

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PARK PLACE NURSING FACILITY Prvdr ID: 00002164A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 20.00% Nurse Hrs per On-Site Day/Q 3.25				Facility Score N/A	Add-on Percent 0.00%	Facility Model (PDPM) Data Base Period Overall: 1.3126 Quarterly Medicaid: 1.4977					PDPM Facility 1.3126	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,970,481	\$5,416,106	\$0	\$1,285,023	\$1,166,712	\$0	\$1,824,754		\$277,886	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$752,491)	(\$79,287)	\$0	\$0	\$3,953	\$1,997	(\$564,734)		(\$114,420)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$533,415		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$112,929
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,864,334	\$5,336,819	\$0	\$1,285,023	\$1,170,665	\$1,997	\$1,260,020	\$533,415	\$163,466	\$112,929
8	Total Nursing Facility Days As Filed Days = 47,089	FY21 Audited C/R Days	47,089									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,089	FY21 GL-PL Ins Rpt Days								47,089		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$209.48	\$113.33	\$0.00	\$27.29	\$24.90	(with L&H)	\$26.76	\$11.33	\$3.47	\$2.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3126								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.34								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.34	\$0.00	\$27.29	\$24.90		\$26.76	\$11.33	\$3.47	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.85	\$86.34	\$0.00	\$26.82	\$24.90		\$26.76	\$11.33	13.30 (FRV)	\$2.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.85	\$86.34	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4977								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.82	\$129.31	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.47	\$6.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.17	\$8.29	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.99	\$137.60	\$0.00	\$26.82	\$25.31	\$0.00	\$44.23	\$11.33	\$13.30	\$2.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.92									

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<div> <div> Provider: NEWMAN HEALTH AND REHABILITATION Prvdr ID: 00040719A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.87% Nurse Hrs per On-Site Day/Q 3.87 </div> <div> <u>Facility Score</u> N/A 27.87% 3.87 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3535 Quarterly Medicaid: 1.3682 </div> <div> <u>PDPM Facility</u> 1.3535 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,591,179	\$3,072,701	\$0	\$558,360	\$664,202	\$0	\$1,078,904		\$217,012	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$122,057)	(\$2,796)	\$0	(\$684)	\$0	(\$729)	(\$100,987)		(\$16,861)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$108,160		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,861
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,594,143	\$3,069,905	\$0	\$557,676	\$664,202	(\$729)	\$977,917	\$108,160	\$200,151	\$16,861
8	Total Nursing Facility Days As Filed Days = 23,962	FY21 Audited C/R Days	23,962									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,962	FY21 GL-PL Ins Rpt Days								23,962		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$233.45	\$128.12	\$0.00	\$23.27	\$27.69	(with L&H)	\$40.81	\$4.51	\$8.35	\$0.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3535								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.66								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$94.66	\$0.00	\$23.27	\$27.69		\$40.81	\$4.51	\$8.35	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.39	\$94.66	\$0.00	\$23.27	\$27.69		\$36.91	\$4.51	13.65 (FRV)	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.39	\$94.66	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3682								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.25	\$129.51	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.48	\$6.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.04	\$8.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.29	\$137.82	\$0.00	\$23.49	\$28.10	\$0.00	\$54.01	\$4.51	\$13.65	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.89									

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<div> <div> Provider: RIVERVIEW HEALTH & REHAB CTR Prvdr ID: 00040741A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.60% Nurse Hrs per On-Site Day/Q 2.83 </div> <div> <u>Facility Score</u> N/A 25.60% 2.83 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4415 Quarterly Medicaid: 1.4726 </div> <div> <u>PDPM Facility</u> 1.4415 1.4726 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,387,173	\$7,513,911	\$0	\$1,272,536	\$1,138,699	\$0	\$2,189,973		\$1,272,054	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$584,980)	\$0	\$0	\$0	\$0	\$0	(\$483,548)		(\$101,432)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$483,548		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$101,432
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,387,173	\$7,513,911	\$0	\$1,272,536	\$1,138,699	\$0	\$1,706,425	\$483,548	\$1,170,622	\$101,432
8	Total Nursing Facility Days As Filed Days = 51,330	FY21 Audited C/R Days	51,330									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,330	FY21 GL-PL Ins Rpt Days								51,330		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$260.80	\$146.38	\$0.00	\$24.79	\$22.18	(with L&H)	\$33.24	\$9.42	\$22.81	\$1.98
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4415								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.55								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$101.55	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	\$22.81	\$1.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.10	\$101.55	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	30.94 (FRV)	\$1.98
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.10	\$101.55	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4726								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.09	\$149.54	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.50	\$1.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.49	\$4.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.52	\$6.52	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$279.61	\$156.06	\$0.00	\$25.01	\$22.59	\$0.00	\$33.61	\$9.42	\$30.94	\$1.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$209.71									

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Provider: THE WILLIAM BREMAN JEWISH HOME			<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00040752A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4272	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024			Qtrly BIMS score:			50.00%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23			Nurse Hrs per On-Site Day/Q			5.39	3.0%	Quarterly Medicaid:			1.4519	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,817,629	\$4,610,927	\$0	\$1,501,114	\$1,278,081	\$0	\$1,480,066		\$947,441	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,615)	\$0	\$0	\$0	\$0	\$0	(\$137,727)		(\$36,888)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$137,727		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,888
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,817,629	\$4,610,927	\$0	\$1,501,114	\$1,278,081	\$0	\$1,342,339	\$137,727	\$910,553	\$36,888
8	Total Nursing Facility Days As Filed Days = 25,930	FY21 Audited C/R Days	25,930									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,930	FY21 GL-PL Ins Rpt Days								25,930		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$378.62	\$177.82	\$0.00	\$57.89	\$49.29	(with L&H)	\$51.77	\$5.31	\$35.12	\$1.42
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4272								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.60								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$124.60	\$0.00	\$57.89	\$49.29		\$51.77	\$5.31	\$35.12	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$235.39	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$5.31	27.02 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$235.39	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4519								
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$282.67	\$151.91	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.36	\$8.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.56	\$4.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.02	\$12.92	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$312.69	\$164.83	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.31	\$27.02	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$221.69									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SIGNATURE HEALTHCARE OF BUCKHEAD Prvdr ID: 00040763A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.00% Nurse Hrs per On-Site Day/Q 3.17 </div> <div> <u>Facility Score</u> N/A 35.00% 3.17 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3709 Quarterly Medicaid: 1.4486 </div> <div> <u>PDPM Facility</u> 1.3709 1.4486 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,334,893	\$6,862,583	\$0	\$800,971	\$1,151,661	\$0	\$2,682,727		\$836,951	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$268,651)	(\$27,263)	\$0	(\$3,054)	\$2,719	\$4,408	(\$155,961)		(\$89,500)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$144,202		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$97,786
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,308,230	\$6,835,320	\$0	\$797,917	\$1,154,380	\$4,408	\$2,526,766	\$144,202	\$747,451	\$97,786
8	Total Nursing Facility Days As Filed Days = 44,926	FY21 Audited C/R Days	44,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,926	FY21 GL-PL Ins Rpt Days								44,926		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$273.97	\$152.15	\$0.00	\$17.76	\$25.79	(with L&H)	\$56.24	\$3.21	\$16.64	\$2.18
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3709								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.98								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$110.98	\$0.00	\$17.76	\$25.79		\$56.24	\$3.21	\$16.64	\$2.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.45	\$104.63	\$0.00	\$17.76	\$25.79		\$36.91	\$3.21	10.97 (FRV)	\$2.18
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.45	\$104.63	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4486								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.39	\$151.57	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.79	\$3.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.06	\$6.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.58	\$9.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$275.97	\$161.42	\$0.00	\$17.98	\$26.20	\$0.00	\$54.01	\$3.21	\$10.97	\$2.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.15									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: Magnolia Manor Methodist Nursing Center Prvdr ID: 00040785A PDPM Shadow Rate For informational use only. This is NOT your rate H/B ? : No Case Mix Per Diem Rate Effective Date: 01/01/24 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 Nurse Hours per On-Site Day/Quality Incentive:				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 34.7%		Facility Score: 34.7% Add-on Percent: 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.6434 Quarterly Medicaid PDPM: 0.0000 Qtrly Mcaid PDPM w RUG Wght Options: 1.7876				Facility Specific: 1.6434 0.0000 1.7876	State-wide: 1.5751 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 224,177		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								57,067		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$31.24	\$1.39
	<u>Allowed @ 95% of Std</u>		\$219.62	\$94.83		\$25.48	\$31.62		\$35.06		\$31.24	\$1.39
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$223.55	\$94.83		\$25.48	\$31.62		\$35.06	\$ 3.93	\$31.24	\$1.39
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7876							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$169.52								
	Quarterly Medicaid CMA Allowed Per Diem		\$298.50	\$169.52		\$25.48	\$31.62		\$35.06	\$ 4.19	\$31.24	\$1.39
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$4.24	\$4.24								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$6.78	\$6.78								
	Nursing Home Provider Fee		\$0.00						0.00			
	Total Quarterly Per Diem Add-On Amounts		\$11.02									
	Quarterly Case Mix Based Per Diem Rate		\$309.52	\$180.54		\$25.48	\$31.62		\$35.06	\$4.19	\$31.24	\$1.39
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$232.14										

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PINE VIEW NURSING AND REHAB CENTER Prvdr ID: 00040796A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hrs per On-Site Day/Q 2.60 </div> <div> <u>Facility Score</u> N/A 25.00% 2.60 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5089 Quarterly Medicaid: 1.4898 </div> <div> <u>PDPM Facility</u> 1.5089 1.4898 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,075,621	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$867,207		\$260,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$307,720)	\$0	\$0	\$0	\$0	\$0	(\$271,189)		(\$36,531)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$273,620		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,531
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,078,052	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$596,018	\$273,620	\$224,116	\$36,531
8	Total Nursing Facility Days As Filed Days = 19,797	FY21 Audited C/R Days	19,797									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,797	FY21 GL-PL Ins Rpt Days								19,797		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$206.00	\$103.20	\$0.00	\$21.02	\$24.68	(with L&H)	\$30.11	\$13.82	\$11.32	\$1.85
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5089								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.40								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.40	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	\$11.32	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.95	\$68.40	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	9.07 (FRV)	\$1.85
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.95	\$68.40	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$1.85
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4898								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.45	\$101.90	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$1.85
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$4.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.16	\$106.51	\$0.00	\$21.24	\$25.09	\$0.00	\$47.58	\$13.82	\$9.07	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.05									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: TWIN VIEW HEALTH AND REHAB Prvdr ID: 00040807A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.16% Nurse Hrs per On-Site Day/Q 2.99 </div> <div> <u>Facility Score</u> N/A 30.16% 2.99 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3634 Quarterly Medicaid: 1.6170 </div> <div> <u>PDPM Facility</u> 1.3634 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,458,229		\$634,341	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$86,456)	\$0	\$0	\$0	\$0	\$0	(\$42,319)		(\$44,137)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$42,319		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,137
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,415,910	\$42,319	\$590,204	\$44,137
8	Total Nursing Facility Days As Filed Days = 31,639	FY21 Audited C/R Days	31,639									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,639	FY21 GL-PL Ins Rpt Days								31,639		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.47	\$75.05	\$0.00	\$12.05	\$16.23	(with L&H)	\$44.75	\$1.34	\$18.65	\$1.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3634								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.05								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.05	\$0.00	\$12.05	\$16.23		\$44.75	\$1.34	\$18.65	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.37	\$55.05	\$0.00	\$12.05	\$16.23		\$36.91	\$1.34	9.39 (FRV)	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.37	\$55.05	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6170								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.33	\$89.02	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$189.49	\$94.45	\$0.00	\$12.27	\$16.64	\$0.00	\$54.01	\$1.34	\$9.39	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.29									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: A.G. RHODES HOME WESLEY WOODS Prvdr ID: 00040818A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 47.95% Nurse Hrs per On-Site Day/Q 4.07 </div> <div> <u>Facility Score</u> N/A 47.95% 4.07 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.7389 Quarterly Medicaid: 1.6152 </div> <div> <u>PDPM Facility</u> 1.7389 1.6152 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,482,790	\$7,228,606	\$0	\$1,422,061	\$1,457,962	\$0	\$2,879,146		\$495,015	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$312,440)	(\$67,765)	\$0	\$0	\$0	(\$2,930)	(\$191,886)		(\$49,859)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$191,886		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$49,859
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,412,095	\$7,160,841	\$0	\$1,422,061	\$1,457,962	(\$2,930)	\$2,687,260	\$191,886	\$445,156	\$49,859
8	Total Nursing Facility Days As Filed Days = 42,172	FY21 Audited C/R Days	42,172									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,172	FY21 GL-PL Ins Rpt Days								42,172		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$318.03	\$169.80	\$0.00	\$33.72	\$34.50	(with L&H)	\$63.72	\$4.55	\$10.56	\$1.18
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.7389								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.65								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.65	\$0.00	\$33.72	\$34.50		\$63.72	\$4.55	\$10.56	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.47	\$97.65	\$0.00	\$26.82	\$33.28		\$36.91	\$4.55	16.08 (FRV)	\$1.18
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.47	\$97.65	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6152								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$276.54	\$157.72	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.67	\$8.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.89	\$7.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$34.19	\$17.09	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$310.73	\$174.81	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.55	\$16.08	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$220.22									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - AUSTELL Prvdr ID: 00059276A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 32.50% Nurse Hrs per On-Site Day/Q 3.56 </div> <div> <u>Facility Score</u> N/A 32.50% 3.56 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 6.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4250 Quarterly Medicaid: 1.4491 </div> <div> <u>PDPM Facility</u> 1.4250 1.4491 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,107,137	\$4,337,535	\$0	\$819,528	\$840,605	\$0	\$1,640,508		\$468,961	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$618,525)	(\$123,162)	\$0	\$0	(\$4,384)	(\$4,303)	(\$423,168)		(\$63,508)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$539,088		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,204
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,079,904	\$4,214,373	\$0	\$819,528	\$836,221	(\$4,303)	\$1,217,340	\$539,088	\$405,453	\$52,204
8	Total Nursing Facility Days As Filed Days = 39,749	FY21 Audited C/R Days	39,749									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,749	FY21 GL-PL Ins Rpt Days								39,749		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$203.27	\$106.02	\$0.00	\$20.62	\$20.93	(with L&H)	\$30.63	\$13.56	\$10.20	\$1.31
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4250								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.40								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.40	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	\$10.20	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.76	\$74.40	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	13.31 (FRV)	\$1.31
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.76	\$74.40	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4491								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.18	\$107.81	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.47	\$6.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.80	\$9.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.98	\$117.51	\$0.00	\$20.84	\$21.34	\$0.00	\$48.10	\$13.56	\$13.31	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.16									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: NORTHRIDGE HEALTH AND REHABILITATION Prvdr ID: 00059331A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.62% Nurse Hrs per On-Site Day/Q 2.55 </div> <div> <u>Facility Score</u> N/A 22.62% 2.55 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2672 Quarterly Medicaid: 1.2658 </div> <div> <u>PDPM Facility</u> 1.2672 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,398,513	\$3,241,152	\$0	\$621,073	\$847,062	\$0	\$1,079,898		\$609,328	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$60,065)	\$37,744	\$0	\$9,241	\$0	\$9,471	(\$104,086)		(\$12,435)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,840		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,435
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,437,723	\$3,278,896	\$0	\$630,314	\$847,062	\$9,471	\$975,812	\$86,840	\$596,893	\$12,435
8	Total Nursing Facility Days As Filed Days = 28,402	FY21 Audited C/R Days	28,402									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,402	FY21 GL-PL Ins Rpt Days								28,402		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.68	\$115.45	\$0.00	\$22.19	\$30.16	(with L&H)	\$34.36	\$3.06	\$21.02	\$0.44
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2672								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.11								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.11	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	\$21.02	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.29	\$91.11	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	16.97 (FRV)	\$0.44
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.29	\$91.11	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$16.97	\$0.44
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2658								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.50	\$115.33	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$16.97	\$0.44
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.77	\$5.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.55	\$7.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.05	\$122.78	\$0.00	\$22.41	\$30.57	\$0.00	\$51.83	\$3.06	\$16.97	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.21									

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PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THE BELL MINOR HOME Prvdr ID: 00059397A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.85% Nurse Hrs per On-Site Day/Q 3.21 </div> <div> <u>Facility Score</u> N/A 33.85% 3.21 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4586 Quarterly Medicaid: 1.4169 </div> <div> <u>PDPM Facility</u> 1.4586 1.4169 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,703,141	\$3,320,839	\$0	\$524,837	\$536,001	\$0	\$1,357,015		\$1,964,449	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,312)	\$0	\$0	\$0	\$0	\$0	(\$216,206)		(\$65,106)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$209,748		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$65,106
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,696,683	\$3,320,839	\$0	\$524,837	\$536,001	\$0	\$1,140,809	\$209,748	\$1,899,343	\$65,106
8	Total Nursing Facility Days As Filed Days = 28,745	FY21 Audited C/R Days	28,745									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,745	FY21 GL-PL Ins Rpt Days								28,745		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$267.77	\$115.53	\$0.00	\$18.26	\$18.65	(with L&H)	\$39.69	\$7.30	\$66.08	\$2.26
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4586								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.21								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.21	\$0.00	\$18.26	\$18.65		\$39.69	\$7.30	\$66.08	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.36	\$79.21	\$0.00	\$18.26	\$18.65		\$36.91	\$7.30	13.77 (FRV)	\$2.26
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.36	\$79.21	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4169								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.38	\$112.23	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.69	\$117.81	\$0.00	\$18.48	\$19.06	\$0.00	\$54.01	\$7.30	\$13.77	\$2.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.69									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: AZALEA HEALTH AND REHABILITATION CENTER Prvdr ID: 00059441A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.00% Nurse Hrs per On-Site Day/Q 3.59 </div> <div> <u>Facility Score</u> N/A 30.00% 3.59 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4854 Quarterly Medicaid: 1.5330 </div> <div> <u>PDPM Facility</u> 1.4854 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,477,747	\$3,484,636	\$0	\$570,067	\$530,237	\$0	\$720,145		\$1,172,662	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$137,859	(\$137,975)	\$0	(\$3,500)	(\$1,159)	\$2,912	\$325,894		(\$48,313)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$7,131		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$48,398
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,671,135	\$3,346,661	\$0	\$566,567	\$529,078	\$2,912	\$1,046,039	\$7,131	\$1,124,349	\$48,398
8	Total Nursing Facility Days As Filed Days = 25,933	FY21 Audited C/R Days	25,933									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,933	FY21 GL-PL Ins Rpt Days								25,933		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$257.25	\$129.05	\$0.00	\$21.85	\$20.51	(with L&H)	\$40.34	\$0.27	\$43.36	\$1.87
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4854								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.88								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.88	\$0.00	\$21.85	\$20.51		\$40.34	\$0.27	\$43.36	\$1.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.24	\$86.88	\$0.00	\$21.85	\$20.51		\$36.91	\$0.27	13.95 (FRV)	\$1.87
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.24	\$86.88	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5330								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.55	\$133.19	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.33	\$3.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.25	\$6.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.80	\$139.71	\$0.00	\$22.07	\$20.92	\$0.00	\$54.01	\$0.27	\$13.95	\$1.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.78									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: NORTH DECATUR HEALTH AND REHABILITATION CENTER Prvdr ID: 00059452A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 17.50% Nurse Hrs per On-Site Day/Q 2.82 </div> <div> <u>Facility Score</u> N/A 17.50% 2.82 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5182 Quarterly Medicaid: 1.4368 </div> <div> <u>PDPM Facility</u> 1.5182 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,881,579	\$2,552,761	\$0	\$402,375	\$386,137	\$0	\$912,637		\$627,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$72,539)	(\$1,439)	\$0	(\$1,537)	(\$2,794)	(\$2,118)	\$323		(\$64,974)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$234,159		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,883
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,107,082	\$2,551,322	\$0	\$400,838	\$383,343	(\$2,118)	\$912,960	\$234,159	\$562,695	\$63,883
8	Total Nursing Facility Days As Filed Days = 21,028	FY21 Audited C/R Days	21,028									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,028	FY21 GL-PL Ins Rpt Days								21,028		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$242.88	\$121.33	\$0.00	\$19.06	\$18.13	(with L&H)	\$43.42	\$11.14	\$26.76	\$3.04
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5182								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.92								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.92	\$0.00	\$19.06	\$18.13		\$43.42	\$11.14	\$26.76	\$3.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.27	\$79.92	\$0.00	\$19.06	\$18.13		\$36.91	\$11.14	12.07 (FRV)	\$3.04
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.27	\$79.92	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4368								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.17	\$114.83	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.70	\$3.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.87	\$118.80	\$0.00	\$19.28	\$18.54	\$0.00	\$54.01	\$11.14	\$12.07	\$3.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.83									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - AUGUSTA Prvdr ID: 00059463A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>	
				Growth Allowance:	N/A	0.00%	Base Period Overall:			1.4544	1.4210	
				Qtrly BIMS score:	20.27%	1.0%						
				Nurse Hrs per On-Site Day/Q	3.07	5.0%	Quarterly Medicaid:			1.4130	1.4161	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,391,168	\$3,473,721	\$0	\$588,918	\$796,394	\$0	\$1,330,528		\$201,607	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$498,724)	(\$122,775)	\$0	\$0	\$0	\$846	(\$338,801)		(\$37,994)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$434,391		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$37,371
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,364,206	\$3,350,946	\$0	\$588,918	\$796,394	\$846	\$991,727	\$434,391	\$163,613	\$37,371
8	Total Nursing Facility Days As Filed Days = 27,419	FY21 Audited C/R Days	27,419									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,419	FY21 GL-PL Ins Rpt Days								27,419		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$232.11	\$122.21	\$0.00	\$21.48	\$29.08	(with L&H)	\$36.17	\$15.84	\$5.97	\$1.36
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4544								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.03								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.03	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	\$5.97	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.25	\$84.03	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	11.29 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.25	\$84.03	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$1.36
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.4130								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.96	\$118.73	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.94	\$5.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.76	\$7.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$259.72	\$126.39	\$0.00	\$21.70	\$29.49	\$0.00	\$53.64	\$15.84	\$11.29	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.97									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BOLINGREEN HEALTH AND REHABILITATION Prvdr ID: 00059485A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 13.73% Nurse Hrs per On-Site Day/Q 3.81 </div> <div> <u>Facility Score</u> N/A 13.73% 3.81 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3400 Quarterly Medicaid: 1.3857 </div> <div> <u>PDPM Facility</u> 1.3400 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,610,580	\$3,262,896	\$0	\$650,634	\$703,694	\$0	\$1,142,810		\$850,546	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$197,900)	\$16,093	\$0	(\$720)	\$1,124	\$715	(\$202,798)		(\$12,314)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$127,413		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,357
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,552,450	\$3,278,989	\$0	\$649,914	\$704,818	\$715	\$940,012	\$127,413	\$838,232	\$12,357
8	Total Nursing Facility Days As Filed Days = 25,200	FY21 Audited C/R Days		25,268								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,200	FY21 GL-PL Ins Rpt Days								25,268		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$259.31	\$129.77	\$0.00	\$25.72	\$27.92	(with L&H)	\$37.20	\$5.04	\$33.17	\$0.49
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3400								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.84								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.84	\$0.00	\$25.72	\$27.92		\$37.20	\$5.04	\$33.17	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.42	\$96.84	\$0.00	\$25.72	\$27.92		\$36.91	\$5.04	10.50 (FRV)	\$0.49
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.42	\$96.84	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$10.50	\$0.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3857								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.77	\$134.19	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$10.50	\$0.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$5.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$264.40	\$140.09	\$0.00	\$25.94	\$28.33	\$0.00	\$54.01	\$5.04	\$10.50	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.48									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BROWN HEALTH AND REHABILITATION Prvdr ID: 00059562A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.37% Nurse Hrs per On-Site Day/Q 3.03 </div> <div> <u>Facility Score</u> N/A 25.37% 3.03 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 6.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4121 Quarterly Medicaid: 1.4122 </div> <div> <u>PDPM Facility</u> 1.4121 1.4122 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,372,178	\$3,384,168	\$0	\$601,357	\$958,424	\$0	\$1,139,741		\$288,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$146,026)	(\$3,234)	\$0	(\$799)	\$0	(\$1,083)	(\$115,441)		(\$25,469)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,469
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,355,621	\$3,380,934	\$0	\$600,558	\$958,424	(\$1,083)	\$1,024,300	\$104,000	\$263,019	\$25,469
8	Total Nursing Facility Days As Filed Days = 27,991	FY21 Audited C/R Days	27,991									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,991	FY21 GL-PL Ins Rpt Days								27,991		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$227.07	\$120.79	\$0.00	\$21.46	\$34.20	(with L&H)	\$36.59	\$3.72	\$9.40	\$0.91
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4121								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.54								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.54	\$0.00	\$21.46	\$34.20		\$36.59	\$3.72	\$9.40	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.53	\$85.54	\$0.00	\$21.46	\$33.28		\$36.59	\$3.72	19.03 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.53	\$85.54	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4122								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.79	\$120.80	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.99	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.24		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.25	\$7.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.55	\$8.99	\$0.00	\$0.22	\$0.00	\$0.00	\$17.34	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.34	\$129.79	\$0.00	\$21.68	\$33.28	\$0.00	\$53.93	\$3.72	\$19.03	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.93									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CARROLLTON NURSING & REHAB CTR Prvdr ID: 00059661A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.32% Nurse Hrs per On-Site Day/Q 2.81 </div> <div> <u>Facility Score</u> N/A 25.32% 2.81 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3303 Quarterly Medicaid: 1.2884 </div> <div> <u>PDPM Facility</u> 1.3303 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,194,989	\$3,359,324	\$0	\$645,708	\$667,054	\$0	\$1,304,706		\$1,218,197	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$73,801)	\$0	\$0	\$0	\$0	\$0	(\$16,242)		(\$57,559)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$16,242		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,559
