119	71.6052	279.4464
10: Medicaid Adjustment Rate:	3.7870	1.3065	0.0000	5.0935
11: Prospective Rate (Line 9 + Line 10):	158.3163	54.6184	71.6052	284.5399

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	9	2	0.84	81,767	26.2892

	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:	(9.9281)
17: Final Rate (Sum of Line 11 through Line 16):	302.0419



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2021 through 09/30/2022

0 214914-00 - 2021/10

294.71

Baldomero Lopez Memorial Veterans N. H.

Zip Code:	34639
Region:	North
Beds:	120
Cost Report:	7/1/17 - 6/30/18
Total Patient Days:	43,336
Medicaid Days:	15,434
Medicaid Utilization:	35.61473%

Inflation	
Direct Care	1.12105289
Cost	1.11661716
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,258,810	912,737	813,650	3,985,197
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	146.3529	59.1381	52.7180	258.2090
3: Inflated Cost Per Diem (Line 2 x Inflation):	164.0693	66.0346	58.8658	288.9697
4: Prior Semester: Provider Target Base:	0.0000	64.7946	57.6718	122.4664
5: Provider Target Rate (Line 4 x PS Target):	0.0000	67.9649	60.4936	128.4585
6: Cost Based Class Ceiling:	143.0728	48.5507	64.7270	256.3505
7: Prior Semester: Class Ceiling Target Base:	0.0000	49.9961	64.3215	114.3176
8: Target Rate Class Ceiling:	0.0000	51.4933	66.9015	118.3948
9: Lesser of Line 3, Line 5, and Line 6:	143.0728	48.5507	58.8658	250.4893
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	143.0728	48.5507	58.8658	250.4893

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	22		0.85	69,043	27.3749

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	1,991	0.0459

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	25.6453
16: Medicaid Trend Adjustment:	(8.8442)
17: Final Rate (Sum of Line 11 through Line 16):	294.7113



Florida Agency for Health Care Administration
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 Rate Semester 10/01/2021 through 09/30/2022

0 226017-00 - 2021/10

328.81

Plantation Nursing & Rehabilitation Center

Zip Code:	33317
Region:	South
Beds:	100
Cost Report:	1/1/19 - 12/31/19
Total Patient Days:	21,820
Medicaid Days:	21,690
Medicaid Utilization:	99.40422%

Inflation	
Direct Care	1.08085218
Cost	1.07580156
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	7,905,127	1,293,470	1,803,740	11,002,337
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	364.4595	59.6344	83.1600	507.2539
3: Inflated Cost Per Diem (Line 2 x Inflation):	393.9268	64.1548	89.4637	547.5453
4: Prior Semester: Provider Target Base:	0.0000	74.8644	69.2919	144.1563
5: Provider Target Rate (Line 4 x PS Target):	0.0000	78.5274	72.6823	151.2097
6: Cost Based Class Ceiling:	154.5293	53.3119	72.1259	279.9671
7: Prior Semester: Class Ceiling Target Base:	0.0000	55.8909	72.0715	127.9624
8: Target Rate Class Ceiling:	0.0000	56.5810	71.6052	128.1862
9: Lesser of Line 3, Line 5, and Line 6:	154.5293	53.3119	71.6052	279.4464
10: Medicaid Adjustment Rate:	6.9538	2.3990	0.0000	9.3529
11: Prospective Rate (Line 9 + Line 10):	161.4831	55.7110	71.6052	288.7993

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	53	2	0.86	47,341	21.2798

	Total	Per Diem
13: Taxes:	50,641	2.3209
14: Insurance:	84,427	3.8692

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	22.6029
16: Medicaid Trend Adjustment:	(10.0649)
17: Final Rate (Sum of Line 11 through Line 16):	328.8072



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0 229849-00 - 2021/10

305.59

Alexander Nininger State Veterans' N. Home

Zip Code:	33025
Region:	South
Beds:	120
Cost Report:	7/1/17 - 6/30/18
Total Patient Days:	42,386
Medicaid Days:	10,307
Medicaid Utilization:	24.31699%