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,194,989	\$3,359,324	\$0	\$645,708	\$667,054	\$0	\$1,288,464	\$16,242	\$1,160,638	\$57,559
8	Total Nursing Facility Days As Filed Days = 34,428	FY21 Audited C/R Days	34,428									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,428	FY21 GL-PL Ins Rpt Days								34,428		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.99	\$97.58	\$0.00	\$18.76	\$19.38	(with L&H)	\$37.42	\$0.47	\$33.71	\$1.67
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3303								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.35								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.35	\$0.00	\$18.76	\$19.38		\$37.42	\$0.47	\$33.71	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.18	\$73.35	\$0.00	\$18.76	\$19.38		\$36.91	\$0.47	8.64 (FRV)	\$1.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.18	\$73.35	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2884								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.34	\$94.50	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$4.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.39	\$98.82	\$0.00	\$18.98	\$19.79	\$0.00	\$54.01	\$0.47	\$8.64	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.97									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CHAPLINWOOD NURSING HOME Prvdr ID: 00059694A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 32.43% Nurse Hrs per On-Site Day/Q 3.94 </div> <div> <u>Facility Score</u> N/A 32.43% 3.94 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3601 Quarterly Medicaid: 1.3847 </div> <div> <u>PDPM Facility</u> 1.3601 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,911,710	\$2,741,653	\$0	\$722,370	\$623,310	\$0	\$964,829		\$859,548	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$199,865)	(\$5,892)	\$0	(\$735)	(\$17,060)	(\$664)	(\$146,115)		(\$29,399)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,351		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,390
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,846,586	\$2,735,761	\$0	\$721,635	\$606,250	(\$664)	\$818,714	\$105,351	\$830,149	\$29,390
8	Total Nursing Facility Days As Filed Days = 25,746	FY21 Audited C/R Days	25,765									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,746	FY21 GL-PL Ins Rpt Days								25,765		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.92	\$106.18	\$0.00	\$28.01	\$23.50	(with L&H)	\$31.78	\$4.09	\$32.22	\$1.14
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3601								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.07								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.07	\$0.00	\$28.01	\$23.50		\$31.78	\$4.09	\$32.22	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.13	\$78.07	\$0.00	\$26.82	\$23.50		\$31.78	\$4.09	11.73 (FRV)	\$1.14
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.13	\$78.07	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3847								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.16	\$108.10	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.41	\$5.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.52	\$8.64	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$233.68	\$116.74	\$0.00	\$26.82	\$23.91	\$0.00	\$49.25	\$4.09	\$11.73	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.44									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: HAZELHURST COURT CARE AND REHABILITATION CENTER Prvdr ID: 00059705A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.23% Nurse Hrs per On-Site Day/Q 2.88 </div> <div> <u>Facility Score</u> N/A 26.23% 2.88 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3030 Quarterly Medicaid: 1.3862 </div> <div> <u>PDPM Facility</u> 1.3030 1.3862 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,730,251	\$1,976,701	\$0	\$319,522	\$357,678	\$0	\$598,933		\$477,417	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$79,831)	\$0	\$0	\$0	(\$1,588)	(\$1,433)	(\$60,607)		(\$16,203)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,030		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,066
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,714,516	\$1,976,701	\$0	\$319,522	\$356,090	(\$1,433)	\$538,326	\$48,030	\$461,214	\$16,066
8	Total Nursing Facility Days As Filed Days = 20,795	FY21 Audited C/R Days	20,795									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,795	FY21 GL-PL Ins Rpt Days								20,795		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$178.63	\$95.06	\$0.00	\$15.37	\$17.05	(with L&H)	\$25.89	\$2.31	\$22.18	\$0.77
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3030								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.96								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.96	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	\$22.18	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.79	\$72.96	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	7.44 (FRV)	\$0.77
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.79	\$72.96	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$0.77
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3862								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.97	\$101.14	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$0.77
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$4.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$192.64	\$105.71	\$0.00	\$15.59	\$17.46	\$0.00	\$43.36	\$2.31	\$7.44	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.66									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SOUTHWELL HEALTH AND REHABILITATION Prvdr ID: 00059826A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 46.15% Nurse Hrs per On-Site Day/Q 3.33				Facility Score N/A	Add-on Percent 0.00%	Facility Model (PDPM) Data Base Period Overall: 1.3761 Quarterly Medicaid: 1.4231					PDPM Facility 1.3761	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,115,461	\$4,680,583	\$0	\$1,064,464	\$266,661	\$389,237	\$370,570		\$1,343,946	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$30,264)	\$0	\$0	\$0	\$0	\$0	(\$18,221)		(\$12,043)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,867		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,043
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,113,107	\$4,680,583	\$0	\$1,064,464	\$266,661	\$389,237	\$352,349	\$15,867	\$1,331,903	\$12,043
8	Total Nursing Facility Days As Filed Days = 33,254	FY21 Audited C/R Days	33,254									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,254	FY21 GL-PL Ins Rpt Days								33,254		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$243.97	\$140.75	\$0.00	\$32.01	\$19.72	(with L&H)	\$10.60	\$0.48	\$40.05	\$0.36
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3761								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.28								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.28	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	\$40.05	\$0.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.12	\$102.28	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	24.67 (FRV)	\$0.36
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.12	\$102.28	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4231								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.39	\$145.55	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.01	\$8.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.55	\$11.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.94	\$157.00	\$0.00	\$32.23	\$20.13	\$0.00	\$28.07	\$0.48	\$24.67	\$0.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.38									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CORDELE HEALTH AND REHABILITATION Prvdr ID: 00059892A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.52% Nurse Hrs per On-Site Day/Q 2.61 </div> <div> <u>Facility Score</u> N/A 18.52% 2.61 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6110 Quarterly Medicaid: 1.3985 </div> <div> <u>PDPM Facility</u> 1.6110 1.3985 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,323,383	\$3,422,865	\$0	\$593,067	\$261,502	\$272,847	\$1,190,580		\$582,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$126,965)	\$212,715	\$0	(\$141,973)	(\$2,295)	(\$41,405)	(\$148,227)		(\$5,780)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,092		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,979
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,252,489	\$3,635,580	\$0	\$451,094	\$259,207	\$231,442	\$1,042,353	\$48,092	\$576,742	\$7,979
8	Total Nursing Facility Days As Filed Days = 18,671	FY21 Audited C/R Days	18,679									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,671	FY21 GL-PL Ins Rpt Days								18,679		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$334.73	\$194.63	\$0.00	\$24.15	\$26.27	(with L&H)	\$55.80	\$2.57	\$30.88	\$0.43
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6110								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.81								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$120.81	\$0.00	\$24.15	\$26.27		\$55.80	\$2.57	\$30.88	\$0.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.63	\$104.63	\$0.00	\$24.15	\$26.27		\$36.91	\$2.57	9.67 (FRV)	\$0.43
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allnw %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.63	\$104.63	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3985								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.33	\$146.33	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.39	\$4.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$268.45	\$150.72	\$0.00	\$24.37	\$26.68	\$0.00	\$54.01	\$2.57	\$9.67	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.51									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: DUBLINAIR HEALTH & REHAB Prvdr ID: 00059947A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.76% Nurse Hrs per On-Site Day/Q 3.20 </div> <div> <u>Facility Score</u> N/A 31.76% 3.20 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3913 Quarterly Medicaid: 1.3624 </div> <div> <u>PDPM Facility</u> 1.3913 1.3624 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,723,633	\$3,635,916	\$0	\$673,920	\$631,207	\$0	\$1,049,540		\$733,050	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$193,169)	(\$340,290)	\$0	\$0	\$1,281	\$557	\$208,447		(\$63,164)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,463
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,587,927	\$3,295,626	\$0	\$673,920	\$632,488	\$557	\$1,257,987	\$0	\$669,886	\$57,463
8	Total Nursing Facility Days As Filed Days = 31,218	FY21 Audited C/R Days	31,222									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,218	FY21 GL-PL Ins Rpt Days								31,222		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.00	\$105.55	\$0.00	\$21.58	\$20.28	(with L&H)	\$40.29	\$0.00	\$21.46	\$1.84
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3913								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.87								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.87	\$0.00	\$21.58	\$20.28		\$40.29	\$0.00	\$21.46	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.88	\$75.87	\$0.00	\$21.58	\$20.28		\$36.91	\$0.00	9.40 (FRV)	\$1.84
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.88	\$75.87	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$1.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3624								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.38	\$103.37	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$1.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.94	\$6.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.32	\$109.58	\$0.00	\$21.80	\$20.69	\$0.00	\$54.01	\$0.00	\$9.40	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.17									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: RIVER TOWNE CENTER Prvdr ID: 00082684A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.08% Nurse Hrs per On-Site Day/Q 3.60 </div> <div> <u>Facility Score</u> N/A 23.08% 3.60 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.8756 Quarterly Medicaid: 1.8842 </div> <div> <u>PDPM Facility</u> 1.8756 1.8842 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,985,902	\$4,829,017	\$0	\$664,958	\$579,286	\$0	\$1,803,360		\$1,109,281	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$306,534)	(\$75,593)	\$0	\$0	(\$10,418)	(\$8,885)	(\$137,926)		(\$73,712)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$200,258		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,256
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,950,882	\$4,753,424	\$0	\$664,958	\$568,868	(\$8,885)	\$1,665,434	\$200,258	\$1,035,569	\$71,256
8	Total Nursing Facility Days As Filed Days = 39,612	FY21 Audited C/R Days	39,612									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,612	FY21 GL-PL Ins Rpt Days								39,612		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.97	\$120.00	\$0.00	\$16.79	\$14.14	(with L&H)	\$42.04	\$5.06	\$26.14	\$1.80
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.8756								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.98								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.98	\$0.00	\$16.79	\$14.14		\$42.04	\$5.06	\$26.14	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.97	\$63.98	\$0.00	\$16.79	\$14.14		\$36.91	\$5.06	8.29 (FRV)	\$1.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.97	\$63.98	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$1.80
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.8842								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.54	\$120.55	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$1.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.09	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$226.63	\$125.91	\$0.00	\$17.01	\$14.55	\$0.00	\$54.01	\$5.06	\$8.29	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.15									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HEARDMONT HEALTH AND REHABILITATION Prvdr ID: 00082981A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 29.55% Nurse Hrs per On-Site Day/Q 3.01 </div> <div> <u>Facility Score</u> N/A 29.55% 3.01 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5202 Quarterly Medicaid: 1.2645 </div> <div> <u>PDPM Facility</u> 1.5202 1.2645 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,822,690	\$1,397,452	\$0	\$278,543	\$350,395	\$0	\$554,209		\$242,091	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$53,131)	(\$15,507)	\$0	\$0	\$0	\$0	(\$19,802)		(\$17,822)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,822
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,787,381	\$1,381,945	\$0	\$278,543	\$350,395	\$0	\$534,407	\$0	\$224,269	\$17,822
8	Total Nursing Facility Days As Filed Days = 15,257	FY21 Audited C/R Days		15,257								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,257	FY21 GL-PL Ins Rpt Days								15,257		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.71	\$90.58	\$0.00	\$18.26	\$22.97	(with L&H)	\$35.03	\$0.00	\$14.70	\$1.17
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5202								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.58								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.58	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	\$14.70	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.02	\$59.58	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	9.01 (FRV)	\$1.17
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.02	\$59.58	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2645								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.78	\$75.34	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.26	\$2.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$3.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$183.42	\$78.88	\$0.00	\$18.48	\$23.38	\$0.00	\$52.50	\$0.00	\$9.01	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.74									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: AUTUMN LANE HEALTH AND REHABILITATION Prvdr ID: 00082992A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 26.47% Nurse Hrs per On-Site Day/Q 3.75				Facility Score N/A 26.47% 3.75	Add-on Percent 0.00% 1.0% 5.0%	Facility Model (PDPM) Data Base Period Overall: 1.2741 Quarterly Medicaid: 1.3306					PDPM Facility 1.2741 1.3306	PDPM Statewide 1.4210 1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,875,249	\$2,902,132	\$0	\$509,241	\$647,414	\$0	\$1,113,943		\$1,702,519	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$329,585)	(\$3,033)	\$0	(\$742)	\$0	(\$979)	(\$85,852)		(\$238,979)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$88,400		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$238,979
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,873,043	\$2,899,099	\$0	\$508,499	\$647,414	(\$979)	\$1,028,091	\$88,400	\$1,463,540	\$238,979
8	Total Nursing Facility Days As Filed Days = 25,994	FY21 Audited C/R Days	25,994									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,994	FY21 GL-PL Ins Rpt Days								25,994		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$264.40	\$111.53	\$0.00	\$19.56	\$24.87	(with L&H)	\$39.55	\$3.40	\$56.30	\$9.19
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2741								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.54								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.54	\$0.00	\$19.56	\$24.87		\$39.55	\$3.40	\$56.30	\$9.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.54	\$87.54	\$0.00	\$19.56	\$24.87		\$36.91	\$3.40	35.07 (FRV)	\$9.19
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.54	\$87.54	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3306								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.48	\$116.48	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.82	\$5.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.24	\$7.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.72	\$123.99	\$0.00	\$19.78	\$25.28	\$0.00	\$54.01	\$3.40	\$35.07	\$9.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.22									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SIGNATURE HEALTHCARE AT TOWER ROAD Prvdr ID: 00083003A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.06% Nurse Hrs per On-Site Day/Q 2.34 </div> <div> <u>Facility Score</u> N/A 22.06% 2.34 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 1.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4525 Quarterly Medicaid: 1.5900 </div> <div> <u>PDPM Facility</u> 1.4525 1.5900 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,672,211	\$5,954,005	\$0	\$788,185	\$752,233	\$0	\$2,478,486		\$2,699,302	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$305,769)	(\$51,163)	\$0	(\$1,654)	(\$2,819)	(\$7,418)	(\$155,881)		(\$86,834)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$142,704		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$87,082
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,596,228	\$5,902,842	\$0	\$786,531	\$749,414	(\$7,418)	\$2,322,605	\$142,704	\$2,612,468	\$87,082
11	Total Nursing Facility Days As Filed Days = 40,589	FY21 Audited C/R Days	40,590									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,589	FY21 GL-PL Ins Rpt Days								40,590		
13	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$310.34	\$145.43	\$0.00	\$19.38	\$18.28	(with L&H)	\$57.22	\$3.52	\$64.36	\$2.15
14	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4525								
15	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.12								
16	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.12	\$0.00	\$19.38	\$18.28		\$57.22	\$3.52	\$64.36	\$2.15
17	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.02	\$100.12	\$0.00	\$19.38	\$18.28		\$36.91	\$3.52	10.66 (FRV)	\$2.15
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.02	\$100.12	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15
21	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5900								
22	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$159.19								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.09	\$159.19	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
25	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.59	\$1.59								
26	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.59	\$1.59								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.44	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
29	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.53	\$162.90	\$0.00	\$19.60	\$18.69	\$0.00	\$54.01	\$3.52	\$10.66	\$2.15
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.82									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: GREEN ACRES HEALTH AND REHABILITATION Prvdr ID: 00083014A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.40% Nurse Hrs per On-Site Day/Q 3.88 </div> <div> <u>Facility Score</u> N/A 27.40% 3.88 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4249 Quarterly Medicaid: 1.3400 </div> <div> <u>PDPM Facility</u> 1.4249 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,134,826	\$2,691,135	\$0	\$500,979	\$619,415	\$0	\$1,514,804		\$808,493	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$185,727)	(\$4,676)	\$0	(\$714)	\$0	\$1,176	(\$150,363)		(\$31,150)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$101,920		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,150
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,082,169	\$2,686,459	\$0	\$500,265	\$619,415	\$1,176	\$1,364,441	\$101,920	\$777,343	\$31,150
8	Total Nursing Facility Days As Filed Days = 25,003	FY21 Audited C/R Days	25,003									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,003	FY21 GL-PL Ins Rpt Days								25,003		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$243.27	\$107.45	\$0.00	\$20.01	\$24.82	(with L&H)	\$54.57	\$4.08	\$31.09	\$1.25
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4249								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.41								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.41	\$0.00	\$20.01	\$24.82		\$54.57	\$4.08	\$31.09	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.83	\$75.41	\$0.00	\$20.01	\$24.82		\$36.91	\$4.08	11.35 (FRV)	\$1.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.83	\$75.41	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3400								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.47	\$101.05	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.05	\$5.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.32	\$6.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$223.79	\$107.64	\$0.00	\$20.23	\$25.23	\$0.00	\$54.01	\$4.08	\$11.35	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.02									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ABERCORN REHABILITATION CENTER Prvdr ID: 00083025A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hrs per On-Site Day/Q 3.53 </div> <div> <u>Facility Score</u> N/A 25.00% 3.53 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3270 Quarterly Medicaid: 1.2753 </div> <div> <u>PDPM Facility</u> 1.3270 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,104,821	\$2,734,122	\$0	\$429,826	\$448,449	\$0	\$1,179,121		\$1,313,303	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$287,323)	(\$92,131)	\$0	\$0	\$610	\$694	(\$124,540)		(\$71,956)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$213,308		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$72,167
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,102,973	\$2,641,991	\$0	\$429,826	\$449,059	\$694	\$1,054,581	\$213,308	\$1,241,347	\$72,167
8	Total Nursing Facility Days As Filed Days = 25,214	FY21 Audited C/R Days		25,214								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,214	FY21 GL-PL Ins Rpt Days								25,214		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$242.05	\$104.78	\$0.00	\$17.05	\$17.84	(with L&H)	\$41.83	\$8.46	\$49.23	\$2.86
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3270								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.96								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.96	\$0.00	\$17.05	\$17.84		\$41.83	\$8.46	\$49.23	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.54	\$78.96	\$0.00	\$17.05	\$17.84		\$36.91	\$8.46	11.46 (FRV)	\$2.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.54	\$78.96	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2753								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.28	\$100.70	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.30	\$6.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.58	\$107.27	\$0.00	\$17.27	\$18.25	\$0.00	\$54.01	\$8.46	\$11.46	\$2.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.86									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: LYNN HAVEN HEALTH AND REHABILITATION Prvdr ID: 00083036A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 51.92% Nurse Hrs per On-Site Day/Q 3.47				Facility Score N/A	Add-on Percent 0.00%	Facility Model (PDPM) Data Base Period Overall: 1.3570 Quarterly Medicaid: 1.2198					PDPM Facility 1.3570	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,392,350	\$2,527,375	\$0	\$465,714	\$786,530	\$0	\$881,388		\$731,343	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$109,338)	(\$2,396)	\$0	(\$587)	\$0	(\$555)	(\$73,181)		(\$32,619)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,080		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,619
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,395,711	\$2,524,979	\$0	\$465,127	\$786,530	(\$555)	\$808,207	\$80,080	\$698,724	\$32,619
8	Total Nursing Facility Days As Filed Days = 20,533	FY21 Audited C/R Days	20,533									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,533	FY21 GL-PL Ins Rpt Days								20,533		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$262.78	\$122.97	\$0.00	\$22.65	\$38.28	(with L&H)	\$39.36	\$3.90	\$34.03	\$1.59
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3570								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.62								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.62	\$0.00	\$22.65	\$38.28		\$39.36	\$3.90	\$34.03	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.51	\$90.62	\$0.00	\$22.65	\$33.28		\$36.91	\$3.90	13.56 (FRV)	\$1.59
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.51	\$90.62	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$1.59
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2198								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.43	\$110.54	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$1.59
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.08	\$6.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.53	\$5.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.46	\$12.14	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$251.89	\$122.68	\$0.00	\$22.87	\$33.28	\$0.00	\$54.01	\$3.90	\$13.56	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.09									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST Prvdr ID: 00083047A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 41.03% Nurse Hrs per On-Site Day/Q 3.77 </div> <div> <u>Facility Score</u> N/A 41.03% 3.77 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6458 Quarterly Medicaid: 1.6628 </div> <div> <u>PDPM Facility</u> 1.6458 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,519,756	\$4,197,430	\$0	\$1,006,046	\$895,258	\$0	\$1,804,512		\$616,510	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$449,008)	(\$47,703)	\$0	\$0	\$2,907	(\$22,132)	(\$348,284)		(\$33,796)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$290,503		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,780
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,392,031	\$4,149,727	\$0	\$1,006,046	\$898,165	(\$22,132)	\$1,456,228	\$290,503	\$582,714	\$30,780
8	Total Nursing Facility Days As Filed Days = 36,280	FY21 Audited C/R Days	36,280									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,280	FY21 GL-PL Ins Rpt Days								36,280		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$231.32	\$114.38	\$0.00	\$27.73	\$24.15	(with L&H)	\$40.14	\$8.01	\$16.06	\$0.85
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6458								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.50								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.50	\$0.00	\$27.73	\$24.15		\$40.14	\$8.01	\$16.06	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.07	\$69.50	\$0.00	\$26.82	\$24.15		\$36.91	\$8.01	10.83 (FRV)	\$0.85
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.07	\$69.50	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$0.85
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6628								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.13	\$115.56	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$0.85
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.62	\$4.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.55	\$8.04	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.68	\$123.60	\$0.00	\$26.82	\$24.56	\$0.00	\$54.01	\$8.01	\$10.83	\$0.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.69									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THE CENTER FOR ADVANCED REHAB AT PARKSIDE Prvdr ID: 00083102A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.32% Nurse Hrs per On-Site Day/Q 3.32 </div> <div> <u>Facility Score</u> N/A 26.32% 3.32 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.9339 Quarterly Medicaid: 1.6193 </div> <div> <u>PDPM Facility</u> 1.9339 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,262,638	\$5,162,429	\$0	\$951,976	\$836,361	\$0	\$1,796,117		\$1,515,755	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,358)	\$0	\$0	\$0	\$0	\$0	(\$77,384)		(\$166,974)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$77,384		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$166,974
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,262,638	\$5,162,429	\$0	\$951,976	\$836,361	\$0	\$1,718,733	\$77,384	\$1,348,781	\$166,974
8	Total Nursing Facility Days As Filed Days = 42,973	FY21 Audited C/R Days	42,973									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,973	FY21 GL-PL Ins Rpt Days								42,973		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$238.82	\$120.13	\$0.00	\$22.15	\$19.46	(with L&H)	\$40.00	\$1.80	\$31.39	\$3.89
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.9339								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$22.15	\$19.46		\$40.00	\$1.80	\$31.39	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.51	\$62.12	\$0.00	\$22.15	\$19.46		\$36.91	\$1.80	22.18 (FRV)	\$3.89
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.51	\$62.12	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6193								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.98	\$100.59	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.30	\$6.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$231.28	\$107.16	\$0.00	\$22.37	\$19.87	\$0.00	\$54.01	\$1.80	\$22.18	\$3.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.64									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00083124A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.6639	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		42.55%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		3.60	4.0%	Quarterly Medicaid:			1.6452	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,643,902	\$4,019,980	\$0	\$873,375	\$799,950	\$0	\$1,449,789		\$500,808	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$302,675)	\$0	\$0	\$0	\$0	(\$8,244)	(\$256,599)		(\$37,832)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$239,764		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$37,757
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,618,748	\$4,019,980	\$0	\$873,375	\$799,950	(\$8,244)	\$1,193,190	\$239,764	\$462,976	\$37,757
8	Total Nursing Facility Days As Filed Days = 36,741	FY21 Audited C/R Days	36,741									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,741	FY21 GL-PL Ins Rpt Days								36,741		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.37	\$109.41	\$0.00	\$23.77	\$21.55	(with L&H)	\$32.48	\$6.53	\$12.60	\$1.03
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6639								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	\$12.60	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.77	\$65.75	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	11.66 (FRV)	\$1.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.77	\$65.75	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$1.03
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6452								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.19	\$108.17	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$1.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.33	\$4.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.66	\$7.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.85	\$115.73	\$0.00	\$23.99	\$21.96	\$0.00	\$49.95	\$6.53	\$11.66	\$1.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.31									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: NHC HEALTHCARE ROSSVILLE Prvdr ID: 00083146A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.67% Nurse Hrs per On-Site Day/Q 3.37 </div> <div> <u>Facility Score</u> N/A 30.67% 3.37 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2464 Quarterly Medicaid: 1.3597 </div> <div> <u>PDPM Facility</u> 1.2464 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,071,352	\$4,261,696	\$0	\$676,800	\$584,344	\$0	\$1,233,717		\$314,795	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$217,738)	\$0	\$0	\$0	(\$2,108)	(\$2,635)	(\$155,245)		(\$57,750)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,600		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,282
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,072,496	\$4,261,696	\$0	\$676,800	\$582,236	(\$2,635)	\$1,078,472	\$161,600	\$257,045	\$57,282
8	Total Nursing Facility Days As Filed Days = 31,938	FY21 Audited C/R Days	31,938									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,938	FY21 GL-PL Ins Rpt Days								31,938		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$221.45	\$133.44	\$0.00	\$21.19	\$18.15	(with L&H)	\$33.77	\$5.06	\$8.05	\$1.79
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2464								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.06								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.06	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	\$8.05	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.30	\$104.63	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	10.71 (FRV)	\$1.79
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.30	\$104.63	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3597								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.94	\$142.27	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.56	\$3.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.27	\$4.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.93	\$7.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$258.87	\$150.10	\$0.00	\$21.41	\$18.56	\$0.00	\$51.24	\$5.06	\$10.71	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.33									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SIGNATURE HEALTHCARE OF SAVANNAH Prvdr ID: 00083157A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.59% Nurse Hrs per On-Site Day/Q 2.57 </div> <div> <u>Facility Score</u> N/A 21.59% 2.57 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4390 Quarterly Medicaid: 1.3948 </div> <div> <u>PDPM Facility</u> 1.4390 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,846,509	\$4,486,272	\$0	\$628,442	\$601,166	\$0	\$1,941,344		\$189,285	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$257,708)	(\$241,625)	\$0	(\$1,268)	\$1,596	\$1,642	\$50,444		(\$68,497)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$146,322		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,927
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,804,050	\$4,244,647	\$0	\$627,174	\$602,762	\$1,642	\$1,991,788	\$146,322	\$120,788	\$68,927
8	Total Nursing Facility Days As Filed Days = 37,322	FY21 Audited C/R Days	37,322									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,322	FY21 GL-PL Ins Rpt Days								37,322		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$209.10	\$113.73	\$0.00	\$16.80	\$16.19	(with L&H)	\$53.37	\$3.92	\$3.24	\$1.85
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4390								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$16.80	\$16.19		\$53.37	\$3.92	\$3.24	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.83	\$79.03	\$0.00	\$16.80	\$16.19		\$36.91	\$3.92	11.13 (FRV)	\$1.85
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.83	\$79.03	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3948								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.03	\$110.23	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$4.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.70	\$115.17	\$0.00	\$17.02	\$16.60	\$0.00	\$54.01	\$3.92	\$11.13	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.95									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MUSCOGEE MANOR & REHABILITATION CTR Prvdr ID: 00083223A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 36.36% Nurse Hrs per On-Site Day/Q 5.78 </div> <div> <u>Facility Score</u> N/A 36.36% 5.78 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6463 Quarterly Medicaid: 1.4841 </div> <div> <u>PDPM Facility</u> 1.6463 1.4841 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,954,006	\$6,980,780	\$0	\$1,029,370	\$1,373,916	\$0	\$1,351,292		\$218,648	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$204,834)	\$5,084	\$0	\$0	(\$1,171)	(\$6,099)	(\$173,644)		(\$29,004)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$207,740		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,954
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,985,866	\$6,985,864	\$0	\$1,029,370	\$1,372,745	(\$6,099)	\$1,177,648	\$207,740	\$189,644	\$28,954
8	Total Nursing Facility Days As Filed Days = 39,808	FY21 Audited C/R Days	39,808									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,808	FY21 GL-PL Ins Rpt Days								39,808		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$275.97	\$175.49	\$0.00	\$25.86	\$34.33	(with L&H)	\$29.58	\$5.22	\$4.76	\$0.73
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6463								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.60								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$106.60	\$0.00	\$25.86	\$34.33		\$29.58	\$5.22	\$4.76	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.12	\$104.63	\$0.00	\$25.86	\$33.28		\$29.58	\$5.22	22.82 (FRV)	\$0.73
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.12	\$104.63	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4841								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.77	\$155.28	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.88	\$3.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.66	\$4.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.23	\$8.54	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$299.00	\$163.82	\$0.00	\$26.08	\$33.28	\$0.00	\$47.05	\$5.22	\$22.82	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.43									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: TUCKER WELLNESS AND REHABILITATION CENTER Prvdr ID: 00083267A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.59% Nurse Hrs per On-Site Day/Q 0.00 </div> <div> <u>Facility Score</u> N/A 21.59% 0.00 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3060 Quarterly Medicaid: 1.5553 </div> <div> <u>PDPM Facility</u> 1.3060 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,070,033	\$3,742,039	\$0	\$630,762	\$729,140	\$0	\$1,361,123		\$606,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$296,004)	(\$45,039)	\$0	\$0	(\$2,002)	(\$6,514)	\$100,825		(\$343,274)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,001		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$153,556
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,065,586	\$3,697,000	\$0	\$630,762	\$727,138	(\$6,514)	\$1,461,948	\$138,001	\$263,695	\$153,556
8	Total Nursing Facility Days As Filed Days = 33,937	FY21 Audited C/R Days	33,937									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,937	FY21 GL-PL Ins Rpt Days								33,937		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.20	\$108.94	\$0.00	\$18.59	\$21.23	(with L&H)	\$43.08	\$4.07	\$7.77	\$4.52
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3060								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.42								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.42	\$0.00	\$18.59	\$21.23		\$43.08	\$4.07	\$7.77	\$4.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.02	\$83.42	\$0.00	\$18.59	\$21.23		\$36.91	\$4.07	11.28 (FRV)	\$4.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.02	\$83.42	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5553								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.34	\$129.74	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.19	\$5.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.75	\$7.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$251.09	\$136.76	\$0.00	\$18.81	\$21.64	\$0.00	\$54.01	\$4.07	\$11.28	\$4.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.49									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MADISON HEALTH AND REHAB Prvdr ID: 00083278A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 59.65% Nurse Hrs per On-Site Day/Q 3.50 </div> <div> <u>Facility Score</u> N/A 59.65% 3.50 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.7047 Quarterly Medicaid: 1.6889 </div> <div> <u>PDPM Facility</u> 1.7047 1.6889 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,000,179	\$2,183,157	\$0	\$465,001	\$657,304	\$0	\$643,204		\$51,513	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$170,700)	(\$112,741)	\$0	\$4,210	\$40,350	(\$3,905)	(\$56,839)		(\$41,775)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$103,824		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,763
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,970,066	\$2,070,416	\$0	\$469,211	\$697,654	(\$3,905)	\$586,365	\$103,824	\$9,738	\$36,763
8	Total Nursing Facility Days As Filed Days = 20,729	FY21 Audited C/R Days	20,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,729	FY21 GL-PL Ins Rpt Days								20,836		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.54	\$99.37	\$0.00	\$22.52	\$33.30	(with L&H)	\$28.14	\$4.98	\$0.47	\$1.76
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.7047								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.29								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.29	\$0.00	\$22.52	\$33.30		\$28.14	\$4.98	\$0.47	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.78	\$58.29	\$0.00	\$22.52	\$33.28		\$28.14	\$4.98	11.81 (FRV)	\$1.76
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.78	\$58.29	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6889								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.94	\$98.45	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.41	\$5.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.55	\$10.86	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$229.49	\$109.31	\$0.00	\$22.74	\$33.28	\$0.00	\$45.61	\$4.98	\$11.81	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.29									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: RIVERDALE CENTER FOR NURSING AND HEALING Prvdr ID: 00083289A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.67% Nurse Hrs per On-Site Day/Q 2.93 </div> <div> <u>Facility Score</u> N/A 33.67% 2.93 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5658 Quarterly Medicaid: 1.5019 </div> <div> <u>PDPM Facility</u> 1.5658 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,209,864	\$4,372,778	\$0	\$965,036	\$975,108	\$0	\$1,621,560		\$1,275,382	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$372,485)	\$0	\$0	\$0	\$6,286	\$7,437	(\$212,615)		(\$173,593)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$212,615		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$176,035
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,226,029	\$4,372,778	\$0	\$965,036	\$981,394	\$7,437	\$1,408,945	\$212,615	\$1,101,789	\$176,035
8	Total Nursing Facility Days As Filed Days = 47,211	FY21 Audited C/R Days	47,211									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,211	FY21 GL-PL Ins Rpt Days								47,211		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.41	\$92.62	\$0.00	\$20.44	\$20.94	(with L&H)	\$29.84	\$4.50	\$23.34	\$3.73
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5658								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.15								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.15	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	\$23.34	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.25	\$59.15	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	10.65 (FRV)	\$3.73
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.25	\$59.15	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5019								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.94	\$88.84	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.78	\$1.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$4.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$201.57	\$93.37	\$0.00	\$20.66	\$21.35	\$0.00	\$47.31	\$4.50	\$10.65	\$3.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.35									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ROSE CITY HEALTH AND REHABILITATION CENTER Prvdr ID: 00083311A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 24.39% Nurse Hrs per On-Site Day/Q 2.98 </div> <div> Facility Score N/A 24.39% 2.98 </div> <div> Add-on Percent 0.00% 1.0% 3.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.5158 Quarterly Medicaid: 1.4534 </div> <div> PDPM Facility 1.5158 PDPM Statewide 1.4210 1.4534 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,514,758	\$2,471,133	\$0	\$464,076	\$398,482	\$0	\$674,599		\$506,468	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$131,622	(\$34,416)	\$0	(\$1,425)	\$974	\$3,038	\$185,541		(\$22,090)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,107		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,227
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,711,714	\$2,436,717	\$0	\$462,651	\$399,456	\$3,038	\$860,140	\$43,107	\$484,378	\$22,227
8	Total Nursing Facility Days As Filed Days = 19,399	FY21 Audited C/R Days	19,399									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,399	FY21 GL-PL Ins Rpt Days								19,399		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$242.89	\$125.61	\$0.00	\$23.85	\$20.75	(with L&H)	\$44.34	\$2.22	\$24.97	\$1.15
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5158								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.87								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.87	\$0.00	\$23.85	\$20.75		\$44.34	\$2.22	\$24.97	\$1.15
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.74	\$82.87	\$0.00	\$23.85	\$20.75		\$36.91	\$2.22	11.99 (FRV)	\$1.15
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.74	\$82.87	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4534								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.32	\$120.44	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.61	\$3.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.07	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$240.39	\$125.78	\$0.00	\$24.07	\$21.16	\$0.00	\$54.01	\$2.22	\$11.99	\$1.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.47									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THE A.G. RHODES HOME, INC. Prvdr ID: 00140005A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 60.00% Nurse Hrs per On-Site Day/Q 4.66 </div> <div> <u>Facility Score</u> N/A 60.00% 4.66 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6663 Quarterly Medicaid: 1.5162 </div> <div> <u>PDPM Facility</u> 1.6663 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,894,584	\$6,554,766	\$0	\$1,196,908	\$1,455,812	\$0	\$2,354,775		\$332,323	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,616)	(\$2,061)	\$0	\$0	\$3,658	\$4,566	(\$153,193)		(\$42,586)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,553		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,879
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,899,400	\$6,552,705	\$0	\$1,196,908	\$1,459,470	\$4,566	\$2,201,582	\$171,553	\$289,737	\$22,879
8	Total Nursing Facility Days As Filed Days = 39,966	FY21 Audited C/R Days	39,972									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,966	FY21 GL-PL Ins Rpt Days								39,972		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$297.69	\$163.93	\$0.00	\$29.94	\$36.63	(with L&H)	\$55.08	\$4.29	\$7.25	\$0.57
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6663								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.38								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.38	\$0.00	\$29.94	\$36.63		\$55.08	\$4.29	\$7.25	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.46	\$98.38	\$0.00	\$26.82	\$33.28		\$36.91	\$4.29	19.21 (FRV)	\$0.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.46	\$98.38	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5162								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.25	\$149.16	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.20	\$8.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.46	\$7.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$33.29	\$16.19	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$303.54	\$165.35	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.29	\$19.21	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.83									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ALTAMAHA HEALTHCARE CENTER Prvdr ID: 00140027A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>	
				Growth Allowance:	N/A	0.00%	Base Period Overall:				1.2691	1.4210	
				Qtrly BIMS score:	36.96%	2.5%							
				Nurse Hrs per On-Site Day/Q	2.78	2.0%	Quarterly Medicaid:				1.3402	1.4161	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>PDPM BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,558,257	\$1,840,496	\$0	\$344,487	\$343,640	\$0	\$813,193		\$216,441	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,344)	\$0	\$0	\$0	\$1,657	\$1,639	(\$53,760)		(\$24,880)		
											\$41,450		
As Filed Cost Center Costs (GL/PL)		As Filed FY21 GL/PL Rpt											
As Filed Cost Center Costs (Taxes and Insurance)		As Filed FY21 C/R											
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,549,481	\$1,840,496	\$0	\$344,487	\$345,297	\$1,639	\$759,433	\$41,450	\$191,561	\$25,118	
8	Total Nursing Facility Days As Filed Days = 20,352	FY21 Audited C/R Days	20,352										
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,352		FY21 GL-PL Ins Rpt Days								20,352			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.40	\$90.43	\$0.00	\$16.93	\$17.05	(with L&H)	\$37.31	\$2.04	\$9.41	\$1.23	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2691									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.26									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.26	\$0.00	\$16.93	\$17.05		\$37.31	\$2.04	\$9.41	\$1.23	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.16	\$71.26	\$0.00	\$16.93	\$17.05		\$36.91	\$2.04	8.74 (FRV)	\$1.23	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.16	\$71.26	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$1.23	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3402									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.40	\$95.50	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$1.23	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.91	\$1.91									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$4.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$200.96	\$100.33	\$0.00	\$17.15	\$17.46	\$0.00	\$54.01	\$2.04	\$8.74	\$1.23	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.90										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - GREENVILLE Prvdr ID: 00140038A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.53% Nurse Hrs per On-Site Day/Q 2.42 </div> <div> <u>Facility Score</u> N/A 23.53% 2.42 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2017 Quarterly Medicaid: 1.3074 </div> <div> <u>PDPM Facility</u> 1.2017 1.3074 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,648,351	\$2,236,541	\$0	\$424,396	\$535,093	\$0	\$1,138,335		\$313,986	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$548,982)	(\$103,306)	\$0	\$0	\$0	\$3,434	(\$407,542)		(\$41,568)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$491,617		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,875
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,627,861	\$2,133,235	\$0	\$424,396	\$535,093	\$3,434	\$730,793	\$491,617	\$272,418	\$36,875
8	Total Nursing Facility Days As Filed Days = 25,205	FY21 Audited C/R Days	25,205									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,205	FY21 GL-PL Ins Rpt Days								25,205		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.61	\$84.64	\$0.00	\$16.84	\$21.37	(with L&H)	\$28.99	\$19.50	\$10.81	\$1.46
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2017								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.43								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.43	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	\$10.81	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.64	\$70.43	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	11.05 (FRV)	\$1.46
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.64	\$70.43	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3074								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.29	\$92.08	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.68	\$3.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.52	\$97.21	\$0.00	\$17.06	\$21.78	\$0.00	\$46.46	\$19.50	\$11.05	\$1.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.07									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BRENTWOOD HEALTH AND REHABILITATION				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140071A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.4337	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		35.29%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		3.94	5.0%	Quarterly Medicaid:			1.4165	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,521,695	\$2,262,606	\$0	\$429,224	\$394,510	\$0	\$874,768		\$560,587	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$146,300)	(\$2,508)	\$0	(\$614)	\$0	(\$636)	(\$115,948)		(\$26,594)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$108,355		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,594
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,510,344	\$2,260,098	\$0	\$428,610	\$394,510	(\$636)	\$758,820	\$108,355	\$533,993	\$26,594
8	Total Nursing Facility Days As Filed Days = 21,496	FY21 Audited C/R Days	21,496									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,496	FY21 GL-PL Ins Rpt Days								21,496		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$209.82	\$105.14	\$0.00	\$19.94	\$18.32	(with L&H)	\$35.30	\$5.04	\$24.84	\$1.24
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4337								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.33								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.33	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	\$24.84	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.95	\$73.33	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	11.78 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.95	\$73.33	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4165								
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.49	\$103.87	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.19	\$5.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.42	\$8.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.91	\$112.19	\$0.00	\$20.16	\$18.73	\$0.00	\$52.77	\$5.04	\$11.78	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.61									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WESTMINSTER COMMONS Prvdr ID: 00140082A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 34.25% Nurse Hrs per On-Site Day/Q 3.06 </div> <div> <u>Facility Score</u> N/A 34.25% 3.06 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2659 Quarterly Medicaid: 1.2201 </div> <div> <u>PDPM Facility</u> 1.2659 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$971,152		\$755,005	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$254,409)	\$0	\$0	\$0	\$0	\$0	(\$178,652)		(\$75,757)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$178,652		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$75,757
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$792,500	\$178,652	\$679,248	\$75,757
8	Total Nursing Facility Days As Filed Days = 25,120	FY21 Audited C/R Days	25,120									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,120	FY21 GL-PL Ins Rpt Days								25,120		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$229.65	\$123.39	\$0.00	\$15.09	\$22.45	(with L&H)	\$31.55	\$7.11	\$27.04	\$3.02
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2659								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.47	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	\$27.04	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.13	\$97.47	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	8.44 (FRV)	\$3.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.13	\$97.47	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2201								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.59	\$118.92	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.17	\$7.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$231.76	\$125.99	\$0.00	\$15.31	\$22.86	\$0.00	\$49.02	\$7.11	\$8.44	\$3.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.00									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: APPLING NURSING AND REHABILITATION PAVILION Prvdr ID: 00140093A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.00% Nurse Hrs per On-Site Day/Q 4.04 </div> <div> <u>Facility Score</u> N/A 35.00% 4.04 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1287 Quarterly Medicaid: 1.1608 </div> <div> <u>PDPM Facility</u> 1.1287 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,378,522	\$3,787,109	\$0	\$963,283	\$395,286	\$630,278	\$1,950,066		\$652,500	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$325,962)	\$0	\$0	\$0	\$0	\$0	(\$298,606)		(\$27,356)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$298,606		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,356
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,378,522	\$3,787,109	\$0	\$963,283	\$395,286	\$630,278	\$1,651,460	\$298,606	\$625,144	\$27,356
8	Total Nursing Facility Days As Filed Days = 34,228	FY21 Audited C/R Days	34,228									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,228	FY21 GL-PL Ins Rpt Days								34,228		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.77	\$110.64	\$0.00	\$28.14	\$29.96	(with L&H)	\$48.25	\$8.72	\$18.26	\$0.80
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1287								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.03	\$0.00	\$28.14	\$29.96		\$48.25	\$8.72	\$18.26	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.49	\$98.03	\$0.00	\$28.14	\$29.96		\$36.91	\$8.72	27.93 (FRV)	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.49	\$98.03	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$0.80
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1608								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.26	\$113.79	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.55	\$4.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.65	\$7.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.91	\$121.71	\$0.00	\$28.36	\$30.37	\$0.00	\$54.01	\$8.72	\$27.93	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.11									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - ASHBURN Prvdr ID: 00140104A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 40.32% Nurse Hrs per On-Site Day/Q 3.50 </div> <div> <u>Facility Score</u> N/A 40.32% 3.50 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4628 Quarterly Medicaid: 1.3866 </div> <div> <u>PDPM Facility</u> 1.4628 1.3866 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,185,511	\$2,285,348	\$0	\$357,709	\$488,553	\$0	\$921,838		\$132,063	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$384,114)	(\$100,525)	\$0	\$0	(\$1,973)	(\$1,227)	(\$251,866)		(\$28,523)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$329,382		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,287
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,159,066	\$2,184,823	\$0	\$357,709	\$486,580	(\$1,227)	\$669,972	\$329,382	\$103,540	\$28,287
11	Total Nursing Facility Days As Filed Days = 20,854	FY21 Audited C/R Days	20,854									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,854	FY21 GL-PL Ins Rpt Days								20,854		
13	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.43	\$104.77	\$0.00	\$17.15	\$23.27	(with L&H)	\$32.13	\$15.79	\$4.96	\$1.36
14	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4628								
15	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.62								
16	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.62	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	\$4.96	\$1.36
17	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.92	\$71.62	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	10.60 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.92	\$71.62	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36
21	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3866								
22	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.31								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.61	\$99.31	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
26	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.97	\$4.97								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.08	\$7.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.69	\$107.29	\$0.00	\$17.37	\$23.68	\$0.00	\$49.60	\$15.79	\$10.60	\$1.36
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.44									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - BROOKHAVEN Prvdr ID: 00140115A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.88% Nurse Hrs per On-Site Day/Q 2.98 </div> <div> <u>Facility Score</u> N/A 26.88% 2.98 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5001 Quarterly Medicaid: 1.3630 </div> <div> <u>PDPM Facility</u> 1.5001 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,679,674	\$5,728,290	\$0	\$763,976	\$1,188,797	\$0	\$2,224,285		\$774,326	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$825,359)	(\$176,215)	\$0	\$0	(\$2,405)	(\$827)	(\$532,176)		(\$113,736)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$682,989		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$113,278
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,650,582	\$5,552,075	\$0	\$763,976	\$1,186,392	(\$827)	\$1,692,109	\$682,989	\$660,590	\$113,278
8	Total Nursing Facility Days As Filed Days = 45,636	FY21 Audited C/R Days	45,636									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,636	FY21 GL-PL Ins Rpt Days								45,636		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$233.39	\$121.66	\$0.00	\$16.74	\$25.98	(with L&H)	\$37.08	\$14.97	\$14.48	\$2.48
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5001								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.10								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.10	\$0.00	\$16.74	\$25.98		\$37.08	\$14.97	\$14.48	\$2.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.42	\$81.10	\$0.00	\$16.74	\$25.98		\$36.91	\$14.97	11.24 (FRV)	\$2.48
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.42	\$81.10	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3630								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.86	\$110.54	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.53	\$5.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.90	\$7.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$243.76	\$117.71	\$0.00	\$16.96	\$26.39	\$0.00	\$54.01	\$14.97	\$11.24	\$2.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.00									

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PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THE OAKS - ATHENS SKILLED NURSING Prvdr ID: 00140126A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.77% Nurse Hrs per On-Site Day/Q 3.84 </div> <div> <u>Facility Score</u> N/A 30.77% 3.84 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4814 Quarterly Medicaid: 1.4400 </div> <div> <u>PDPM Facility</u> 1.4814 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,705,401	\$5,674,664	\$0	\$868,081	\$1,451,385	\$0	\$1,949,759		\$1,761,512	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$951,398)	(\$193,291)	\$0	\$0	(\$11,888)	(\$9,285)	(\$407,021)		(\$329,913)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$592,783		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$326,443
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,673,229	\$5,481,373	\$0	\$868,081	\$1,439,497	(\$9,285)	\$1,542,738	\$592,783	\$1,431,599	\$326,443
8	Total Nursing Facility Days As Filed Days = 36,062	FY21 Audited C/R Days	36,062									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,062	FY21 GL-PL Ins Rpt Days								36,062		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$323.70	\$152.00	\$0.00	\$24.07	\$39.66	(with L&H)	\$42.78	\$16.44	\$39.70	\$9.05
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4814								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.60								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.60	\$0.00	\$24.07	\$39.66		\$42.78	\$16.44	\$39.70	\$9.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$250.40	\$102.60	\$0.00	\$24.07	\$33.28		\$36.91	\$16.44	28.05 (FRV)	\$9.05
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$250.40	\$102.60	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4400								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$295.54	\$147.74	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.69	\$3.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.39	\$7.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.93	\$11.61	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$324.47	\$159.35	\$0.00	\$24.29	\$33.28	\$0.00	\$54.01	\$16.44	\$28.05	\$9.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$230.53									

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PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: EAST LAKE ARBOR Prvdr ID: 00140137A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hrs per On-Site Day/Q 3.32 </div> <div> <u>Facility Score</u> N/A 25.00% 3.32 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5165 Quarterly Medicaid: 1.6295 </div> <div> <u>PDPM Facility</u> 1.5165 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,085,374	\$3,338,295	\$0	\$546,559	\$503,398	\$0	\$1,380,786		\$316,336	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$318,870)	\$0	\$0	\$0	\$0	\$0	(\$239,559)		(\$79,311)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$239,559		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$79,311
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,085,374	\$3,338,295	\$0	\$546,559	\$503,398	\$0	\$1,141,227	\$239,559	\$237,025	\$79,311
8	Total Nursing Facility Days As Filed Days = 28,744	FY21 Audited C/R Days	28,744									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,744	FY21 GL-PL Ins Rpt Days								28,744		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.70	\$116.14	\$0.00	\$19.01	\$17.51	(with L&H)	\$39.70	\$8.33	\$8.25	\$2.76
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5165								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.58								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.58	\$0.00	\$19.01	\$17.51		\$39.70	\$8.33	\$8.25	\$2.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.50	\$76.58	\$0.00	\$19.01	\$17.51		\$36.91	\$8.33	10.40 (FRV)	\$2.76
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.50	\$76.58	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6295								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.71	\$124.79	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.74	\$3.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.96	\$130.31	\$0.00	\$19.23	\$17.92	\$0.00	\$54.01	\$8.33	\$10.40	\$2.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.40									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: AUTUMN BREEZE HEALTH AND REHAB Prvdr ID: 00140159A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 22.50% Nurse Hrs per On-Site Day/Q 3.35				Facility Score N/A	Add-on Percent 0.00% 1.0% 2.0%	Facility Model (PDPM) Data Base Period Overall: 1.5004 Quarterly Medicaid: 1.5846					PDPM Facility 1.5004	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,624,922	\$2,587,804	\$0	\$476,466	\$604,050	\$0	\$985,114		\$971,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$208,102)	(\$10,124)	\$0	\$0	\$0	\$0	(\$146,710)		(\$51,268)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$156,834		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,268
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,624,922	\$2,577,680	\$0	\$476,466	\$604,050	\$0	\$838,404	\$156,834	\$920,220	\$51,268
8	Total Nursing Facility Days As Filed Days = 29,376	FY21 Audited C/R Days	29,376									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,376	FY21 GL-PL Ins Rpt Days								29,376		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$191.49	\$87.75	\$0.00	\$16.22	\$20.56	(with L&H)	\$28.54	\$5.34	\$31.33	\$1.75
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5004								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.48								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.48	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	\$31.33	\$1.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.93	\$58.48	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	10.04 (FRV)	\$1.75
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.93	\$58.48	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5846								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.12	\$92.67	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.85	\$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.41	\$3.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$196.53	\$95.98	\$0.00	\$16.44	\$20.97	\$0.00	\$46.01	\$5.34	\$10.04	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.57									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THE OAKS - CARROLLTON SKILLED NURSING Prvdr ID: 00140181A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 52.63% Nurse Hrs per On-Site Day/Q 3.23 </div> <div> <u>Facility Score</u> N/A 52.63% 3.23 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3886 Quarterly Medicaid: 1.4789 </div> <div> <u>PDPM Facility</u> 1.3886 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,471,814	\$1,656,366	\$0	\$249,335	\$371,757	\$0	\$697,218		\$497,138	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$239,974)	(\$59,905)	\$0	\$0	\$984	\$1,399	(\$124,060)		(\$58,392)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$181,684		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,658