Inflation	
Direct Care	1.12105289
Cost	1.11661716
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,725,253	652,293	530,427	2,907,973
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	167.3865	63.2864	51.4628	282.1357
3: Inflated Cost Per Diem (Line 2 x Inflation):	187.6491	70.6667	57.4642	315.7800
4: Prior Semester: Provider Target Base:	0.0000	65.2454	63.6971	128.9425
5: Provider Target Rate (Line 4 x PS Target):	0.0000	68.4378	66.8138	135.2515
6: Cost Based Class Ceiling:	154.5293	53.3119	72.1259	279.9671
7: Prior Semester: Class Ceiling Target Base:	0.0000	55.8909	72.0715	127.9624
8: Target Rate Class Ceiling:	0.0000	56.5810	71.6052	128.1862
9: Lesser of Line 3, Line 5, and Line 6:	154.5293	53.3119	57.4642	265.3054
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	154.5293	53.3119	57.4642	265.3054

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	20	11	0.85	64,496	23.7630

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	8,595	0.2028

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	25.5294
16: Medicaid Trend Adjustment:	(9.2057)
17: Final Rate (Sum of Line 11 through Line 16):	305.5949



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0 260355-00 - 2021/10

255.41

Sarasota Memorial Nursing & Rehabilitation Facility

Zip Code:	34238
Region:	North
Beds:	120
Cost Report:	10/1/17 - 9/30/18
Total Patient Days:	38,241
Medicaid Days:	14,003
Medicaid Utilization:	36.61777%

Inflation	
Direct Care	1.11413892
Cost	1.10717364
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,152,684	447,599	608,010	3,208,293
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	153.7302	31.9645	43.4200	229.1147
3: Inflated Cost Per Diem (Line 2 x Inflation):	171.2768	35.3903	48.0735	254.7406
4: Prior Semester: Provider Target Base:	0.0000	42.5204	50.5773	93.0977
5: Provider Target Rate (Line 4 x PS Target):	0.0000	44.6009	53.0520	97.6529
6: Cost Based Class Ceiling:	143.0728	48.5507	64.7270	256.3505
7: Prior Semester: Class Ceiling Target Base:	0.0000	49.9961	64.3215	114.3176
8: Target Rate Class Ceiling:	0.0000	51.4933	66.9015	118.3948
9: Lesser of Line 3, Line 5, and Line 6:	143.0728	35.3903	48.0735	226.5366
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	143.0728	35.3903	48.0735	226.5366

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	34	2	0.85	38,898	21.0543

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

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	15.6963
16: Medicaid Trend Adjustment:	(7.8793)
17: Final Rate (Sum of Line 11 through Line 16):	255.4079



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0 264491-00 - 2021/10

292.95

Clifford Chester Sims State Veteran's Nursing Home

Zip Code:	32404
Region:	North
Beds:	120
Cost Report:	7/1/17 - 6/30/18
Total Patient Days:	43,150
Medicaid Days:	9,043
Medicaid Utilization:	20.95713%

Inflation	
Direct Care	1.12105289
Cost	1.11661716
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,370,387	490,317	469,602	2,330,306
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	151.5412	54.2206	51.9299	257.6917
3: Inflated Cost Per Diem (Line 2 x Inflation):	169.8857	60.5437	57.9858	288.4152
4: Prior Semester: Provider Target Base:	0.0000	65.6528	61.4992	127.1520
5: Provider Target Rate (Line 4 x PS Target):	0.0000	68.8652	64.5083	133.3735
6: Cost Based Class Ceiling:	143.0728	48.5507	64.7270	256.3505
7: Prior Semester: Class Ceiling Target Base:	0.0000	49.9961	64.3215	114.3176
8: Target Rate Class Ceiling:	0.0000	51.4933	66.9015	118.3948
9: Lesser of Line 3, Line 5, and Line 6:	143.0728	48.5507	57.9858	249.6093
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	143.0728	48.5507	57.9858	249.6093