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,470,182	\$1,596,461	\$0	\$249,335	\$372,741	\$1,399	\$573,158	\$181,684	\$438,746	\$56,658
8	Total Nursing Facility Days As Filed Days = 11,841	FY21 Audited C/R Days	11,841									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,841	FY21 GL-PL Ins Rpt Days								11,841		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$293.05	\$134.82	\$0.00	\$21.06	\$31.60	(with L&H)	\$48.40	\$15.34	\$37.05	\$4.78
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3886								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.09								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.09	\$0.00	\$21.06	\$31.60		\$48.40	\$15.34	\$37.05	\$4.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.01	\$97.09	\$0.00	\$21.06	\$31.60		\$36.91	\$15.34	22.23 (FRV)	\$4.78
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.01	\$97.09	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4789								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.51	\$143.59	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.90	\$7.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.18	\$7.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$33.34	\$15.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$308.85	\$159.20	\$0.00	\$21.28	\$32.01	\$0.00	\$54.01	\$15.34	\$22.23	\$4.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.81									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: BAPTIST VILLAGE, INC. Prvdr ID: 00140203A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 29.53% Nurse Hrs per On-Site Day/Q 4.41		<u>Facility Score</u> N/A 29.53% 4.41	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4205 Quarterly Medicaid: 1.3912			<u>PDPM Facility</u> 1.4205	<u>PDPM Statewide</u> 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$18,662,497	\$9,555,288	\$0	\$2,348,542	\$2,081,329	\$0	\$3,962,941		\$714,397	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$242,947)	\$0	\$0	\$0	\$0	\$0	(\$171,668)		(\$71,279)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,668		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,279
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$18,662,497	\$9,555,288	\$0	\$2,348,542	\$2,081,329	\$0	\$3,791,273	\$171,668	\$643,118	\$71,279
8	Total Nursing Facility Days As Filed Days = 62,767	FY21 Audited C/R Days	62,767									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 62,767	FY21 GL-PL Ins Rpt Days								62,767		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$297.34	\$152.23	\$0.00	\$37.42	\$33.16	(with L&H)	\$60.40	\$2.74	\$10.25	\$1.14
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4205								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.17								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.17	\$0.00	\$37.42	\$33.16		\$60.40	\$2.74	\$10.25	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.78	\$104.63	\$0.00	\$26.82	\$33.16		\$36.91	\$2.74	18.38 (FRV)	\$1.14
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.78	\$104.63	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3912								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.71	\$145.56	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.09	\$0.00	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.37	\$4.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.92	\$5.83	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.63	\$151.39	\$0.00	\$26.82	\$33.25	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.97									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: THE OAKS - BETHANY SKILLED NURSING Prvdr ID: 00140258A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.14% Nurse Hrs per On-Site Day/Q 3.06 </div> <div> <u>Facility Score</u> N/A 38.14% 3.06 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3901 Quarterly Medicaid: 1.4959 </div> <div> <u>PDPM Facility</u> 1.3901 1.4959 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,717,501	\$4,621,748	\$0	\$766,240	\$1,151,204	\$0	\$1,775,161		\$403,148	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$911,286)	(\$154,401)	\$0	\$0	(\$605)	\$789	(\$646,966)		(\$110,103)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$722,838		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$53,502
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,582,555	\$4,467,347	\$0	\$766,240	\$1,150,599	\$789	\$1,128,195	\$722,838	\$293,045	\$53,502
8	Total Nursing Facility Days As Filed Days = 38,250	FY21 Audited C/R Days	38,250									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,250	FY21 GL-PL Ins Rpt Days								38,250		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$224.38	\$116.79	\$0.00	\$20.03	\$30.10	(with L&H)	\$29.50	\$18.90	\$7.66	\$1.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3901								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.02								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.02	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	\$7.66	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.78	\$84.02	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	13.83 (FRV)	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.78	\$84.02	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4959								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.44	\$125.69	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.14	\$3.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.28	\$6.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.05	\$9.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$267.49	\$135.64	\$0.00	\$20.25	\$30.51	\$0.00	\$46.97	\$18.90	\$13.83	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.79									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - BETHANY Prvdr ID: 00140269A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 41.25% Nurse Hrs per On-Site Day/Q 2.48 </div> <div> <u>Facility Score</u> N/A 41.25% 2.48 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3529 Quarterly Medicaid: 1.3613 </div> <div> <u>PDPM Facility</u> 1.3529 1.3613 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,528,326	\$3,109,426	\$0	\$463,271	\$570,373	\$0	\$1,154,896		\$230,360	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$481,433)	(\$114,470)	\$0	\$0	\$0	\$1,345	(\$325,558)		(\$42,750)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$437,605		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,706
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,518,204	\$2,994,956	\$0	\$463,271	\$570,373	\$1,345	\$829,338	\$437,605	\$187,610	\$33,706
11	Total Nursing Facility Days As Filed Days = 24,639	FY21 Audited C/R Days	24,639									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,639	FY21 GL-PL Ins Rpt Days								24,639		
13	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$223.95	\$121.55	\$0.00	\$18.80	\$23.20	(with L&H)	\$33.66	\$17.76	\$7.61	\$1.37
14	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3529								
15	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.84								
16	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$89.84	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	\$7.61	\$1.37
17	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.61	\$89.84	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	13.98 (FRV)	\$1.37
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.61	\$89.84	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$1.37
21	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3613								
22	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.30								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.07	\$122.30	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$1.37
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
26	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.89	\$4.89								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.58	\$8.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$257.65	\$130.78	\$0.00	\$19.02	\$23.61	\$0.00	\$51.13	\$17.76	\$13.98	\$1.37
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.41									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: CUMMING HEALTH & REHAB Prvdr ID: 00140302A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 39.13% Nurse Hrs per On-Site Day/Q 3.95 </div> <div> <u>Facility Score</u> N/A 39.13% 3.95 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5863 Quarterly Medicaid: 1.3924 </div> <div> <u>PDPM Facility</u> 1.5863 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,231,841	\$3,498,235	\$0	\$647,050	\$758,499	\$0	\$1,159,015		\$169,042	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$302,214)	\$0	\$0	\$0	(\$8,756)	(\$4,379)	(\$224,580)		(\$64,499)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$203,188		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,382
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,196,197	\$3,498,235	\$0	\$647,050	\$749,743	(\$4,379)	\$934,435	\$203,188	\$104,543	\$63,382
8	Total Nursing Facility Days As Filed Days = 19,987	FY21 Audited C/R Days	19,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,987	FY21 GL-PL Ins Rpt Days								19,987		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$310.01	\$175.03	\$0.00	\$32.37	\$37.29	(with L&H)	\$46.75	\$10.17	\$5.23	\$3.17
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5863								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.34								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$110.34	\$0.00	\$32.37	\$37.29		\$46.75	\$10.17	\$5.23	\$3.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$226.61	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$10.17	11.63 (FRV)	\$3.17
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$226.61	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3924								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.66	\$145.69	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.64	\$3.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.37	\$4.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.11	\$8.01	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$292.77	\$153.70	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$10.17	\$11.63	\$3.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.75									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: RIVERSIDE HEALTH CARE CENTER Prvdr ID: 00140324A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 36.36% Nurse Hrs per On-Site Day/Q 3.50 </div> <div> <u>Facility Score</u> N/A 36.36% 3.50 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4013 Quarterly Medicaid: 1.5105 </div> <div> <u>PDPM Facility</u> 1.4013 1.5105 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,822,624	\$5,187,501	\$0	\$690,985	\$964,157	\$0	\$1,680,007		\$2,299,974	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$462,482)	\$0	\$0	\$0	\$0	\$0	(\$314,221)		(\$148,261)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$314,221		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$148,261
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,822,624	\$5,187,501	\$0	\$690,985	\$964,157	\$0	\$1,365,786	\$314,221	\$2,151,713	\$148,261
8	Total Nursing Facility Days As Filed Days = 39,567	FY21 Audited C/R Days	39,567									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,567	FY21 GL-PL Ins Rpt Days								39,567		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$273.53	\$131.11	\$0.00	\$17.46	\$24.37	(with L&H)	\$34.52	\$7.94	\$54.38	\$3.75
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4013								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.56								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.56	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	\$54.38	\$3.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.54	\$93.56	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	9.94 (FRV)	\$3.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.54	\$93.56	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5105								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.30	\$141.32	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.53	\$3.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.24	\$4.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$265.70	\$149.62	\$0.00	\$17.68	\$24.78	\$0.00	\$51.99	\$7.94	\$9.94	\$3.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.45									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: RIVERSIDE HEALTH AND REHABILITATION Prvdr ID: 00140346A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 37.70% Nurse Hrs per On-Site Day/Q 3.22 </div> <div> <u>Facility Score</u> N/A 37.70% 3.22 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2894 Quarterly Medicaid: 1.2587 </div> <div> <u>PDPM Facility</u> 1.2894 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,337,615	\$2,280,608	\$0	\$500,886	\$533,001	\$0	\$882,858		\$140,262	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$107,733)	(\$2,361)	\$0	(\$578)	\$0	(\$440)	(\$94,191)		(\$10,163)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$75,920		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,163
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,315,965	\$2,278,247	\$0	\$500,308	\$533,001	(\$440)	\$788,667	\$75,920	\$130,099	\$10,163
8	Total Nursing Facility Days As Filed Days = 20,238	FY21 Audited C/R Days	20,238									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,238	FY21 GL-PL Ins Rpt Days								20,238		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.25	\$112.57	\$0.00	\$24.72	\$26.31	(with L&H)	\$38.97	\$3.75	\$6.43	\$0.50
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2894								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.31								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.31	\$0.00	\$24.72	\$26.31		\$38.97	\$3.75	\$6.43	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.35	\$87.31	\$0.00	\$24.72	\$26.31		\$36.91	\$3.75	11.85 (FRV)	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.35	\$87.31	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2587								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.94	\$109.90	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.49	\$5.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.50	\$8.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$240.44	\$118.67	\$0.00	\$24.94	\$26.72	\$0.00	\$54.01	\$3.75	\$11.85	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.51									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BONTERRA TRANSITIONAL CARE & REHABILITATION Prvdr ID: 00140357A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.07% Nurse Hrs per On-Site Day/Q 3.14 </div> <div> <u>Facility Score</u> N/A 31.07% 3.14 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3402 Quarterly Medicaid: 1.4270 </div> <div> <u>PDPM Facility</u> 1.3402 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,568,733	\$3,744,904	\$0	\$615,602	\$641,094	\$0	\$1,353,021		\$1,214,112	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,122)	(\$105,636)	\$0	\$0	\$0	\$0	(\$117,027)		(\$58,459)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$222,663		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$58,459
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,568,733	\$3,639,268	\$0	\$615,602	\$641,094	\$0	\$1,235,994	\$222,663	\$1,155,653	\$58,459
8	Total Nursing Facility Days As Filed Days = 36,165	FY21 Audited C/R Days	36,165									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,165	FY21 GL-PL Ins Rpt Days								36,165		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$209.30	\$100.63	\$0.00	\$17.02	\$17.73	(with L&H)	\$34.18	\$6.16	\$31.96	\$1.62
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3402								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.08								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.08	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	\$31.96	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.37	\$75.08	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	10.58 (FRV)	\$1.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.37	\$75.08	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4270								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.43	\$107.14	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.88	\$112.49	\$0.00	\$17.24	\$18.14	\$0.00	\$51.65	\$6.16	\$10.58	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.59									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ANDERSON MILL HEALTH AND REHABILITATION CENTER Prvdr ID: 00140379A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 24.51% Nurse Hrs per On-Site Day/Q 2.72 </div> <div> <u>Facility Score</u> N/A 24.51% 2.72 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5127 Quarterly Medicaid: 1.5718 </div> <div> <u>PDPM Facility</u> 1.5127 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,594,237	\$5,161,415	\$0	\$743,175	\$756,255	\$0	\$1,137,086		\$1,796,306	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$323,482	(\$18,519)	\$0	(\$700)	(\$3,404)	(\$1,208)	\$649,310		(\$301,997)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,000		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$72,317
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,090,036	\$5,142,896	\$0	\$742,475	\$752,851	(\$1,208)	\$1,786,396	\$100,000	\$1,494,309	\$72,317
11	Total Nursing Facility Days As Filed Days = 40,163	FY21 Audited C/R Days	40,163									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,163	FY21 GL-PL Ins Rpt Days								40,163		
13	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$251.23	\$128.05	\$0.00	\$18.49	\$18.71	(with L&H)	\$44.48	\$2.49	\$37.21	\$1.80
14	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5127								
15	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.65								
16	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.65	\$0.00	\$18.49	\$18.71		\$44.48	\$2.49	\$37.21	\$1.80
17	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.63	\$84.65	\$0.00	\$18.49	\$18.71		\$36.91	\$2.49	9.58 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.63	\$84.65	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80
21	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5718								
22	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.05								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.03	\$133.05	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
25	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
26	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.25	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
29	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$243.28	\$137.57	\$0.00	\$18.71	\$19.12	\$0.00	\$54.01	\$2.49	\$9.58	\$1.80
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.64									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - VIRGINIA PARK Prvdr ID: 00140401A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 46.46% Nurse Hrs per On-Site Day/Q 3.51 </div> <div> <u>Facility Score</u> N/A 46.46% 3.51 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5654 Quarterly Medicaid: 1.5120 </div> <div> <u>PDPM Facility</u> 1.5654 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,961,153	\$4,470,307	\$0	\$564,985	\$814,933	\$0	\$1,625,963		\$484,965	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$491,836)	(\$120,819)	\$0	\$0	\$31,984	\$52,032	(\$387,726)		(\$67,307)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$471,989		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$77,280
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,018,586	\$4,349,488	\$0	\$564,985	\$846,917	\$52,032	\$1,238,237	\$471,989	\$417,658	\$77,280
8	Total Nursing Facility Days As Filed Days = 36,290	FY21 Audited C/R Days	36,290									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,290	FY21 GL-PL Ins Rpt Days								36,290		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.96	\$119.85	\$0.00	\$15.57	\$24.77	(with L&H)	\$34.12	\$13.01	\$11.51	\$2.13
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5654								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.56								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.56	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	\$11.51	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.40	\$76.56	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	15.24 (FRV)	\$2.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.40	\$76.56	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5120								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.59	\$115.76	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.37	\$6.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.79	\$5.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.79	\$12.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$251.38	\$128.45	\$0.00	\$15.79	\$25.18	\$0.00	\$51.59	\$13.01	\$15.24	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.71									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BRIGHTMOOR NURSING CENTER, LLC				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00140412A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.3011	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		34.78%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		3.22	4.0%	Quarterly Medicaid:			1.3504	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,596,126	\$4,575,170	\$0	\$1,088,765	\$1,495,115	\$0	\$1,463,519		\$973,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$323,750)	\$0	\$0	\$0	\$34,485	\$40,017	(\$265,022)		(\$133,230)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$251,170		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$139,869
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,663,415	\$4,575,170	\$0	\$1,088,765	\$1,529,600	\$40,017	\$1,198,497	\$251,170	\$840,327	\$139,869
8	Total Nursing Facility Days As Filed Days = 34,111	FY21 Audited C/R Days	34,111									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,111	FY21 GL-PL Ins Rpt Days								34,111		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$283.30	\$134.13	\$0.00	\$31.92	\$46.01	(with L&H)	\$35.14	\$7.36	\$24.64	\$4.10
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3011								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.09								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$103.09	\$0.00	\$31.92	\$46.01		\$35.14	\$7.36	\$24.64	\$4.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.08	\$103.09	\$0.00	\$26.82	\$33.28		\$35.14	\$7.36	19.29 (FRV)	\$4.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.08	\$103.09	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.3504								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.21	\$139.21	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.48	\$3.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.57	\$5.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.05	\$9.58	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$292.26	\$148.79	\$0.00	\$26.82	\$33.28	\$0.00	\$52.61	\$7.36	\$19.29	\$4.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.37									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BROWN'S HEALTH & REHAB CENTER Prvdr ID: 00140434A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 12.96% Nurse Hrs per On-Site Day/Q 2.91				Facility Score N/A 12.96% 2.91	Add-on Percent 0.00% 0.0% 2.0%	Facility Model (PDPM) Data Base Period Overall: 1.2363 Quarterly Medicaid: 1.4735					PDPM Facility 1.2363	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,494,237	\$1,803,057	\$0	\$338,910	\$366,945	\$0	\$618,853		\$366,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$77,258)	\$2,600	\$0	\$0	(\$902)	(\$943)	(\$56,934)		(\$21,079)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$42,416		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,973
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,480,368	\$1,805,657	\$0	\$338,910	\$366,043	(\$943)	\$561,919	\$42,416	\$345,393	\$20,973
8	Total Nursing Facility Days As Filed Days = 19,705	FY21 Audited C/R Days	19,705									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,705	FY21 GL-PL Ins Rpt Days								19,705		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.62	\$91.63	\$0.00	\$17.20	\$18.53	(with L&H)	\$28.52	\$2.15	\$17.53	\$1.06
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2363								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.12	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	\$17.53	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.72	\$74.12	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	13.14 (FRV)	\$1.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.72	\$74.12	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$1.06
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4735								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.82	\$109.22	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$1.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.18	\$2.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.81	\$2.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$210.63	\$111.93	\$0.00	\$17.42	\$18.94	\$0.00	\$45.99	\$2.15	\$13.14	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.15									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - LANIER Prvdr ID: 00140456A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 45.61% Nurse Hrs per On-Site Day/Q 3.00 </div> <div> <u>Facility Score</u> N/A 45.61% 3.00 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3601 Quarterly Medicaid: 1.4377 </div> <div> <u>PDPM Facility</u> 1.3601 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,788,419	\$2,976,534	\$0	\$398,248	\$694,812	\$0	\$1,378,163		\$340,662	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$561,835)	(\$23,090)	\$0	\$0	(\$2,638)	(\$2,378)	(\$498,265)		(\$35,464)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								508,343		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,124
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,770,051	\$2,953,444	\$0	\$398,248	\$692,174	(\$2,378)	\$879,898	508,343	\$305,198	\$35,124
8	Total Nursing Facility Days As Filed Days = 21,629	FY21 Audited C/R Days	21,629									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,629	FY21 GL-PL Ins Rpt Days								21,629		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$266.76	\$136.55	\$0.00	\$18.41	\$31.89	(with L&H)	\$40.68	\$23.50	\$14.11	\$1.62
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3601								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.40								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.40	\$0.00	\$18.41	\$31.89		\$40.68	\$23.50	\$14.11	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.55	\$100.40	\$0.00	\$18.41	\$31.89		\$36.91	\$23.50	8.82 (FRV)	\$1.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.55	\$100.40	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$1.62
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4377								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.50	\$144.35	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$1.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.94	\$7.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.22	\$7.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$33.42	\$15.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$298.92	\$160.04	\$0.00	\$18.63	\$32.30	\$0.00	\$54.01	\$23.50	\$8.82	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.37									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CHURCH HOME REHABILITATION AND HEALTHCARE Prvdr ID: 00140467A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 19.44% Nurse Hrs per On-Site Day/Q 4.13 </div> <div> <u>Facility Score</u> N/A 19.44% 4.13 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6184 Quarterly Medicaid: 1.4928 </div> <div> <u>PDPM Facility</u> 1.6184 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,650,815	\$2,425,015	\$0	\$660,934	\$399,281	\$0	\$793,410		\$372,175	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$45,224)	(\$55,742)	\$0	\$0	\$0	\$0	\$24,926		(\$14,408)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$30,816		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,408
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,650,815	\$2,369,273	\$0	\$660,934	\$399,281	\$0	\$818,336	\$30,816	\$357,767	\$14,408
8	Total Nursing Facility Days As Filed Days = 21,474	FY21 Audited C/R Days	21,474									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,474	FY21 GL-PL Ins Rpt Days								21,474		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$216.58	\$110.33	\$0.00	\$30.78	\$18.59	(with L&H)	\$38.11	\$1.44	\$16.66	\$0.67
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6184								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.17								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.17	\$0.00	\$30.78	\$18.59		\$38.11	\$1.44	\$16.66	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.01	\$68.17	\$0.00	\$26.82	\$18.59		\$36.91	\$1.44	30.41 (FRV)	\$0.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.01	\$68.17	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4928								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.60	\$101.76	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.07	\$4.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.60	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.71	\$106.36	\$0.00	\$26.82	\$19.00	\$0.00	\$54.01	\$1.44	\$30.41	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.21									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CALHOUN NURSING HOME Prvdr ID: 00140478A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 48.28% Nurse Hrs per On-Site Day/Q 4.14 </div> <div> <u>Facility Score</u> N/A 48.28% 4.14 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.9103 Quarterly Medicaid: 1.6548 </div> <div> <u>PDPM Facility</u> 1.9103 1.6548 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,863,425	\$3,135,821	\$0	\$458,145	\$478,420	\$0	\$574,906		\$216,133	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,697)	(\$1,834)	\$0	\$0	\$1,459	(\$6,338)	(\$120,321)		(\$20,663)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$120,321		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,784
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,856,833	\$3,133,987	\$0	\$458,145	\$479,879	(\$6,338)	\$454,585	\$120,321	\$195,470	\$20,784
8	Total Nursing Facility Days As Filed Days = 19,676	FY21 Audited C/R Days	19,676									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,676	FY21 GL-PL Ins Rpt Days								19,676		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$246.84	\$159.28	\$0.00	\$23.28	\$24.07	(with L&H)	\$23.10	\$6.12	\$9.93	\$1.06
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.9103								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.38								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.38	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	\$9.93	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.96	\$83.38	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	16.95 (FRV)	\$1.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allnw %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.96	\$83.38	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$16.95	\$1.06
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6548								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.55	\$137.98	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$16.95	\$1.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.59	\$7.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.14	\$4.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.36	\$12.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.91	\$150.24	\$0.00	\$23.50	\$24.48	\$0.00	\$40.57	\$6.12	\$16.95	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.36									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CANTON CENTER FOR NURSING AND HEALING LLC Prvdr ID: 00140511A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.58% Nurse Hrs per On-Site Day/Q 2.60 </div> <div> <u>Facility Score</u> N/A 25.58% 2.60 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6347 Quarterly Medicaid: 1.5451 </div> <div> <u>PDPM Facility</u> 1.6347 1.5451 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,135,629	\$3,171,270	\$0	\$648,575	\$920,715	\$0	\$1,242,585		\$152,484	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$234,458)	\$0	\$0	\$0	\$0	\$0	(\$182,750)		(\$51,708)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$114,720		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,708
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,067,599	\$3,171,270	\$0	\$648,575	\$920,715	\$0	\$1,059,835	\$114,720	\$100,776	\$51,708
8	Total Nursing Facility Days As Filed Days = 26,879	FY21 Audited C/R Days	26,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,879	FY21 GL-PL Ins Rpt Days								26,879		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.73	\$117.98	\$0.00	\$24.13	\$34.25	(with L&H)	\$39.43	\$4.27	\$3.75	\$1.92
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6347								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.17								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.17	\$0.00	\$24.13	\$34.25		\$39.43	\$4.27	\$3.75	\$1.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.15	\$72.17	\$0.00	\$24.13	\$33.28		\$36.91	\$4.27	12.47 (FRV)	\$1.92
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.15	\$72.17	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5451								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.49	\$111.51	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.32	\$5.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.81	\$116.51	\$0.00	\$24.35	\$33.28	\$0.00	\$54.01	\$4.27	\$12.47	\$1.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.28									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: UNIVERSITY NURSING & REHAB CTR Prvdr ID: 00140533A				Add-on Data and Percentag		Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.3312	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		29.69%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		3.01	2.0%	Quarterly Medicaid:			1.4263	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,972,415	\$3,679,811	\$0	\$556,914	\$627,638	\$0	\$1,292,330		\$815,722	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$69,277)	(\$79,539)	\$0	(\$14,665)	\$0	\$16,726	\$63,332		(\$55,131)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,462		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$55,131
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,970,731	\$3,600,272	\$0	\$542,249	\$627,638	\$16,726	\$1,355,662	\$12,462	\$760,591	\$55,131
8	Total Nursing Facility Days As Filed Days = 30,853	FY21 Audited C/R Days	30,853									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,853	FY21 GL-PL Ins Rpt Days								30,853		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.93	\$116.69	\$0.00	\$17.58	\$20.88	(with L&H)	\$43.94	\$0.40	\$24.65	\$1.79
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3312								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.66								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.66	\$0.00	\$17.58	\$20.88		\$43.94	\$0.40	\$24.65	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.23	\$87.66	\$0.00	\$17.58	\$20.88		\$36.91	\$0.40	8.01 (FRV)	\$1.79
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.23	\$87.66	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4263								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.60	\$125.03	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.50	\$2.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.01	\$4.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.61	\$129.31	\$0.00	\$17.80	\$21.29	\$0.00	\$54.01	\$0.40	\$8.01	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.63									

PDPM Shadow Rates. This is not your rate.

DEMONSTRATION ONLY

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CALHOUN HEALTH CARE CENTER Prvdr ID: 00140577A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 37.50% Nurse Hrs per On-Site Day/Q 2.88 </div> <div> <u>Facility Score</u> N/A 37.50% 2.88 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6204 Quarterly Medicaid: 1.6885 </div> <div> <u>PDPM Facility</u> 1.6204 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,956,310	\$2,240,206	\$0	\$588,060	\$485,069	\$0	\$1,061,986		\$580,989	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$246,636)	\$5	\$0	\$3,051	(\$4,514)	(\$3,911)	(\$208,856)		(\$32,411)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$158,470		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$76,738
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,944,882	\$2,240,211	\$0	\$591,111	\$480,555	(\$3,911)	\$853,130	\$158,470	\$548,578	\$76,738
8	Total Nursing Facility Days As Filed Days = 26,266	FY21 Audited C/R Days	26,266									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,266	FY21 GL-PL Ins Rpt Days								26,266		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.26	\$85.29	\$0.00	\$22.50	\$18.15	(with L&H)	\$32.48	\$6.03	\$20.89	\$2.92
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6204								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.63								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.63	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	\$20.89	\$2.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.03	\$52.63	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	9.32 (FRV)	\$2.92
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.03	\$52.63	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6885								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.27	\$88.87	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$203.79	\$94.29	\$0.00	\$22.72	\$18.56	\$0.00	\$49.95	\$6.03	\$9.32	\$2.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.02									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CAMELLIA HEALTH & REHABILITATION Prvdr ID: 00140588A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 36.00% Nurse Hrs per On-Site Day/Q 3.72 </div> <div> <u>Facility Score</u> N/A 36.00% 3.72 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4342 Quarterly Medicaid: 1.4728 </div> <div> <u>PDPM Facility</u> 1.4342 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,668,198	\$1,921,832	\$0	\$438,663	\$444,303	\$0	\$651,593		\$211,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$157,821)	(\$7,877)	\$0	(\$466)	(\$1,455)	(\$2,649)	(\$122,922)		(\$22,452)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,454		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,268
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,643,099	\$1,913,955	\$0	\$438,197	\$442,848	(\$2,649)	\$528,671	\$110,454	\$189,355	\$22,268
8	Total Nursing Facility Days As Filed Days = 16,319	FY21 Audited C/R Days		16,340								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,319	FY21 GL-PL Ins Rpt Days								16,340		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.95	\$117.13	\$0.00	\$26.82	\$26.94	(with L&H)	\$32.35	\$6.76	\$11.59	\$1.36
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4342								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.67								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.67	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	\$11.59	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.83	\$81.67	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	9.93 (FRV)	\$1.36
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.83	\$81.67	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4728								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.44	\$120.28	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.01	\$6.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.43	\$9.55	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$251.87	\$129.83	\$0.00	\$26.82	\$27.35	\$0.00	\$49.82	\$6.76	\$9.93	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.08									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: FORT GAINES HEALTH AND REHAB Prvdr ID: 00140599A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.00% Nurse Hrs per On-Site Day/Q 3.65 </div> <div> <u>Facility Score</u> N/A 30.00% 3.65 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4005 Quarterly Medicaid: 1.5520 </div> <div> <u>PDPM Facility</u> 1.4005 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,121,894	\$1,561,068	\$0	\$367,087	\$420,282	\$0	\$1,403,579		\$369,878	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$83,203)	(\$3,220)	\$0	\$0	\$1,287	\$1,559	(\$29,459)		(\$53,370)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$22,250		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$53,731
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,114,672	\$1,557,848	\$0	\$367,087	\$421,569	\$1,559	\$1,374,120	\$22,250	\$316,508	\$53,731
8	Total Nursing Facility Days As Filed Days = 17,093	FY21 Audited C/R Days	17,093									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,093	FY21 GL-PL Ins Rpt Days								17,093		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$240.72	\$91.14	\$0.00	\$21.48	\$24.75	(with L&H)	\$80.39	\$1.30	\$18.52	\$3.14
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4005								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.08								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.08	\$0.00	\$21.48	\$24.75		\$80.39	\$1.30	\$18.52	\$3.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.52	\$65.08	\$0.00	\$21.48	\$24.75		\$36.91	\$1.30	23.86 (FRV)	\$3.14
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.52	\$65.08	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5520								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.45	\$101.00	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.04	\$4.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.83	\$7.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.28	\$108.10	\$0.00	\$21.70	\$25.16	\$0.00	\$54.01	\$1.30	\$23.86	\$3.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.14									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HARBORVIEW HEALTH SYSTEMS THOMASTON Prvdr ID: 00140621A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.92% Nurse Hrs per On-Site Day/Q 2.70 </div> <div> <u>Facility Score</u> N/A 21.92% 2.70 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3408 Quarterly Medicaid: 1.4468 </div> <div> <u>PDPM Facility</u> 1.3408 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,717,130	\$3,346,221	\$0	\$563,547	\$562,123	\$0	\$1,166,941		\$1,078,298	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,495)	(\$110,140)	\$0	\$0	\$0	\$1,380	(\$66,131)		(\$106,604)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$134,984		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$106,604
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,677,223	\$3,236,081	\$0	\$563,547	\$562,123	\$1,380	\$1,100,810	\$134,984	\$971,694	\$106,604
8	Total Nursing Facility Days As Filed Days = 37,338	FY21 Audited C/R Days	37,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,338	FY21 GL-PL Ins Rpt Days								37,338		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$178.83	\$86.67	\$0.00	\$15.09	\$15.09	(with L&H)	\$29.48	\$3.62	\$26.02	\$2.86
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3408								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.64								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.64	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	\$26.02	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.98	\$64.64	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	9.20 (FRV)	\$2.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.98	\$64.64	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4468								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.86	\$93.52	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.38	\$4.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$191.24	\$97.80	\$0.00	\$15.31	\$15.50	\$0.00	\$46.95	\$3.62	\$9.20	\$2.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.61									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BRIAN CENTER HEALTH & REHABILITATION CANTON Prvdr ID: 00140643A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.31% Nurse Hrs per On-Site Day/Q 2.51 </div> <div> <u>Facility Score</u> N/A 21.31% 2.51 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4804 Quarterly Medicaid: 1.3016 </div> <div> <u>PDPM Facility</u> 1.4804 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,139,629	\$4,211,038	\$0	\$471,482	\$570,503	\$0	\$1,025,044		\$861,562	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$195,402	(\$14,676)	\$0	\$0	\$639	\$839	\$268,765		(\$60,165)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$106,243		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,336
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,501,610	\$4,196,362	\$0	\$471,482	\$571,142	\$839	\$1,293,809	\$106,243	\$801,397	\$60,336
8	Total Nursing Facility Days As Filed Days = 29,720	FY21 Audited C/R Days		29,720								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,720	FY21 GL-PL Ins Rpt Days								29,720		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$252.40	\$141.20	\$0.00	\$15.86	\$19.25	(with L&H)	\$43.53	\$3.57	\$26.96	\$2.03
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4804								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.38								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.38	\$0.00	\$15.86	\$19.25		\$43.53	\$3.57	\$26.96	\$2.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.10	\$95.38	\$0.00	\$15.86	\$19.25		\$36.91	\$3.57	14.10 (FRV)	\$2.03
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.10	\$95.38	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3016								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.87	\$124.15	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.98	\$4.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.85	\$128.40	\$0.00	\$16.08	\$19.66	\$0.00	\$54.01	\$3.57	\$14.10	\$2.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.56									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HEALTHCARE AT COLLEGE PARK, LLC Prvdr ID: 00140654A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.88% Nurse Hrs per On-Site Day/Q 3.04 </div> <div> <u>Facility Score</u> N/A 23.88% 3.04 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3209 Quarterly Medicaid: 1.2403 </div> <div> <u>PDPM Facility</u> 1.3209 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,602,735	\$2,065,744	\$0	\$468,472	\$516,636	\$0	\$797,064		\$754,819	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$145,528)	(\$8,315)	\$0	\$0	\$0	\$0	(\$55,338)		(\$81,875)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$81,875
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,539,082	\$2,057,429	\$0	\$468,472	\$516,636	\$0	\$741,726	\$0	\$672,944	\$81,875
8	Total Nursing Facility Days As Filed Days = 27,762	FY21 Audited C/R Days	27,762									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,762	FY21 GL-PL Ins Rpt Days								27,762		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.50	\$74.11	\$0.00	\$16.87	\$18.61	(with L&H)	\$26.72	\$0.00	\$24.24	\$2.95
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3209								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.11	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	\$24.24	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.89	\$56.11	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	8.63 (FRV)	\$2.95
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.89	\$56.11	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2403								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.37	\$69.59	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.70	\$0.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.39	\$1.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.72	\$2.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$164.09	\$72.21	\$0.00	\$17.09	\$19.02	\$0.00	\$44.19	\$0.00	\$8.63	\$2.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.24									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

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<div> <div> Provider: LIFE CARE CENTER Prvdr ID: 00140665A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 37.18% Nurse Hrs per On-Site Day/Q 3.60 </div> <div> <u>Facility Score</u> N/A 37.18% 3.60 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1891 Quarterly Medicaid: 1.2390 </div> <div> <u>PDPM Facility</u> 1.1891 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,373,050	\$3,614,283	\$0	\$488,283	\$738,484	\$0	\$874,011		\$657,989	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$198,376)	\$0	\$0	\$0	\$0	\$0	(\$121,848)		(\$76,528)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$94,222		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$76,528
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,345,424	\$3,614,283	\$0	\$488,283	\$738,484	\$0	\$752,163	\$94,222	\$581,461	\$76,528
8	Total Nursing Facility Days As Filed Days = 35,590	FY21 Audited C/R Days	35,590									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,590	FY21 GL-PL Ins Rpt Days								35,590		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$178.29	\$101.55	\$0.00	\$13.72	\$20.75	(with L&H)	\$21.13	\$2.65	\$16.34	\$2.15
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1891								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.40								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.40	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	\$16.34	\$2.15
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.73	\$85.40	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	14.93 (FRV)	\$2.15
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.73	\$85.40	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2390								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.14	\$105.81	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.23	\$4.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.51	\$7.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$206.65	\$113.22	\$0.00	\$13.94	\$21.16	\$0.00	\$38.60	\$2.65	\$14.93	\$2.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.16									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - EASTSIDE Prvdr ID: 00140687A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 32.35% Nurse Hrs per On-Site Day/Q 2.26 </div> <div> <u>Facility Score</u> N/A 32.35% 2.26 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2748 Quarterly Medicaid: 1.5365 </div> <div> <u>PDPM Facility</u> 1.2748 1.5365 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,036,126	\$3,511,331	\$0	\$498,616	\$656,759	\$0	\$1,135,833		\$233,587	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$444,317)	(\$87,082)	\$0	\$0	\$0	\$782	(\$307,046)		(\$50,971)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$390,257		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,971
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,033,037	\$3,424,249	\$0	\$498,616	\$656,759	\$782	\$828,787	\$390,257	\$182,616	\$50,971
8	Total Nursing Facility Days As Filed Days = 28,228	FY21 Audited C/R Days	28,228									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,228	FY21 GL-PL Ins Rpt Days								28,228		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.73	\$121.31	\$0.00	\$17.66	\$23.29	(with L&H)	\$29.36	\$13.83	\$6.47	\$1.81
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2748								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.16								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.16	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	\$6.47	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.68	\$95.16	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	12.57 (FRV)	\$1.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.68	\$95.16	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5365								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.73	\$146.21	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.66	\$3.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.85	\$5.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.14	\$10.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.87	\$156.25	\$0.00	\$17.88	\$23.70	\$0.00	\$46.83	\$13.83	\$12.57	\$1.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.83									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ROME HEALTH AND REHABILITATION CENTER Prvdr ID: 00140753A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.00% Nurse Hrs per On-Site Day/Q 2.71 </div> <div> <u>Facility Score</u> N/A 20.00% 2.71 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3889 Quarterly Medicaid: 1.5692 </div> <div> <u>PDPM Facility</u> 1.3889 1.5692 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,389,020	\$3,606,145	\$0	\$522,581	\$518,572	\$0	\$917,721		\$1,824,001	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$394,807	(\$3,287)	\$0	(\$2,205)	(\$1,393)	(\$1,059)	\$447,266		(\$44,515)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$4,219		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,424
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,809,470	\$3,602,858	\$0	\$520,376	\$517,179	(\$1,059)	\$1,364,987	\$4,219	\$1,779,486	\$21,424
8	Total Nursing Facility Days As Filed Days = 26,266	FY21 Audited C/R Days	26,266									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,266	FY21 GL-PL Ins Rpt Days								26,266		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$297.33	\$137.17	\$0.00	\$19.81	\$19.65	(with L&H)	\$51.97	\$0.16	\$67.75	\$0.82
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3889								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.76								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.76	\$0.00	\$19.81	\$19.65		\$51.97	\$0.16	\$67.75	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.95	\$98.76	\$0.00	\$19.81	\$19.65		\$36.91	\$0.16	13.84 (FRV)	\$0.82
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.95	\$98.76	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5692								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.16	\$154.97	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.55	\$1.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.65	\$4.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.46	\$6.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.62	\$161.70	\$0.00	\$20.03	\$20.06	\$0.00	\$54.01	\$0.16	\$13.84	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.14									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - CRESTWOOD, LLC Prvdr ID: 00140764A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 48.28% Nurse Hrs per On-Site Day/Q 3.56 </div> <div> <u>Facility Score</u> N/A 48.28% 3.56 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3156 Quarterly Medicaid: 1.3512 </div> <div> <u>PDPM Facility</u> 1.3156 1.3512 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,731,627	\$2,449,052	\$0	\$387,604	\$612,442	\$0	\$986,414		\$296,115	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$381,577)	(\$6,344)	\$0	\$0	\$0	\$1,152	(\$343,519)		(\$32,866)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$343,220		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,000
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,723,270	\$2,442,708	\$0	\$387,604	\$612,442	\$1,152	\$642,895	\$343,220	\$263,249	\$30,000
8	Total Nursing Facility Days As Filed Days = 21,669	FY21 Audited C/R Days	21,669									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,669	FY21 GL-PL Ins Rpt Days								21,669		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$217.98	\$112.73	\$0.00	\$17.89	\$28.32	(with L&H)	\$29.67	\$15.84	\$12.15	\$1.38
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3156								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.69								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.69	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	\$12.15	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.95	\$85.69	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	10.16 (FRV)	\$1.38
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.95	\$85.69	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$1.38
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3512								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.04	\$115.78	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$1.38
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.37	\$6.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.63	\$11.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.67	\$127.31	\$0.00	\$18.11	\$28.73	\$0.00	\$47.14	\$15.84	\$10.16	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.68									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: GATEWAY HEALTH AND REHAB Prvdr ID: 00140786A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hrs per On-Site Day/Q 3.58 </div> <div> <u>Facility Score</u> N/A 25.00% 3.58 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3911 Quarterly Medicaid: 1.2094 </div> <div> <u>PDPM Facility</u> 1.3911 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,816,748	\$2,220,290	\$0	\$339,604	\$418,630	\$0	\$586,622		\$251,602	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$98,306)	(\$215)	\$0	\$0	\$0	\$0	(\$89,285)		(\$8,806)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$93,373		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,442
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,823,257	\$2,220,075	\$0	\$339,604	\$418,630	\$0	\$497,337	\$93,373	\$242,796	\$11,442
8	Total Nursing Facility Days As Filed Days = 15,216	FY21 Audited C/R Days	15,216									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,216	FY21 GL-PL Ins Rpt Days								15,216		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$251.27	\$145.90	\$0.00	\$22.32	\$27.51	(with L&H)	\$32.69	\$6.14	\$15.96	\$0.75
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3911								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.88								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$104.88	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	\$15.96	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.79	\$104.63	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	7.75 (FRV)	\$0.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.79	\$104.63	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2094								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.70	\$126.54	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.80	\$3.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.17	\$5.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.87	\$131.61	\$0.00	\$22.54	\$27.92	\$0.00	\$50.16	\$6.14	\$7.75	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.33									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: DAWSON HEALTH AND REHABILITATION Prvdr ID: 00140808A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.57% Nurse Hrs per On-Site Day/Q 3.52 </div> <div> <u>Facility Score</u> N/A 21.57% 3.52 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3011 Quarterly Medicaid: 1.3243 </div> <div> <u>PDPM Facility</u> 1.3011 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,035,241	\$2,042,645	\$0	\$447,494	\$470,551	\$0	\$699,322		\$375,229	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$170,413)	(\$27,395)	\$0	(\$501)	(\$5,967)	(\$950)	(\$110,986)		(\$24,614)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$77,797		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,550
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,967,175	\$2,015,250	\$0	\$446,993	\$464,584	(\$950)	\$588,336	\$77,797	\$350,615	\$24,550
8	Total Nursing Facility Days As Filed Days = 17,520	FY21 Audited C/R Days		17,636								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,520	FY21 GL-PL Ins Rpt Days								17,636		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$224.95	\$114.27	\$0.00	\$25.35	\$26.29	(with L&H)	\$33.36	\$4.41	\$19.88	\$1.39
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3011								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.83								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.83	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	\$19.88	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.97	\$87.83	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	10.34 (FRV)	\$1.39
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.97	\$87.83	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3243								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.45	\$116.31	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.65	\$4.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.44	\$6.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.89	\$122.65	\$0.00	\$25.57	\$26.70	\$0.00	\$50.83	\$4.41	\$10.34	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.59									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CARROLLTON MANOR, INCORPORATED Prvdr ID: 00140852A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 28.05% Nurse Hrs per On-Site Day/Q 3.34 </div> <div> <u>Facility Score</u> N/A 28.05% 3.34 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3559 Quarterly Medicaid: 1.5355 </div> <div> <u>PDPM Facility</u> 1.3559 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,416,140	\$3,114,703	\$0	\$692,914	\$606,621	\$0	\$761,266		\$240,636	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$247,056)	(\$13,646)	\$0	\$0	\$0	\$0	(\$172,290)		(\$61,120)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$180,187		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$61,120
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,410,391	\$3,101,057	\$0	\$692,914	\$606,621	\$0	\$588,976	\$180,187	\$179,516	\$61,120
8	Total Nursing Facility Days As Filed Days = 29,737	FY21 Audited C/R Days	29,737									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,737	FY21 GL-PL Ins Rpt Days								29,737		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.95	\$104.28	\$0.00	\$23.30	\$20.40	(with L&H)	\$19.81	\$6.06	\$6.04	\$2.06
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3559								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.91								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.91	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	\$6.04	\$2.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.70	\$76.91	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	12.16 (FRV)	\$2.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.70	\$76.91	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5355								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.88	\$118.10	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.35	\$5.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.23	\$123.35	\$0.00	\$23.52	\$20.81	\$0.00	\$37.28	\$6.06	\$12.16	\$2.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.10									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: EARLY MEMORIAL NURSING FACILITY Prvdr ID: 00140874A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 32.10% Nurse Hrs per On-Site Day/Q 2.90 </div> <div> <u>Facility Score</u> N/A 32.10% 2.90 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2253 Quarterly Medicaid: 1.6272 </div> <div> <u>PDPM Facility</u> 1.2253 1.6272 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,393,189	\$3,423,538	\$0	\$966,214	\$137,875	\$10,025	\$609,334		\$246,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,106)	\$0	\$0	\$0	\$7,272	\$529	(\$49,907)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$46,907		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,397,990	\$3,423,538	\$0	\$966,214	\$145,147	\$10,554	\$559,427	\$46,907	\$246,203	\$0
8	Total Nursing Facility Days As Filed Days = 31,597	FY21 Audited C/R Days	31,597									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,597	FY21 GL-PL Ins Rpt Days								31,597		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.84	\$108.35	\$0.00	\$30.58	\$4.93	(with L&H)	\$17.71	\$1.48	\$7.79	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2253								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.43								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.43	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	\$7.79	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.73	\$88.43	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	10.60 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.73	\$88.43	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6272								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.20	\$143.89	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.60	\$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.32	\$4.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.14	\$8.45	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.34	\$152.34	\$0.00	\$30.80	\$4.93	\$0.00	\$35.18	\$1.48	\$10.60	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.68									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: EASTVIEW NURSING CENTER Prvdr ID: 00140885A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 34.00% Nurse Hrs per On-Site Day/Q 2.99 </div> <div> <u>Facility Score</u> N/A 34.00% 2.99 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4283 Quarterly Medicaid: 1.3594 </div> <div> <u>PDPM Facility</u> 1.4283 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,436,068	\$1,652,452	\$0	\$466,580	\$570,179	\$0	\$657,930		\$88,927	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,223)	(\$8,683)	\$0	\$173	\$499	\$623	(\$133,453)		(\$51,382)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,629		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,507
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,389,981	\$1,643,769	\$0	\$466,753	\$570,678	\$623	\$524,477	\$95,629	\$37,545	\$50,507
8	Total Nursing Facility Days As Filed Days = 18,919	FY21 Audited C/R Days	18,919									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,919	FY21 GL-PL Ins Rpt Days								18,919		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.17	\$86.88	\$0.00	\$24.67	\$30.20	(with L&H)	\$27.72	\$5.05	\$1.98	\$2.67
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4283								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.83								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.83	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	\$1.98	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.11	\$60.83	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	8.97 (FRV)	\$2.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.11	\$60.83	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3594								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.98	\$82.69	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$205.16	\$87.77	\$0.00	\$24.89	\$30.61	\$0.00	\$45.19	\$5.05	\$8.97	\$2.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.05									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: EFFINGHAM CARE & REHABILITATION CENTER Prvdr ID: 00140907A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 38.89% Nurse Hrs per On-Site Day/Q 4.47 </div> <div> Facility Score Add-on Percent N/A 0.00% 2.5% 7.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.2956 Quarterly Medicaid: 1.4174 </div> <div> PDPM Facility 1.2956 PDPM Statewide 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,565,244	\$5,182,544	\$0	\$673,798	\$223,315	\$231,533	\$4,699,156		\$1,554,898	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,243,873)	(\$538,754)	\$0	\$383,447	\$114,276	\$469,312	(\$683,697)		(\$988,457)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,598
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,352,013	\$4,643,790	\$0	\$1,057,245	\$337,591	\$700,845	\$4,015,459	\$44	\$566,441	\$30,598
8	Total Nursing Facility Days As Filed Days = 32,205	FY21 Audited C/R Days	32,205									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,205	FY21 GL-PL Ins Rpt Days								32,205		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$352.48	\$144.19	\$0.00	\$32.83	\$32.24	(with L&H)	\$124.68	\$0.00	\$17.59	\$0.95
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2956								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.29								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$111.29	\$0.00	\$32.83	\$32.24		\$124.68	\$0.00	\$17.59	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.44	\$104.63	\$0.00	\$32.83	\$32.24		\$36.91	\$0.00	11.88 (FRV)	\$0.95
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.44	\$104.63	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4174								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.11	\$148.30	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.71	\$3.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 7.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$10.38	\$10.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.82	\$14.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$294.93	\$162.39	\$0.00	\$33.05	\$32.65	\$0.00	\$54.01	\$0.00	\$11.88	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.37									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: SOUTHERN PINES Prvdr ID: 00140918A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 11.11% Nurse Hrs per On-Site Day/Q 2.86 </div> <div> <u>Facility Score</u> N/A 11.11% 2.86 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5520 Quarterly Medicaid: 1.4049 </div> <div> <u>PDPM Facility</u> 1.5520 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,849,570	\$1,987,441	\$0	\$374,773	\$555,680	\$0	\$749,144		\$182,532	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$192,599)	\$0	\$0	\$0	(\$436)	(\$443)	(\$98,230)		(\$93,490)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,553		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,342
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,842,866	\$1,987,441	\$0	\$374,773	\$555,244	(\$443)	\$650,914	\$92,553	\$89,042	\$93,342