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	18		0.85	73,752	27.4929

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	5,257	0.1218

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.5480
16: Medicaid Trend Adjustment:	(8.8223)
17: Final Rate (Sum of Line 11 through Line 16):	292.9497



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0 269492-00 - 2021/10

292.84

Douglas Jacobson State Veterans Nursing Home

Zip Code:	33954
Region:	North
Beds:	120
Cost Report:	7/1/17 - 6/30/18
Total Patient Days:	42,272
Medicaid Days:	15,165
Medicaid Utilization:	35.87481%

Inflation	
Direct Care	1.12105289
Cost	1.11661716
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	2,181,190	937,176	820,191	3,938,557
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	143.8305	61.7986	54.0845	259.7136
3: Inflated Cost Per Diem (Line 2 x Inflation):	161.2416	69.0054	60.3917	290.6387
4: Prior Semester: Provider Target Base:	0.0000	65.7031	61.6476	127.3507
5: Provider Target Rate (Line 4 x PS Target):	0.0000	68.9179	64.6639	133.5819
6: Cost Based Class Ceiling:	143.0728	48.5507	64.7270	256.3505
7: Prior Semester: Class Ceiling Target Base:	0.0000	49.9961	64.3215	114.3176
8: Target Rate Class Ceiling:	0.0000	51.4933	66.9015	118.3948
9: Lesser of Line 3, Line 5, and Line 6:	143.0728	48.5507	60.3917	252.0152
10: Medicaid Adjustment Rate:	0.0000	0.0000	0.0000	0.0000
11: Prospective Rate (Line 9 + Line 10):	143.0728	48.5507	60.3917	252.0152

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	17	8	0.84	66,543	24.7075

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	5,603	0.1325

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	24.7975
16: Medicaid Trend Adjustment:	(8.8106)
17: Final Rate (Sum of Line 11 through Line 16):	292.8421



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0 312789-00 - 2021/10

295.23

Children's Comprehensive Care Center, Inc.

Zip Code:	33060
Region:	South
Beds:	36
Cost Report:	1/1/19 - 12/31/19
Total Patient Days:	10,659
Medicaid Days:	10,288
Medicaid Utilization:	96.51937%

Inflation	
Direct Care	1.08085218
Cost	1.07580156
Target	1.03425037
PS Target	1.04892909
2021 Cost per Square Foot:	\$247.40

Cost Component:	Direct Care	Indirect Care	Operating	Total
1: Total Cost:	1,410,883	547,354	690,068	2,648,305
2: Cost Per Diem (Line 1 ÷ Medicaid Days):	137.1387	53.2031	67.0750	257.4168
3: Inflated Cost Per Diem (Line 2 x Inflation):	148.2267	57.2360	72.1594	277.6221
4: Prior Semester: Provider Target Base:	0.0000	53.8495	83.3725	137.2220
5: Provider Target Rate (Line 4 x PS Target):	0.0000	56.4843	87.4518	143.9361
6: Cost Based Class Ceiling:	154.5293	53.3119	72.1259	279.9671
7: Prior Semester: Class Ceiling Target Base:	0.0000	55.8909	72.0715	127.9624
8: Target Rate Class Ceiling:	0.0000	56.5810	71.6052	128.1862
9: Lesser of Line 3, Line 5, and Line 6:	148.2267	53.3119	71.6052	273.1438
10: Medicaid Adjustment Rate:	6.6702	2.3990	0.0000	9.0692
11: Prospective Rate (Line 9 + Line 10):	154.8969	55.7110	71.6052	282.2131

Property Component:	Actual Age	Adjusted Age	RS Means Index	Sqr. Footage	Per Diem
12: FRVS:	33	10	0.85	12,391	18.6713

	Total	Per Diem
13: Taxes:	0	0.0000
14: Insurance:	43,194	4.0524

Add-Ons	Per Diem
15: NFQA Medicaid Share Return:	0.0000
16: Medicaid Trend Adjustment:	(9.7043)

17: Final Rate (Sum of Line 11 through Line 16): **295.2325**