8	Total Nursing Facility Days As Filed Days = 16,384	FY21 Audited C/R Days	16,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,384	FY21 GL-PL Ins Rpt Days								16,384		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$234.54	\$121.30	\$0.00	\$22.87	\$33.86	(with L&H)	\$39.73	\$5.65	\$5.43	\$5.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5520								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.16								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.16	\$0.00	\$22.87	\$33.86		\$39.73	\$5.65	\$5.43	\$5.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.69	\$78.16	\$0.00	\$22.87	\$33.28		\$36.91	\$5.65	35.12 (FRV)	\$5.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.69	\$78.16	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4049								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.34	\$109.81	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.14	\$3.82	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.48	\$113.63	\$0.00	\$23.09	\$33.28	\$0.00	\$54.01	\$5.65	\$35.12	\$5.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.04									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

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<div> <div> Provider: EMANUEL COUNTY NURSING HOME Prvdr ID: 00140929A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 14.71% Nurse Hrs per On-Site Day/Q 4.29 </div> <div> <u>Facility Score</u> N/A 14.71% 4.29 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4172 Quarterly Medicaid: 1.4224 </div> <div> <u>PDPM Facility</u> 1.4172 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,057,979	\$2,041,614	\$0	\$581,755	\$297,700	\$229,696	\$820,110		\$87,104	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$6,902)	\$0	\$0	\$0	\$0	\$0	(\$6,902)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,902		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,057,979	\$2,041,614	\$0	\$581,755	\$297,700	\$229,696	\$813,208	\$6,902	\$87,104	\$0
8	Total Nursing Facility Days As Filed Days = 13,428	FY21 Audited C/R Days	13,428									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,428	FY21 GL-PL Ins Rpt Days								13,428		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$302.20	\$152.04	\$0.00	\$43.32	\$39.28	(with L&H)	\$60.56	\$0.51	\$6.49	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4172								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.28								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.28	\$0.00	\$43.32	\$39.28		\$60.56	\$0.51	\$6.49	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.15	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$0.51	16.69 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.15	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4224								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$273.35	\$148.83	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.46	\$4.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$4.46	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$294.91	\$153.29	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$0.51	\$16.69	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.36									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - BLUE RIDGE Prvdr ID: 00140973A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 12.28% Nurse Hrs per On-Site Day/Q 3.99 </div> <div> <u>Facility Score</u> N/A 12.28% 3.99 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3733 Quarterly Medicaid: 1.3898 </div> <div> <u>PDPM Facility</u> 1.3733 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,725,030	\$3,087,338	\$0	\$410,677	\$810,443	\$0	\$1,192,709		\$223,863	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$476,214)	(\$52,343)	\$0	\$0	\$8,744	\$10,262	(\$411,037)		(\$31,840)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$438,859		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,586
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,720,261	\$3,034,995	\$0	\$410,677	\$819,187	\$10,262	\$781,672	\$438,859	\$192,023	\$32,586
8	Total Nursing Facility Days As Filed Days = 22,881	FY21 Audited C/R Days	22,881									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,881	FY21 GL-PL Ins Rpt Days								22,881		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.99	\$132.64	\$0.00	\$17.95	\$36.25	(with L&H)	\$34.16	\$19.18	\$8.39	\$1.42
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3733								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.58								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.58	\$0.00	\$17.95	\$36.25		\$34.16	\$19.18	\$8.39	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.29	\$96.58	\$0.00	\$17.95	\$33.28		\$34.16	\$19.18	9.72 (FRV)	\$1.42
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.29	\$96.58	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3898								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.94	\$134.23	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.71	\$6.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.93	\$7.24	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$274.87	\$141.47	\$0.00	\$18.17	\$33.28	\$0.00	\$51.63	\$19.18	\$9.72	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.33									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: FIFTH AVENUE HEALTH CARE Prvdr ID: 00140984A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 29.82% Nurse Hrs per On-Site Day/Q 3.67 </div> <div> <u>Facility Score</u> N/A 29.82% 3.67 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2949 Quarterly Medicaid: 1.3279 </div> <div> <u>PDPM Facility</u> 1.2949 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,044,298	\$3,224,925	\$0	\$572,551	\$750,171	\$0	\$940,930		\$555,721	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$139,390)	\$24	\$0	\$0	\$2,776	\$2,004	(\$128,473)		(\$15,721)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$155,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,821
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,076,536	\$3,224,949	\$0	\$572,551	\$752,947	\$2,004	\$812,457	\$155,807	\$540,000	\$15,821
8	Total Nursing Facility Days As Filed Days = 24,771	FY21 Audited C/R Days	24,771									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,771	FY21 GL-PL Ins Rpt Days								24,771		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$245.31	\$130.19	\$0.00	\$23.11	\$30.48	(with L&H)	\$32.80	\$6.29	\$21.80	\$0.64
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2949								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.54								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.54	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	\$21.80	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.40	\$100.54	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	11.54 (FRV)	\$0.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.40	\$100.54	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3279								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.37	\$133.51	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.98	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.35	\$139.39	\$0.00	\$23.33	\$30.89	\$0.00	\$50.27	\$6.29	\$11.54	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.94									

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PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: PRUITTHEALTH - FITZGERALD Prvdr ID: 00140995A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.69% Nurse Hrs per On-Site Day/Q 2.68 </div> <div> <u>Facility Score</u> N/A 20.69% 2.68 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4242 Quarterly Medicaid: 1.5166 </div> <div> <u>PDPM Facility</u> 1.4242 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,832,856	\$2,571,613	\$0	\$377,959	\$635,141	\$0	\$1,038,051		\$210,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$364,340)	(\$105,060)	\$0	\$0	\$0	\$1,040	(\$235,242)		(\$25,078)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$337,481		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,078
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,831,075	\$2,466,553	\$0	\$377,959	\$635,141	\$1,040	\$802,809	\$337,481	\$185,014	\$25,078
8	Total Nursing Facility Days As Filed Days = 22,670	FY21 Audited C/R Days	22,670									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,670	FY21 GL-PL Ins Rpt Days								22,670		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.10	\$108.80	\$0.00	\$16.67	\$28.06	(with L&H)	\$35.41	\$14.89	\$8.16	\$1.11
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4242								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.39								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.39	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	\$8.16	\$1.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.77	\$76.39	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	12.24 (FRV)	\$1.11
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.77	\$76.39	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5166								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.23	\$115.85	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.79	\$5.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.58	\$7.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.81	\$123.33	\$0.00	\$16.89	\$28.47	\$0.00	\$52.88	\$14.89	\$12.24	\$1.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.53									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FOLKSTON PARK CARE AND REHABILITATION CENTER Prvdr ID: 00141006A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hrs per On-Site Day/Q 2.98				Facility Score N/A 33.33% 2.98	Add-on Percent 0.00% 2.5% 2.0%	Facility Model (PDPM) Data Base Period Overall: 1.2675 Quarterly Medicaid: 1.3428					PDPM Facility 1.2675 1.3428	PDPM Statewide 1.4210 1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,838,739	\$2,905,162	\$0	\$414,523	\$411,877	\$0	\$724,920		\$382,257	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,488)	(\$922)	\$0	(\$2,386)	(\$1,601)	\$3,325	(\$72,051)		(\$25,853)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$55,877		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,753
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,820,881	\$2,904,240	\$0	\$412,137	\$410,276	\$3,325	\$652,869	\$55,877	\$356,404	\$25,753
8	Total Nursing Facility Days As Filed Days = 27,366	FY21 Audited C/R Days	27,366									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,366	FY21 GL-PL Ins Rpt Days								27,366		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.16	\$106.13	\$0.00	\$15.06	\$15.11	(with L&H)	\$23.86	\$2.04	\$13.02	\$0.94
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2675								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.73								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.73	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	\$13.02	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.91	\$83.73	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	9.17 (FRV)	\$0.94
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.91	\$83.73	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3428								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.61	\$112.43	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.30	\$118.02	\$0.00	\$15.28	\$15.52	\$0.00	\$41.33	\$2.04	\$9.17	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.90									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - FORSYTH Prvdr ID: 00141017A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 17.78% Nurse Hrs per On-Site Day/Q 3.23 </div> <div> <u>Facility Score</u> N/A 17.78% 3.23 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3869 Quarterly Medicaid: 1.5467 </div> <div> <u>PDPM Facility</u> 1.3869 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,169,233	\$2,273,036	\$0	\$331,959	\$509,569	\$0	\$861,365		\$193,304	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$378,059)	(\$68,537)	\$0	\$1,588	(\$1,269)	(\$1,085)	(\$279,357)		(\$29,399)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$309,354		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,140
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,119,668	\$2,204,499	\$0	\$333,547	\$508,300	(\$1,085)	\$582,008	\$309,354	\$163,905	\$19,140
8	Total Nursing Facility Days As Filed Days = 17,576	FY21 Audited C/R Days		17,576								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,576	FY21 GL-PL Ins Rpt Days								17,576		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$234.40	\$125.43	\$0.00	\$18.98	\$28.86	(with L&H)	\$33.11	\$17.60	\$9.33	\$1.09
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3869								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.44								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.44	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	\$9.33	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.31	\$90.44	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	9.23 (FRV)	\$1.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.31	\$90.44	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5467								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.75	\$139.88	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.99	\$6.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.62	\$7.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$274.37	\$147.40	\$0.00	\$19.20	\$29.27	\$0.00	\$50.58	\$17.60	\$9.23	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.95									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: FORT VALLEY HEALTH AND REHAB Prvdr ID: 00141028A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 32.56% Nurse Hrs per On-Site Day/Q 3.36 </div> <div> <u>Facility Score</u> N/A 32.56% 3.36 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5163 Quarterly Medicaid: 1.4877 </div> <div> <u>PDPM Facility</u> 1.5163 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,142,395	\$1,705,446	\$0	\$332,714	\$360,456	\$0	\$1,085,380		\$658,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,711)	(\$11,070)	\$0	\$0	\$0	\$0	(\$43,878)		(\$44,763)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$36,153		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,763
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,123,600	\$1,694,376	\$0	\$332,714	\$360,456	\$0	\$1,041,502	\$36,153	\$613,636	\$44,763
8	Total Nursing Facility Days As Filed Days = 18,587	FY21 Audited C/R Days	18,587									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,587	FY21 GL-PL Ins Rpt Days								18,587		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$221.85	\$91.16	\$0.00	\$17.90	\$19.39	(with L&H)	\$56.03	\$1.95	\$33.01	\$2.41
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5163								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.12	\$0.00	\$17.90	\$19.39		\$56.03	\$1.95	\$33.01	\$2.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.55	\$60.12	\$0.00	\$17.90	\$19.39		\$36.91	\$1.95	9.87 (FRV)	\$2.41
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.55	\$60.12	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4877								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.87	\$89.44	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.29	\$4.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$200.16	\$94.00	\$0.00	\$18.12	\$19.80	\$0.00	\$54.01	\$1.95	\$9.87	\$2.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.30									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - FRANKLIN Prvdr ID: 00141039A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.87% Nurse Hrs per On-Site Day/Q 4.19 </div> <div> <u>Facility Score</u> N/A 18.87% 4.19 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2461 Quarterly Medicaid: 1.3509 </div> <div> <u>PDPM Facility</u> 1.2461 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,598,729	\$2,512,963	\$0	\$386,052	\$467,195	\$0	\$959,198		\$273,321	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$413,210)	(\$78,686)	\$0	(\$141)	(\$1,645)	(\$2,125)	(\$308,243)		(\$22,370)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$336,460		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,292
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,539,271	\$2,434,277	\$0	\$385,911	\$465,550	(\$2,125)	\$650,955	\$336,460	\$250,951	\$17,292
8	Total Nursing Facility Days As Filed Days = 22,332	FY21 Audited C/R Days	22,332									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,332	FY21 GL-PL Ins Rpt Days								22,332		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$203.26	\$109.00	\$0.00	\$17.28	\$20.75	(with L&H)	\$29.15	\$15.07	\$11.24	\$0.77
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2461								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	\$11.24	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.62	\$87.47	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	11.13 (FRV)	\$0.77
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.62	\$87.47	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3509								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.31	\$118.16	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.91	\$5.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.54	\$6.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.85	\$124.60	\$0.00	\$17.50	\$21.16	\$0.00	\$46.62	\$15.07	\$11.13	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.81									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: NEW HORIZONS LANIER PARK Prvdr ID: 00141072A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.48% Nurse Hrs per On-Site Day/Q 3.45 </div> <div> <u>Facility Score</u> N/A 20.48% 3.45 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.9212 Quarterly Medicaid: 1.5504 </div> <div> <u>PDPM Facility</u> 1.9212 1.5504 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,712,389	\$5,630,388	\$0	\$1,619,315	\$706,078	\$1,152,033	\$2,097,757		\$1,506,818	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$158,521)	\$2,283	\$0	\$0	(\$2,283)	\$0	(\$132,778)		(\$25,743)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$79,984		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,743
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,659,595	\$5,632,671	\$0	\$1,619,315	\$703,795	\$1,152,033	\$1,964,979	\$79,984	\$1,481,075	\$25,743
8	Total Nursing Facility Days As Filed Days = 36,236	FY21 Audited C/R Days	36,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,236	FY21 GL-PL Ins Rpt Days								36,236		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$349.37	\$155.44	\$0.00	\$44.69	\$51.22	(with L&H)	\$54.23	\$2.21	\$40.87	\$0.71
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.9212								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.91								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.91	\$0.00	\$44.69	\$51.22		\$54.23	\$2.21	\$40.87	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.37	\$80.91	\$0.00	\$37.13	\$33.28		\$36.91	\$2.21	21.22 (FRV)	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.37	\$80.91	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5504								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.90	\$125.44	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.64	\$5.54	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$279.54	\$130.98	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.21	\$21.22	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.83									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: DOUGLASVILLE NURSING AND REHABILITATION CENTER Prvdr ID: 00141083A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 44.63% Nurse Hrs per On-Site Day/Q 3.70 </div> <div> <u>Facility Score</u> N/A 44.63% 3.70 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5641 Quarterly Medicaid: 1.5689 </div> <div> <u>PDPM Facility</u> 1.5641 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,805,411	\$9,437,945	\$0	\$1,223,959	\$1,297,180	\$0	\$2,080,778		\$765,549	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,171)	\$8,058	\$0	(\$2,045)	(\$8,252)	(\$1,961)	(\$166,441)		(\$137,530)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$162,391		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$130,225
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,789,856	\$9,446,003	\$0	\$1,221,914	\$1,288,928	(\$1,961)	\$1,914,337	\$162,391	\$628,019	\$130,225
8	Total Nursing Facility Days As Filed Days = 70,776	FY21 Audited C/R Days		70,776								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 70,776	FY21 GL-PL Ins Rpt Days								70,776		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.95	\$133.46	\$0.00	\$17.26	\$18.18	(with L&H)	\$27.05	\$2.29	\$8.87	\$1.84
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5641								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.32								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.32	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	\$8.87	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.64	\$85.32	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	13.70 (FRV)	\$1.84
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.64	\$85.32	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$1.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5689								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.18	\$133.86	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$1.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.35	\$3.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.66	\$6.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.84	\$140.42	\$0.00	\$17.48	\$18.59	\$0.00	\$44.52	\$2.29	\$13.70	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.31									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: GIBSON HEALTH AND REHABILITATION Prvdr ID: 00141116A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 28.85% Nurse Hrs per On-Site Day/Q 3.00 </div> <div> <u>Facility Score</u> N/A 28.85% 3.00 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4855 Quarterly Medicaid: 1.2948 </div> <div> <u>PDPM Facility</u> 1.4855 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,857,963	\$2,599,627	\$0	\$474,932	\$486,778	\$0	\$868,437		\$428,189	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$177,617)	(\$2,841)	\$0	(\$641)	\$1,766	\$1,358	(\$141,623)		(\$35,636)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,399		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,907
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,825,652	\$2,596,786	\$0	\$474,291	\$488,544	\$1,358	\$726,814	\$109,399	\$392,553	\$35,907
8	Total Nursing Facility Days As Filed Days = 22,439	FY21 Audited C/R Days	22,623									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,439	FY21 GL-PL Ins Rpt Days								22,623		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.32	\$114.79	\$0.00	\$20.96	\$21.66	(with L&H)	\$32.13	\$4.84	\$17.35	\$1.59
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4855								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.27								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.27	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	\$17.35	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.43	\$77.27	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	10.98 (FRV)	\$1.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.43	\$77.27	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2948								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.20	\$100.05	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.00	\$5.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.63	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$216.83	\$106.58	\$0.00	\$21.18	\$22.07	\$0.00	\$49.60	\$4.84	\$10.98	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.80									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY Prvdr ID: 00141127A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 17.86% Nurse Hrs per On-Site Day/Q 3.24 </div> <div> <u>Facility Score</u> N/A 17.86% 3.24 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.8631 Quarterly Medicaid: 1.6059 </div> <div> <u>PDPM Facility</u> 1.8631 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,438,715	\$3,393,185	\$0	\$567,507	\$716,689	\$0	\$1,599,507		\$161,827	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$194,832)	\$0	\$0	\$0	(\$3,063)	(\$18,575)	(\$79,166)		(\$94,028)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$79,166		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$92,837
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,415,886	\$3,393,185	\$0	\$567,507	\$713,626	(\$18,575)	\$1,520,341	\$79,166	\$67,799	\$92,837
8	Total Nursing Facility Days As Filed Days = 32,051	FY21 Audited C/R Days	32,051									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,051	FY21 GL-PL Ins Rpt Days								32,051		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$200.20	\$105.87	\$0.00	\$17.71	\$21.69	(with L&H)	\$47.44	\$2.47	\$2.12	\$2.90
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.8631								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.82								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.82	\$0.00	\$17.71	\$21.69		\$47.44	\$2.47	\$2.12	\$2.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.42	\$56.82	\$0.00	\$17.71	\$21.69		\$36.91	\$2.47	19.92 (FRV)	\$2.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$56.82	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6059								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.85	\$91.25	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.56	\$4.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.82	\$5.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$215.67	\$96.34	\$0.00	\$17.93	\$22.10	\$0.00	\$54.01	\$2.47	\$19.92	\$2.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.93									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: COMFORT CREEK NURSING AND REHABILITATION CENTER Prvdr ID: 00141138A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
				Growth Allowance:	N/A	0.00%	Base Period Overall:				1.2145	1.4210
				Qtrly BIMS score:	30.56%	2.5%						
				Nurse Hrs per On-Site Day/Q	2.58	3.0%	Quarterly Medicaid:				1.3399	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,032,177	\$2,677,046	\$0	\$405,477	\$472,929	\$0	\$731,285		\$745,440	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$116,246)	\$0	\$0	\$0	(\$1,541)	(\$1,056)	(\$91,097)		(\$22,552)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$73,086		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,428
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,011,445	\$2,677,046	\$0	\$405,477	\$471,388	(\$1,056)	\$640,188	\$73,086	\$722,888	\$22,428
8	Total Nursing Facility Days As Filed Days = 29,778	FY21 Audited C/R Days	29,778									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,778	FY21 GL-PL Ins Rpt Days								29,778		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.29	\$89.90	\$0.00	\$13.62	\$15.79	(with L&H)	\$21.50	\$2.45	\$24.28	\$0.75
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2145								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.02								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.02	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	\$24.28	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.68	\$74.02	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	9.55 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.68	\$74.02	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3399								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.84	\$99.18	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$186.93	\$105.17	\$0.00	\$13.84	\$16.20	\$0.00	\$38.97	\$2.45	\$9.55	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.37									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: GLENN-MOR NURSING HOME Prvdr ID: 00141149A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 24.59% Nurse Hrs per On-Site Day/Q 3.20 </div> <div> <u>Facility Score</u> N/A 24.59% 3.20 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3383 Quarterly Medicaid: 1.3863 </div> <div> <u>PDPM Facility</u> 1.3383 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,934,848	\$2,660,083	\$0	\$590,775	\$438,034	\$387,448	\$1,231,424		\$627,084	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$36,477)	\$0	\$0	\$0	\$0	\$0	(\$28,900)		(\$7,577)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$28,900		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,577
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,934,848	\$2,660,083	\$0	\$590,775	\$438,034	\$387,448	\$1,202,524	\$28,900	\$619,507	\$7,577
8	Total Nursing Facility Days As Filed Days = 19,782	FY21 Audited C/R Days	19,782									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,782	FY21 GL-PL Ins Rpt Days								19,782		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$300.01	\$134.47	\$0.00	\$29.86	\$41.73	(with L&H)	\$60.79	\$1.46	\$31.32	\$0.38
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3383								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.48								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.48	\$0.00	\$29.86	\$41.73		\$60.79	\$1.46	\$31.32	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.71	\$100.48	\$0.00	\$29.86	\$33.28		\$36.91	\$1.46	10.34 (FRV)	\$0.38
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.71	\$100.48	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3863								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.53	\$139.30	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.39	\$1.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.18	\$4.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.42	\$6.10	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$274.95	\$145.40	\$0.00	\$30.08	\$33.28	\$0.00	\$54.01	\$1.46	\$10.34	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.39									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: GLENVUE HEALTH AND REHAB Prvdr ID: 00141171A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.78% Nurse Hrs per On-Site Day/Q 2.59 </div> <div> <u>Facility Score</u> N/A 20.78% 2.59 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3458 Quarterly Medicaid: 1.3064 </div> <div> <u>PDPM Facility</u> 1.3458 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,037,880	\$3,925,428	\$0	\$753,985	\$708,663	\$0	\$1,219,205		\$1,430,599	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$305,313)	(\$26,848)	\$0	\$0	\$0	\$0	(\$194,565)		(\$83,900)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								221,413		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$83,900
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,037,880	\$3,898,580	\$0	\$753,985	\$708,663	\$0	\$1,024,640	221,413	\$1,346,699	\$83,900
8	Total Nursing Facility Days As Filed Days = 37,057	FY21 Audited C/R Days	37,057									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,057	FY21 GL-PL Ins Rpt Days								37,057		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$216.89	\$105.20	\$0.00	\$20.35	\$19.12	(with L&H)	\$27.65	\$5.97	\$36.34	\$2.26
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3458								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.17								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.17	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	\$36.34	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.45	\$78.17	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	9.93 (FRV)	\$2.26
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.45	\$78.17	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3064								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.41	\$102.12	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$4.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$210.12	\$106.73	\$0.00	\$20.57	\$19.53	\$0.00	\$45.12	\$5.97	\$9.93	\$2.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.77									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: GRACEMORE NURSING AND REHAB Prvdr ID: 00141182A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 46.67% Nurse Hrs per On-Site Day/Q 3.65 </div> <div> <u>Facility Score</u> N/A 46.67% 3.65 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3752 Quarterly Medicaid: 1.3863 </div> <div> <u>PDPM Facility</u> 1.3752 1.3863 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,201,032	\$1,812,694	\$0	\$394,635	\$412,961	\$0	\$515,840		\$64,902	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,132)	\$0	\$0	\$0	\$0	\$0	(\$51,858)		(\$23,274)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$51,253		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,274
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,200,427	\$1,812,694	\$0	\$394,635	\$412,961	\$0	\$463,982	\$51,253	\$41,628	\$23,274
8	Total Nursing Facility Days As Filed Days = 11,573	FY21 Audited C/R Days	11,573									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,573	FY21 GL-PL Ins Rpt Days								11,573		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$276.54	\$156.63	\$0.00	\$34.10	\$35.68	(with L&H)	\$40.09	\$4.43	\$3.60	\$2.01
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3752								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.89								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$113.89	\$0.00	\$34.10	\$35.68		\$40.09	\$4.43	\$3.60	\$2.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.40	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$4.43	8.32 (FRV)	\$2.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.40	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3863								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.82	\$145.05	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.98	\$7.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.25	\$7.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.33	\$15.23	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$289.15	\$160.28	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.43	\$8.32	\$2.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.04									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - GRANDVIEW Prvdr ID: 00141215A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 13.56% Nurse Hrs per On-Site Day/Q 3.01 </div> <div> <u>Facility Score</u> N/A 13.56% 3.01 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4721 Quarterly Medicaid: 1.4568 </div> <div> <u>PDPM Facility</u> 1.4721 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,254,657	\$2,952,020	\$0	\$434,245	\$551,216	\$0	\$1,009,079		\$308,097	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$438,626)	(\$25,884)	\$0	\$0	(\$1,073)	\$722	(\$327,858)		(\$84,533)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$309,461		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,760
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,219,252	\$2,926,136	\$0	\$434,245	\$550,143	\$722	\$681,221	\$309,461	\$223,564	\$93,760
8	Total Nursing Facility Days As Filed Days = 20,768	FY21 Audited C/R Days		20,768								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,768	FY21 GL-PL Ins Rpt Days								20,768		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$251.30	\$140.90	\$0.00	\$20.91	\$26.52	(with L&H)	\$32.80	\$14.90	\$10.76	\$4.51
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4721								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.71								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.71	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	\$10.76	\$4.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.91	\$95.71	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	11.56 (FRV)	\$4.51
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.91	\$95.71	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4568								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.63	\$139.43	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.97	\$6.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.60	\$7.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$276.23	\$146.93	\$0.00	\$21.13	\$26.93	\$0.00	\$50.27	\$14.90	\$11.56	\$4.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.35									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: GRANDVIEW HEALTH CARE CENTER Prvdr ID: 00141226A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 13.64% Nurse Hrs per On-Site Day/Q 2.51 </div> <div> <u>Facility Score</u> N/A 13.64% 2.51 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.7526 Quarterly Medicaid: 1.5498 </div> <div> <u>PDPM Facility</u> 1.7526 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,521,942	\$2,077,995	\$0	\$426,984	\$306,371	\$0	\$857,870		\$852,722	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$250,988)	(\$46,341)	\$0	\$0	\$0	\$0	(\$151,978)		(\$52,669)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$94,211		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$149,325
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,514,490	\$2,031,654	\$0	\$426,984	\$306,371	\$0	\$705,892	\$94,211	\$800,053	\$149,325
8	Total Nursing Facility Days As Filed Days = 19,328	FY21 Audited C/R Days		19,328								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,328	FY21 GL-PL Ins Rpt Days								19,328		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$233.56	\$105.11	\$0.00	\$22.09	\$15.85	(with L&H)	\$36.52	\$4.87	\$41.39	\$7.73
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.7526								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.97								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.97	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	\$41.39	\$7.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.05	\$59.97	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	12.02 (FRV)	\$7.73
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.05	\$59.97	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5498								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.03	\$92.94	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.34	\$3.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$213.37	\$96.26	\$0.00	\$22.31	\$16.26	\$0.00	\$53.91	\$4.87	\$12.02	\$7.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.20									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: AZALEALAND NURSING HOME Prvdr ID: 00141237A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 68.42% Nurse Hrs per On-Site Day/Q 3.43 </div> <div> <u>Facility Score</u> N/A 68.42% 3.43 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5445 Quarterly Medicaid: 1.5005 </div> <div> <u>PDPM Facility</u> 1.5445 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,778,899	\$3,383,451	\$0	\$850,612	\$541,510	\$0	\$1,155,510		\$847,816	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$200,925)	\$0	\$0	\$0	\$0	\$0	(\$104,445)		(\$96,480)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,445		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$96,480
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,778,899	\$3,383,451	\$0	\$850,612	\$541,510	\$0	\$1,051,065	\$104,445	\$751,336	\$96,480
8	Total Nursing Facility Days As Filed Days = 24,829	FY21 Audited C/R Days	24,829									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,829	FY21 GL-PL Ins Rpt Days								24,829		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$273.03	\$136.27	\$0.00	\$34.26	\$21.81	(with L&H)	\$42.33	\$4.21	\$30.26	\$3.89
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5445								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.23								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.23	\$0.00	\$34.26	\$21.81		\$42.33	\$4.21	\$30.26	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.52	\$88.23	\$0.00	\$26.82	\$21.81		\$36.91	\$4.21	17.65 (FRV)	\$3.89
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.52	\$88.23	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5005								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.68	\$132.39	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.28	\$7.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.97	\$10.46	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.65	\$142.85	\$0.00	\$26.82	\$22.22	\$0.00	\$54.01	\$4.21	\$17.65	\$3.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.91									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ROSWELL NURSING & REHAB CENTER Prvdr ID: 00141248A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.06% Nurse Hrs per On-Site Day/Q 3.15 </div> <div> <u>Facility Score</u> N/A 31.06% 3.15 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4937 Quarterly Medicaid: 1.4032 </div> <div> <u>PDPM Facility</u> 1.4937 1.4032 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$15,974,874	\$8,604,791	\$0	\$1,270,308	\$1,240,686	\$0	\$2,517,876		\$2,341,213	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$222,941)	(\$66,917)	\$0	\$0	\$0	\$0	\$39,541		(\$195,565)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$27,376		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$195,565
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$15,974,874	\$8,537,874	\$0	\$1,270,308	\$1,240,686	\$0	\$2,557,417	\$27,376	\$2,145,648	\$195,565
8	Total Nursing Facility Days As Filed Days = 65,953	FY21 Audited C/R Days	65,953									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,953	FY21 GL-PL Ins Rpt Days								65,953		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$242.22	\$129.45	\$0.00	\$19.26	\$18.81	(with L&H)	\$38.78	\$0.42	\$32.53	\$2.97
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4937								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.67								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.67	\$0.00	\$19.26	\$18.81		\$38.78	\$0.42	\$32.53	\$2.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.26	\$86.67	\$0.00	\$19.26	\$18.81		\$36.91	\$0.42	10.22 (FRV)	\$2.97
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.26	\$86.67	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4032								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.20	\$121.62	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.95	\$7.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.15	\$128.84	\$0.00	\$19.48	\$19.22	\$0.00	\$54.01	\$0.42	\$10.22	\$2.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.54									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PREMIER ESTATES OF DUBLIN, LLC Prvdr ID: 00141281A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.97% Nurse Hrs per On-Site Day/Q no data </div> <div> <u>Facility Score</u> N/A 20.97% no data </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 0.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.7178 Quarterly Medicaid: 1.3289 </div> <div> <u>PDPM Facility</u> 1.7178 1.3289 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,234,389	\$2,880,516	\$0	\$614,525	\$528,902	\$0	\$1,074,836		\$1,135,610	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$272,945)	(\$14,796)	\$0	\$0	\$0	\$0	(\$232,851)		(\$25,298)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$198,863		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,038
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,187,345	\$2,865,720	\$0	\$614,525	\$528,902	\$0	\$841,985	\$198,863	\$1,110,312	\$27,038
11	Total Nursing Facility Days As Filed Days = 28,950	FY21 Audited C/R Days	28,950									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,950	FY21 GL-PL Ins Rpt Days								28,950		
13	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.72	\$98.99	\$0.00	\$21.23	\$18.27	(with L&H)	\$29.08	\$6.87	\$38.35	\$0.93
14	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.7178								
15	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.63								
16	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.63	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	\$38.35	\$0.93
17	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.81	\$57.63	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	8.80 (FRV)	\$0.93
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.81	\$57.63	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93
21	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3289								
22	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.58								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.76	\$76.58	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
26	Nurse Staff Hrs / Quality Add-on Per Diem: 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.40	\$1.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$181.16	\$77.88	\$0.00	\$21.45	\$18.68	\$0.00	\$46.55	\$6.87	\$8.80	\$0.93
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.05									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HABERSHAM HOME Prvdr ID: 00141292A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 45.10% Nurse Hrs per On-Site Day/Q 3.48 </div> <div> <u>Facility Score</u> N/A 45.10% 3.48 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3241 Quarterly Medicaid: 1.2961 </div> <div> <u>PDPM Facility</u> 1.3241 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,474,464	\$2,921,139	\$0	\$1,066,995	\$649,165	\$234,472	\$1,137,544		\$465,149	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$65,507)	\$0	\$0	\$0	(\$41,648)	\$0	(\$59,284)		\$35,425	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,284		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,136
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,480,377	\$2,921,139	\$0	\$1,066,995	\$607,517	\$234,472	\$1,078,260	\$59,284	\$500,574	\$12,136
8	Total Nursing Facility Days As Filed Days = 22,956	FY21 Audited C/R Days	22,951									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,956	FY21 GL-PL Ins Rpt Days								22,951		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$282.36	\$127.28	\$0.00	\$46.49	\$36.69	(with L&H)	\$46.98	\$2.58	\$21.81	\$0.53
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3241								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.12	\$0.00	\$46.49	\$36.69		\$46.98	\$2.58	\$21.81	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.64	\$96.12	\$0.00	\$37.13	\$33.28		\$36.91	\$2.58	10.09 (FRV)	\$0.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.64	\$96.12	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2961								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.10	\$124.58	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.85	\$6.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.74	\$3.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.22	\$11.12	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$273.32	\$135.70	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.58	\$10.09	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.17									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WARNER ROBINS REHABILITATION CENTER Prvdr ID: 00141303A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.96% Nurse Hrs per On-Site Day/Q 3.02 </div> <div> <u>Facility Score</u> N/A 35.96% 3.02 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3939 Quarterly Medicaid: 1.3284 </div> <div> <u>PDPM Facility</u> 1.3939 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,336,438	\$3,154,181	\$0	\$515,942	\$570,813	\$0	\$1,350,391		\$745,111	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$379,562)	(\$19,394)	\$0	\$0	\$0	\$0	(\$251,852)		(\$108,316)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$268,835		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$108,316
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,334,027	\$3,134,787	\$0	\$515,942	\$570,813	\$0	\$1,098,539	\$268,835	\$636,795	\$108,316
8	Total Nursing Facility Days As Filed Days = 35,381	FY21 Audited C/R Days	35,381									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,381	FY21 GL-PL Ins Rpt Days								35,381		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.02	\$88.60	\$0.00	\$14.58	\$16.13	(with L&H)	\$31.05	\$7.60	\$18.00	\$3.06
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3939								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.56								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.56	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	\$18.00	\$3.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.02	\$63.56	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	13.04 (FRV)	\$3.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.02	\$63.56	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3284								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.89	\$84.43	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.12	\$6.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$194.01	\$90.45	\$0.00	\$14.80	\$16.54	\$0.00	\$48.52	\$7.60	\$13.04	\$3.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.68									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HARALSON NSG & REHAB CENTER Prvdr ID: 00141325A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.25% Nurse Hrs per On-Site Day/Q 3.09 </div> <div> <u>Facility Score</u> N/A 31.25% 3.09 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: Quarterly Medicaid: </div> <div> <u>PDPM Facility</u> 1.3602 1.3308 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,103,239	\$3,545,933	\$0	\$668,035	\$582,522	\$0	\$1,325,035		\$981,714	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$54,162)	\$0	\$0	(\$12,148)	(\$6,105)	\$6,684	(\$12,258)		(\$30,335)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,258		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,748
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,091,083	\$3,545,933	\$0	\$655,887	\$576,417	\$6,684	\$1,312,777	\$12,258	\$951,379	\$29,748
8	Total Nursing Facility Days As Filed Days = 35,692	FY21 Audited C/R Days	35,692									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,692	FY21 GL-PL Ins Rpt Days								35,692		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.68	\$99.35	\$0.00	\$18.38	\$16.34	(with L&H)	\$36.78	\$0.34	\$26.66	\$0.83
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3602								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.04								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.04	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	\$26.66	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.17	\$73.04	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	9.46 (FRV)	\$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.17	\$73.04	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$0.83
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3308								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.34	\$97.20	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$0.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$203.05	\$103.08	\$0.00	\$18.60	\$16.75	\$0.00	\$53.98	\$0.34	\$9.46	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.46									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: NANCY HART CENTER FOR NURSING AND HEALING LLC Prvdr ID: 00141336A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.53% Nurse Hrs per On-Site Day/Q 2.84 </div> <div> <u>Facility Score</u> N/A 25.53% 2.84 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4269 Quarterly Medicaid: 1.3715 </div> <div> <u>PDPM Facility</u> 1.4269 1.3715 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,907,829	\$1,392,816	\$0	\$302,899	\$265,236	\$0	\$771,981		\$174,897	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$88,650)	(\$3,775)	\$0	\$0	\$0	\$0	(\$61,967)		(\$22,908)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,967		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,908
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,904,054	\$1,389,041	\$0	\$302,899	\$265,236	\$0	\$710,014	\$61,967	\$151,989	\$22,908
8	Total Nursing Facility Days As Filed Days = 15,358	FY21 Audited C/R Days		15,358								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,358	FY21 GL-PL Ins Rpt Days								15,358		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.08	\$90.44	\$0.00	\$19.72	\$17.27	(with L&H)	\$46.23	\$4.03	\$9.90	\$1.49
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4269								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.38								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.38	\$0.00	\$19.72	\$17.27		\$46.23	\$4.03	\$9.90	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.29	\$63.38	\$0.00	\$19.72	\$17.27		\$36.91	\$4.03	8.49 (FRV)	\$1.49
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.29	\$63.38	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3715								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.84	\$86.93	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.74	\$1.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.87	\$3.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$195.71	\$90.07	\$0.00	\$19.94	\$17.68	\$0.00	\$54.01	\$4.03	\$8.49	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.96									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HEART OF GEORGIA NURSING HOME Prvdr ID: 00141358A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.38% Nurse Hrs per On-Site Day/Q 3.02 </div> <div> <u>Facility Score</u> N/A 35.38% 3.02 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 6.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.8650 Quarterly Medicaid: 1.3634 </div> <div> <u>PDPM Facility</u> 1.8650 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,138,687	\$3,293,600	\$0	\$548,265	\$440,474	\$0	\$905,326		\$1,951,022	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$108,812)	\$0	\$0	\$0	\$0	\$0	(\$66,626)		(\$42,186)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$66,626		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,186
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,138,687	\$3,293,600	\$0	\$548,265	\$440,474	\$0	\$838,700	\$66,626	\$1,908,836	\$42,186
8	Total Nursing Facility Days As Filed Days = 28,916	FY21 Audited C/R Days	28,916									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,916	FY21 GL-PL Ins Rpt Days								28,916		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$246.86	\$113.90	\$0.00	\$18.96	\$15.23	(with L&H)	\$29.00	\$2.30	\$66.01	\$1.46
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.8650								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.07								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.07	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	\$66.01	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.16	\$61.07	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	13.14 (FRV)	\$1.46
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.16	\$61.07	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3634								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.36	\$83.26	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.00	\$5.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.71	\$7.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$189.07	\$90.87	\$0.00	\$19.18	\$15.64	\$0.00	\$46.47	\$2.30	\$13.14	\$1.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.98									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: PRUITTHEALTH - VALDOSTA, LLC Prvdr ID: 00141369A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.15% Nurse Hrs per On-Site Day/Q 3.59 </div> <div> <u>Facility Score</u> N/A 26.15% 3.59 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5291 Quarterly Medicaid: 1.6752 </div> <div> <u>PDPM Facility</u> 1.5291 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,026,206	\$2,431,674	\$0	\$383,270	\$719,562	\$0	\$1,131,782		\$359,918	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$505,962)	(\$45,999)	\$0	\$0	(\$597)	\$564	(\$411,063)		(\$48,867)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$425,444		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,919
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,991,607	\$2,385,675	\$0	\$383,270	\$718,965	\$564	\$720,719	\$425,444	\$311,051	\$45,919
8	Total Nursing Facility Days As Filed Days = 24,247	FY21 Audited C/R Days	24,247									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,247	FY21 GL-PL Ins Rpt Days								24,247		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$205.86	\$98.39	\$0.00	\$15.81	\$29.67	(with L&H)	\$29.72	\$17.55	\$12.83	\$1.89
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5291								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.34								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.34	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	\$12.83	\$1.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.26	\$64.34	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	11.28 (FRV)	\$1.89
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.26	\$64.34	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$1.89
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6752								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.70	\$107.78	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$1.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.39	\$5.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.10	\$7.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.80	\$114.78	\$0.00	\$16.03	\$30.08	\$0.00	\$47.19	\$17.55	\$11.28	\$1.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.28									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - ATHENS HERITAGE Prvdr ID: 00141391A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.43% Nurse Hrs per On-Site Day/Q 3.30 </div> <div> <u>Facility Score</u> N/A 21.43% 3.30 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4901 Quarterly Medicaid: 1.4316 </div> <div> <u>PDPM Facility</u> 1.4901 1.4316 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,638,029	\$4,036,911	\$0	\$536,642	\$981,533	\$0	\$1,480,734		\$602,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$596,814)	(\$124,782)	\$0	\$0	\$5,847	\$8,202	(\$351,953)		(\$134,128)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$447,689		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,702
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,503,606	\$3,912,129	\$0	\$536,642	\$987,380	\$8,202	\$1,128,781	\$447,689	\$468,081	\$14,702
8	Total Nursing Facility Days As Filed Days = 29,720	FY21 Audited C/R Days	29,720									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,720	FY21 GL-PL Ins Rpt Days								29,720		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$252.47	\$131.63	\$0.00	\$18.06	\$33.50	(with L&H)	\$37.98	\$15.06	\$15.75	\$0.49
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4901								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.33								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.33	\$0.00	\$18.06	\$33.50		\$37.98	\$15.06	\$15.75	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.18	\$88.33	\$0.00	\$18.06	\$33.28		\$36.91	\$15.06	16.05 (FRV)	\$0.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.18	\$88.33	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4316								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.31	\$126.45	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.32	\$6.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.43	\$8.11	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.74	\$134.56	\$0.00	\$18.28	\$33.28	\$0.00	\$54.01	\$15.06	\$16.05	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.98									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MAGNOLIA MANOR OF ST SIMONS REHAB & NURSING CENTER Prvdr ID: 00141402A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.27% Nurse Hrs per On-Site Day/Q 3.78 </div> <div> <u>Facility Score</u> N/A 27.27% 3.78 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.8379 Quarterly Medicaid: 1.9497 </div> <div> <u>PDPM Facility</u> 1.8379 1.9497 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,329,108	\$2,811,730	\$0	\$598,724	\$714,181	\$0	\$1,280,347		\$924,126	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$337,808)	\$0	\$0	\$0	\$0	\$0	(\$201,609)		(\$136,199)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$201,609		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$136,199
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,329,108	\$2,811,730	\$0	\$598,724	\$714,181	\$0	\$1,078,738	\$201,609	\$787,927	\$136,199
8	Total Nursing Facility Days As Filed Days = 24,040	FY21 Audited C/R Days	24,040									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,040	FY21 GL-PL Ins Rpt Days								24,040		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$263.29	\$116.96	\$0.00	\$24.91	\$29.71	(with L&H)	\$44.87	\$8.39	\$32.78	\$5.67
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.8379								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.64								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.64	\$0.00	\$24.91	\$29.71		\$44.87	\$8.39	\$32.78	\$5.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.85	\$63.64	\$0.00	\$24.91	\$29.71		\$36.91	\$8.39	10.62 (FRV)	\$5.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.85	\$63.64	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.9497								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.29	\$124.08	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.72	\$3.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.22	\$5.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$263.51	\$129.57	\$0.00	\$25.13	\$30.12	\$0.00	\$54.01	\$8.39	\$10.62	\$5.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.81									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HARTWELL HEALTH AND REHABILITATION Prvdr ID: 00141413A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 30.36% Nurse Hrs per On-Site Day/Q 3.21 </div> <div> Facility Score Add-on Percent N/A 0.00% 2.5% 6.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.4315 Quarterly Medicaid: 1.3637 </div> <div> PDPM Facility 1.4315 PDPM Statewide 1.4210 1.3637 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,224,966	\$2,865,430	\$0	\$625,559	\$530,533	\$0	\$980,711		\$222,733	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,234)	(\$2,836)	\$0	(\$2,306)	\$0	(\$493)	(\$129,139)		(\$12,460)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,680		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,071
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,187,483	\$2,862,594	\$0	\$623,253	\$530,533	(\$493)	\$851,572	\$95,680	\$210,273	\$14,071
8	Total Nursing Facility Days As Filed Days = 24,307	FY21 Audited C/R Days	24,307									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,307	FY21 GL-PL Ins Rpt Days								24,307		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.42	\$117.77	\$0.00	\$25.64	\$21.81	(with L&H)	\$35.03	\$3.94	\$8.65	\$0.58
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4315								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.27								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.27	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	\$8.65	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.17	\$82.27	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	9.90 (FRV)	\$0.58
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.17	\$82.27	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3637								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.09	\$112.19	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.73	\$6.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.16	\$10.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.25	\$122.25	\$0.00	\$25.86	\$22.22	\$0.00	\$52.50	\$3.94	\$9.90	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.11									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - MONROE Prvdr ID: 00141468A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.00% Nurse Hrs per On-Site Day/Q 3.24 </div> <div> <u>Facility Score</u> N/A 30.00% 3.24 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3293 Quarterly Medicaid: 1.4197 </div> <div> <u>PDPM Facility</u> 1.3293 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,173,158	\$2,939,686	\$0	\$388,472	\$628,273	\$0	\$980,410		\$236,317	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$394,537)	(\$42,972)	\$0	(\$1,140)	\$825	\$2,656	(\$334,089)		(\$19,817)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,730		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,031
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,156,382	\$2,896,714	\$0	\$387,332	\$629,098	\$2,656	\$646,321	\$356,730	\$216,500	\$21,031
8	Total Nursing Facility Days As Filed Days = 21,103	FY21 Audited C/R Days	21,103									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,103	FY21 GL-PL Ins Rpt Days								21,103		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.35	\$137.27	\$0.00	\$18.35	\$29.94	(with L&H)	\$30.63	\$16.90	\$10.26	\$1.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3293								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.27								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$103.27	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	\$10.26	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.02	\$103.27	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	9.93 (FRV)	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.02	\$103.27	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4197								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.37	\$146.61	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.67	\$3.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.33	\$7.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.63	\$11.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$283.00	\$158.14	\$0.00	\$18.57	\$30.35	\$0.00	\$48.10	\$16.90	\$9.93	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.43									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - HOLLY HILL, LLC Prvdr ID: 00141479A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.42% Nurse Hrs per On-Site Day/Q 3.61 </div> <div> <u>Facility Score</u> N/A 18.42% 3.61 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4501 Quarterly Medicaid: 1.5747 </div> <div> <u>PDPM Facility</u> 1.4501 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,632,972	\$3,083,775	\$0	\$448,225	\$616,584	\$0	\$1,122,584		\$361,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$473,900)	(\$27,115)	\$0	\$0	\$0	\$1,183	(\$418,617)		(\$29,351)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$437,230		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,351
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,625,653	\$3,056,660	\$0	\$448,225	\$616,584	\$1,183	\$703,967	\$437,230	\$332,453	\$29,351
8	Total Nursing Facility Days As Filed Days = 25,871	FY21 Audited C/R Days	25,871									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,871	FY21 GL-PL Ins Rpt Days								25,871		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$217.45	\$118.15	\$0.00	\$17.33	\$23.88	(with L&H)	\$27.21	\$16.90	\$12.85	\$1.13
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4501								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.48								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.48	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	\$12.85	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.97	\$81.48	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	10.04 (FRV)	\$1.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.97	\$81.48	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5747								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.80	\$128.31	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.42	\$6.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.05	\$6.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.85	\$135.26	\$0.00	\$17.55	\$24.29	\$0.00	\$44.68	\$16.90	\$10.04	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.56									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WYNFIELD PARK HEALTH AND REHABILITATION Prvdr ID: 00141512A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.52% Nurse Hrs per On-Site Day/Q 3.50 </div> <div> <u>Facility Score</u> N/A 38.52% 3.50 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4146 Quarterly Medicaid: 1.3687 </div> <div> <u>PDPM Facility</u> 1.4146 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,520,545	\$5,531,947	\$0	\$1,168,214	\$1,161,943	\$0	\$1,807,633		\$850,808	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$253,688)	(\$5,514)	\$0	(\$1,349)	\$0	(\$1,628)	(\$213,976)		(\$31,221)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$194,935		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,221
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,493,013	\$5,526,433	\$0	\$1,166,865	\$1,161,943	(\$1,628)	\$1,593,657	\$194,935	\$819,587	\$31,221
8	Total Nursing Facility Days As Filed Days = 47,251	FY21 Audited C/R Days	47,251									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,251	FY21 GL-PL Ins Rpt Days								47,251		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.09	\$116.96	\$0.00	\$24.70	\$24.56	(with L&H)	\$33.73	\$4.13	\$17.35	\$0.66
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4146								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.68								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.68	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	\$17.35	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.84	\$82.68	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	24.38 (FRV)	\$0.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.84	\$82.68	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$0.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3687								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.32	\$113.16	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$0.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.66	\$5.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.12	\$9.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.44	\$122.18	\$0.00	\$24.92	\$24.97	\$0.00	\$51.20	\$4.13	\$24.38	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.51									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MACON REHABILITATION AND HEALTHCARE Prvdr ID: 00141523A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.40% Nurse Hrs per On-Site Day/Q 3.39 </div> <div> <u>Facility Score</u> N/A 25.40% 3.39 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5519 Quarterly Medicaid: 1.5640 </div> <div> <u>PDPM Facility</u> 1.5519 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,317,489	\$2,923,533	\$0	\$518,141	\$679,565	\$0	\$1,076,247		\$1,120,003	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$278,075)	\$0	\$0	\$0	\$670	\$650	(\$205,205)		(\$74,190)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$205,205		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$74,334
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,318,953	\$2,923,533	\$0	\$518,141	\$680,235	\$650	\$871,042	\$205,205	\$1,045,813	\$74,334
8	Total Nursing Facility Days As Filed Days = 24,746	FY21 Audited C/R Days	24,746									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,746	FY21 GL-PL Ins Rpt Days								24,746		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$255.34	\$118.14	\$0.00	\$20.94	\$27.51	(with L&H)	\$35.20	\$8.29	\$42.26	\$3.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5519								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	\$42.26	\$3.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.22	\$76.12	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	11.16 (FRV)	\$3.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.22	\$76.12	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5640								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.15	\$119.05	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.20	\$4.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$247.35	\$123.15	\$0.00	\$21.16	\$27.92	\$0.00	\$52.67	\$8.29	\$11.16	\$3.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.69									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: FRIENDSHIP HEALTH AND REHAB Prvdr ID: 00141567A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 37.84% Nurse Hrs per On-Site Day/Q 3.15 </div> <div> <u>Facility Score</u> N/A 37.84% 3.15 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3621 Quarterly Medicaid: 1.3154 </div> <div> <u>PDPM Facility</u> 1.3621 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,075,180	\$2,811,029	\$0	\$507,404	\$620,401	\$0	\$769,086		\$367,260	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$153,208)	\$66	\$0	\$0	\$757	\$857	(\$147,604)		(\$7,284)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,503		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,877
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,075,352	\$2,811,095	\$0	\$507,404	\$621,158	\$857	\$621,482	\$138,503	\$359,976	\$14,877
8	Total Nursing Facility Days As Filed Days = 18,694	FY21 Audited C/R Days	18,694									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,694	FY21 GL-PL Ins Rpt Days								18,694		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$271.49	\$150.37	\$0.00	\$27.14	\$33.27	(with L&H)	\$33.24	\$7.41	\$19.26	\$0.80
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3621								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.40								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$110.40	\$0.00	\$27.14	\$33.27		\$33.24	\$7.41	\$19.26	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.89	\$104.63	\$0.00	\$26.82	\$33.27		\$33.24	\$7.41	8.72 (FRV)	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.89	\$104.63	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.3154								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.89	\$137.63	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.38	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.44	\$3.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.05	\$7.57	\$0.00	\$0.00	\$0.01	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.94	\$145.20	\$0.00	\$26.82	\$33.28	\$0.00	\$50.71	\$7.41	\$8.72	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.88									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MIONA GERIATRIC & DEMENTIA CENTER Prvdr ID: 00141578A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 52.05% Nurse Hrs per On-Site Day/Q 3.52 </div> <div> <u>Facility Score</u> N/A 52.05% 3.52 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3930 Quarterly Medicaid: 1.3485 </div> <div> <u>PDPM Facility</u> 1.3930 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,076,229	\$3,008,561	\$0	\$525,566	\$729,538	\$0	\$692,626		\$119,938	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,580)	\$0	\$0	\$0	\$0	\$0	(\$61,474)		(\$38,106)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$65,298		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$38,106
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,080,053	\$3,008,561	\$0	\$525,566	\$729,538	\$0	\$631,152	\$65,298	\$81,832	\$38,106
8	Total Nursing Facility Days As Filed Days = 28,845	FY21 Audited C/R Days	28,845									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,845	FY21 GL-PL Ins Rpt Days								28,845		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.11	\$104.30	\$0.00	\$18.22	\$25.29	(with L&H)	\$21.88	\$2.26	\$2.84	\$1.32
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3930								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.88								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.88	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	\$2.84	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$74.88	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	11.91 (FRV)	\$1.32
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.76	\$74.88	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3485								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.86	\$100.98	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.55	\$5.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.21	\$9.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$209.07	\$110.09	\$0.00	\$18.44	\$25.70	\$0.00	\$39.35	\$2.26	\$11.91	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.98									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THE PLACE AT DEANS BRIDGE Prvdr ID: 00141589A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 47.69% Nurse Hrs per On-Site Day/Q 3.74 </div> <div> <u>Facility Score</u> N/A 47.69% 3.74 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3221 Quarterly Medicaid: 1.2352 </div> <div> <u>PDPM Facility</u> 1.3221 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,325,230	\$2,913,015	\$0	\$472,602	\$466,941	\$0	\$1,153,338		\$319,334	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$567,505)	\$0	\$0	\$0	(\$2,919)	(\$32,489)	(\$465,311)		(\$66,786)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$438,194		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$65,871
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,261,790	\$2,913,015	\$0	\$472,602	\$464,022	(\$32,489)	\$688,027	\$438,194	\$252,548	\$65,871
8	Total Nursing Facility Days As Filed Days = 24,384	FY21 Audited C/R Days	24,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,384	FY21 GL-PL Ins Rpt Days								24,384		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$215.79	\$119.46	\$0.00	\$19.38	\$17.70	(with L&H)	\$28.22	\$17.97	\$10.36	\$2.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3221								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.35								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.35	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	\$10.36	\$2.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.62	\$90.35	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	10.30 (FRV)	\$2.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.62	\$90.35	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2352								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.87	\$111.60	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.14	\$6.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.12	\$10.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.99	\$121.62	\$0.00	\$19.60	\$18.11	\$0.00	\$45.69	\$17.97	\$10.30	\$2.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.17									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HARBORVIEW HEALTH SYSTEMS JESUP Prvdr ID: 00141611A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 17.14% Nurse Hrs per On-Site Day/Q 3.32 </div> <div> <u>Facility Score</u> N/A 17.14% 3.32 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3049 Quarterly Medicaid: 1.3831 </div> <div> <u>PDPM Facility</u> 1.3049 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,205,318	\$2,468,051	\$0	\$454,044	\$460,136	\$0	\$1,009,554		\$813,533	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$117,003)	\$28,153	\$0	(\$5,310)	\$0	\$5,048	(\$94,884)		(\$50,010)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,136		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,272
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,238,723	\$2,496,204	\$0	\$448,734	\$460,136	\$5,048	\$914,670	\$100,136	\$763,523	\$50,272
8	Total Nursing Facility Days As Filed Days = 29,664	FY21 Audited C/R Days	29,664									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,664	FY21 GL-PL Ins Rpt Days								29,664		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.60	\$84.15	\$0.00	\$15.13	\$15.68	(with L&H)	\$30.83	\$3.38	\$25.74	\$1.69
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3049								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.49								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.49	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	\$25.74	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.73	\$64.49	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	8.53 (FRV)	\$1.69
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.73	\$64.49	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$1.69
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3831								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.43	\$89.20	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$1.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.31	\$3.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$185.74	\$92.41	\$0.00	\$15.35	\$16.09	\$0.00	\$48.30	\$3.38	\$8.53	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.48									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: JOE ANNE BURGIN NURS HOME				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141633A		PDPM Shadow Rate For informational use only. This is NOT your rate				Growth Allowance:	N/A	0.00%	Base Period Overall PDPM:		1.6108	1.5751
H/B ?: No		Case Mix Per Diem Rate Effective Date:		01/01/24	BIMS	30.9%	2.5%	Quarterly Medicaid PDPM:		0.0000	1.5195	
		MDS & Nurse Hrs Data per Quarter Ending:		09/30/23	Nurse Hours per On-Site Day/Quality Incentive:	3.52	6.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:		1.2597	1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020												
FY2020 C/R - FY 2020 GL-PL Rpt												
Inflation (July 2021) @ 4.30%												
Patient Days												
FY 2020 Cost Rpt												
Total Nursing Facility Days GL-PL Ins. Rpt												
FY 20 GL-PL Ins Rpt Days												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.00%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 6.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SCOTT HEALTH & REHABILITATION Prvdr ID: 00141644A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 37.21% Nurse Hrs per On-Site Day/Q 3.15 </div> <div> <u>Facility Score</u> N/A 37.21% 3.15 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 6.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3260 Quarterly Medicaid: 1.3400 </div> <div> <u>PDPM Facility</u> 1.3260 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,349,319	\$1,978,163	\$0	\$342,818	\$357,732	\$0	\$557,849		\$112,757	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$96,975)	(\$3,831)	\$0	(\$462)	(\$444)	\$1,135	(\$78,856)		(\$14,517)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$73,276		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,484
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,340,104	\$1,974,332	\$0	\$342,356	\$357,288	\$1,135	\$478,993	\$73,276	\$98,240	\$14,484
8	Total Nursing Facility Days As Filed Days = 16,167	FY21 Audited C/R Days	16,167									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,167	FY21 GL-PL Ins Rpt Days								16,167		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$206.61	\$122.12	\$0.00	\$21.18	\$22.17	(with L&H)	\$29.63	\$4.53	\$6.08	\$0.90
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3260								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.10								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.10	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	\$6.08	\$0.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.17	\$92.10	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	11.66 (FRV)	\$0.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.17	\$92.10	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3400								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.49	\$123.41	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.40	\$7.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.12	\$11.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.61	\$134.43	\$0.00	\$21.40	\$22.58	\$0.00	\$47.10	\$4.53	\$11.66	\$0.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.13									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: KEYSVILLE NURSING HOME & REHAB Prvdr ID: 00141655A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 53.33% Nurse Hrs per On-Site Day/Q 3.63 </div> <div> <u>Facility Score</u> N/A 53.33% 3.63 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5691 Quarterly Medicaid: 1.4558 </div> <div> <u>PDPM Facility</u> 1.5691 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,046,663	\$2,228,108	\$0	\$498,115	\$531,229	\$0	\$435,519		\$353,692	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$106,004)	\$0	\$0	\$0	\$0	\$0	(\$71,610)		(\$34,394)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,986		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$34,394
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,045,039	\$2,228,108	\$0	\$498,115	\$531,229	\$0	\$363,909	\$69,986	\$319,298	\$34,394
8	Total Nursing Facility Days As Filed Days = 17,969	FY21 Audited C/R Days		17,969								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,969	FY21 GL-PL Ins Rpt Days								17,969		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.10	\$124.00	\$0.00	\$27.72	\$29.56	(with L&H)	\$20.25	\$3.89	\$17.77	\$1.91
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5691								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$27.72	\$29.56		\$20.25	\$3.89	\$17.77	\$1.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.65	\$79.03	\$0.00	\$26.82	\$29.56		\$20.25	\$3.89	13.19 (FRV)	\$1.91
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.65	\$79.03	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4558								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.68	\$115.05	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.33	\$6.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.19	\$10.31	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.87	\$125.36	\$0.00	\$26.82	\$29.97	\$0.00	\$37.72	\$3.89	\$13.19	\$1.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.33									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: COUNTRYSIDE HEALTH CENTER Prvdr ID: 00141666A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.22% Nurse Hrs per On-Site Day/Q 2.69 </div> <div> <u>Facility Score</u> N/A 22.22% 2.69 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2796 Quarterly Medicaid: 1.2876 </div> <div> <u>PDPM Facility</u> 1.2796 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,506,125	\$1,903,180	\$0	\$328,273	\$381,441	\$0	\$615,544		\$277,687	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,778)	\$0	\$0	\$0	(\$3,192)	(\$2,720)	(\$52,651)		(\$17,215)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$41,170		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,948
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,488,465	\$1,903,180	\$0	\$328,273	\$378,249	(\$2,720)	\$562,893	\$41,170	\$260,472	\$16,948
8	Total Nursing Facility Days As Filed Days = 18,982	FY21 Audited C/R Days	18,982									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,982	FY21 GL-PL Ins Rpt Days								18,982		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.76	\$100.26	\$0.00	\$17.29	\$19.78	(with L&H)	\$29.65	\$2.17	\$13.72	\$0.89
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2796								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.35								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.35	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	\$13.72	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.82	\$78.35	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	6.69 (FRV)	\$0.89
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.82	\$78.35	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$0.89
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2876								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.35	\$100.88	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$0.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.66	\$3.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$199.01	\$104.44	\$0.00	\$17.51	\$20.19	\$0.00	\$47.12	\$2.17	\$6.69	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.43									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: LAKE CITY NURSING AND REHABILITATION CENTER LLC Prvdr ID: 00141699A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.99% Nurse Hrs per On-Site Day/Q 2.52 </div> <div> <u>Facility Score</u> N/A 30.99% 2.52 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2891 Quarterly Medicaid: 1.3572 </div> <div> <u>PDPM Facility</u> 1.2891 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,865,210	\$6,792,481	\$0	\$1,179,706	\$1,247,209	\$0	\$1,729,109		\$916,705	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$420,402)	\$0	\$0	(\$4,779)	(\$1,625)	\$1,640	(\$317,003)		(\$98,635)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$163,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$98,225
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,706,840	\$6,792,481	\$0	\$1,174,927	\$1,245,584	\$1,640	\$1,412,106	\$163,807	\$818,070	\$98,225
8	Total Nursing Facility Days As Filed Days = 66,454	FY21 Audited C/R Days	66,454									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,454	FY21 GL-PL Ins Rpt Days								66,454		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.16	\$102.21	\$0.00	\$17.68	\$18.77	(with L&H)	\$21.25	\$2.46	\$12.31	\$1.48
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2891								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.29								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.29	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	\$12.31	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.33	\$79.29	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	9.40 (FRV)	\$1.48
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.33	\$79.29	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$1.48
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3572								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.66	\$107.61	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$1.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.55	\$6.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$203.21	\$114.06	\$0.00	\$17.90	\$19.18	\$0.00	\$38.72	\$2.46	\$9.40	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.58									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - LAKEHAVEN, LLC Prvdr ID: 00141721A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.23% Nurse Hrs per On-Site Day/Q 3.52 </div> <div> <u>Facility Score</u> N/A 26.23% 3.52 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 6.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5651 Quarterly Medicaid: 1.5257 </div> <div> <u>PDPM Facility</u> 1.5651 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,356,538	\$2,621,786	\$0	\$471,967	\$713,306	\$0	\$1,094,924		\$454,555	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$440,708)	(\$71,293)	\$0	\$0	\$0	\$223	(\$331,601)		(\$38,037)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$390,803		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$39,983
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,346,616	\$2,550,493	\$0	\$471,967	\$713,306	\$223	\$763,323	\$390,803	\$416,518	\$39,983
8	Total Nursing Facility Days As Filed Days = 24,826	FY21 Audited C/R Days	24,826									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,826	FY21 GL-PL Ins Rpt Days								24,826		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$215.36	\$102.73	\$0.00	\$19.01	\$28.74	(with L&H)	\$30.75	\$15.74	\$16.78	\$1.61
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5651								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.64								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.64	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	\$16.78	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.27	\$65.64	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	8.78 (FRV)	\$1.61
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.27	\$65.64	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$1.61
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.5257								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.78	\$100.15	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$1.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>6.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.01	\$6.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.64	\$7.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.42	\$107.69	\$0.00	\$19.23	\$29.15	\$0.00	\$48.22	\$15.74	\$8.78	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.99									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SGMC LAKELAND VILLA Prvdr ID: 00141732A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 28.85% Nurse Hrs per On-Site Day/Q 3.06 </div> <div> <u>Facility Score</u> N/A 28.85% 3.06 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3710 Quarterly Medicaid: 1.4602 </div> <div> <u>PDPM Facility</u> 1.3710 1.4602 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,564,739	\$3,086,595	\$0	\$1,350,164	\$319,703	\$667,383	\$786,649		\$354,245	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,987)	\$27,411	\$0	\$0	\$0	(\$13,008)	(\$75,063)		(\$15,327)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44,625		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,327
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,548,704	\$3,114,006	\$0	\$1,350,164	\$319,703	\$654,375	\$711,586	\$44,625	\$338,918	\$15,327
8	Total Nursing Facility Days As Filed Days = 21,984	FY21 Audited C/R Days	21,984									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,984	FY21 GL-PL Ins Rpt Days								21,984		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$297.90	\$141.65	\$0.00	\$61.42	\$44.31	(with L&H)	\$32.37	\$2.03	\$15.42	\$0.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3710								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.32								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$103.32	\$0.00	\$61.42	\$44.31		\$32.37	\$2.03	\$15.42	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.13	\$103.32	\$0.00	\$37.13	\$33.28		\$32.37	\$2.03	29.30 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.13	\$103.32	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4602								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$285.68	\$150.87	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.53	\$4.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$6.57	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$309.72	\$157.44	\$0.00	\$37.13	\$33.28	\$0.00	\$49.84	\$2.03	\$29.30	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.47									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE OAKS - LIMESTONE				Add-on Data and Percentag		Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide	
Prvdr ID: 00141743A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.		Growth Allowance:	N/A	0.00%	Base Period Overall:			1.3364	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		36.59%	2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		3.19	5.0%	Quarterly Medicaid:			1.2710	1.4161	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits												
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,946,082	\$3,387,685	\$0	\$509,397	\$869,370	\$0	\$1,430,648		\$748,982	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$522,348)	(\$56,275)	\$0	\$0	\$9,984	\$13,256	(\$400,058)		(\$89,255)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$451,216			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$80,327	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,955,277	\$3,331,410	\$0	\$509,397	\$879,354	\$13,256	\$1,030,590	\$451,216	\$659,727	\$80,327	
8	Total Nursing Facility Days As Filed Days = 23,828	FY21 Audited C/R Days	23,828										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,828	FY21 GL-PL Ins Rpt Days								23,828			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$291.90	\$139.81	\$0.00	\$21.38	\$37.46	(with L&H)	\$43.25	\$18.94	\$27.69	\$3.37	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3364									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.62									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$104.62	\$0.00	\$21.38	\$37.46		\$43.25	\$18.94	\$27.69	\$3.37	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$252.59	\$104.62	\$0.00	\$21.38	\$33.28		\$36.91	\$18.94	34.09 (FRV)	\$3.37	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$252.59	\$104.62	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2710									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.97									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.94	\$132.97	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.23	\$0.01	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.32	\$3.32									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.65	\$6.65									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.30	\$9.98	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$308.24	\$142.95	\$0.00	\$21.60	\$33.28	\$0.00	\$54.01	\$18.94	\$34.09	\$3.37	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.36										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: RENAISSANCE CENTER FOR NURSING AND HEALING Prvdr ID: 00141754A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 38.14% Nurse Hrs per On-Site Day/Q 2.64				Facility Score N/A 38.14% 2.64	Add-on Percent 0.00% 2.5% 5.0%	Facility Model (PDPM) Data Base Period Overall: 1.5135 Quarterly Medicaid: 1.4456					PDPM Facility 1.5135	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,985,589	\$3,997,645	\$0	\$741,115	\$700,762	\$0	\$1,371,525		\$1,174,542	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,405)	(\$11,043)	\$0	\$0	(\$4,960)	(\$6,998)	(\$173,982)		(\$106,422)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$173,982		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$104,607
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,960,773	\$3,986,602	\$0	\$741,115	\$695,802	(\$6,998)	\$1,197,543	\$173,982	\$1,068,120	\$104,607
8	Total Nursing Facility Days As Filed Days = 38,284	FY21 Audited C/R Days	38,284									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,284	FY21 GL-PL Ins Rpt Days								38,284		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.93	\$104.13	\$0.00	\$19.36	\$17.99	(with L&H)	\$31.28	\$4.54	\$27.90	\$2.73
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5135								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.80								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.80	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	\$27.90	\$2.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.44	\$68.80	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	8.74 (FRV)	\$2.73
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.44	\$68.80	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4456								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.10	\$99.46	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.97	\$4.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.09	\$7.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$210.19	\$107.45	\$0.00	\$19.58	\$18.40	\$0.00	\$48.75	\$4.54	\$8.74	\$2.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.82									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MAGNOLIA MANOR OF MARION COUNTY Prvdr ID: 00141809A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 39.34% Nurse Hrs per On-Site Day/Q 3.98 </div> <div> <u>Facility Score</u> N/A 39.34% 3.98 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4617 Quarterly Medicaid: 1.6518 </div> <div> <u>PDPM Facility</u> 1.4617 1.6518 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,313,241	\$2,373,339	\$0	\$415,774	\$461,170	\$0	\$723,776		\$339,182	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$82,821)	\$0	\$0	\$0	\$0	\$0	(\$63,565)		(\$19,256)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,565		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,256
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,313,241	\$2,373,339	\$0	\$415,774	\$461,170	\$0	\$660,211	\$63,565	\$319,926	\$19,256
8	Total Nursing Facility Days As Filed Days = 19,058	FY21 Audited C/R Days		19,058								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,058	FY21 GL-PL Ins Rpt Days								19,058		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.33	\$124.53	\$0.00	\$21.82	\$24.20	(with L&H)	\$34.64	\$3.34	\$16.79	\$1.01
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4617								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.20								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.20	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	\$16.79	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.42	\$85.20	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	28.21 (FRV)	\$1.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.42	\$85.20	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6518								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.95	\$140.73	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.52	\$3.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.04	\$7.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.19	\$11.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$283.14	\$151.82	\$0.00	\$22.04	\$24.61	\$0.00	\$52.11	\$3.34	\$28.21	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.53									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: LEGACY TRANSITIONAL CARE & REHABILITATION Prvdr ID: 00141831A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.56% Nurse Hrs per On-Site Day/Q 2.58 </div> <div> <u>Facility Score</u> N/A 30.56% 2.58 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2389 Quarterly Medicaid: 1.1789 </div> <div> <u>PDPM Facility</u> 1.2389 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,269,045	\$5,864,808	\$0	\$959,365	\$1,151,626	\$0	\$1,774,523		\$1,518,723	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$505,991)	\$0	\$0	\$0	(\$3,131)	(\$3,959)	(\$356,566)		(\$142,335)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,566		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$141,458
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,261,078	\$5,864,808	\$0	\$959,365	\$1,148,495	(\$3,959)	\$1,417,957	\$356,566	\$1,376,388	\$141,458
8	Total Nursing Facility Days As Filed Days = 57,702	FY21 Audited C/R Days	57,702									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,702	FY21 GL-PL Ins Rpt Days								57,702		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.16	\$101.64	\$0.00	\$16.63	\$19.84	(with L&H)	\$24.57	\$6.18	\$23.85	\$2.45
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2389								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.04								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.04	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	\$23.85	\$2.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.00	\$82.04	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	11.29 (FRV)	\$2.45
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.00	\$82.04	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1789								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.68	\$96.72	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.98	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$200.66	\$101.60	\$0.00	\$16.85	\$20.25	\$0.00	\$42.04	\$6.18	\$11.29	\$2.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.67									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SADIE G. MAYS HEALTH & REHABILITATION CENTER Prvdr ID: 00141842A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 35.25% Nurse Hrs per On-Site Day/Q 2.61				Facility Score N/A 35.25% 2.61	Add-on Percent 0.00% 2.5% 5.0%	Facility Model (PDPM) Data Base Period Overall: 1.4865 Quarterly Medicaid: 1.3870					PDPM Facility 1.4865 1.3870	PDPM Statewide 1.4210 1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,838,245	\$7,033,832	\$0	\$1,193,278	\$2,068,329	\$0	\$3,263,748		\$279,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$782,166)	\$0	\$0	\$0	(\$1,592)	(\$2,356)	(\$685,973)		(\$92,245)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$599,867		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,655,946	\$7,033,832	\$0	\$1,193,278	\$2,066,737	(\$2,356)	\$2,577,775	\$599,867	\$186,813	\$0
8	Total Nursing Facility Days As Filed Days = 54,832	FY21 Audited C/R Days	54,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,832	FY21 GL-PL Ins Rpt Days								54,832		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.05	\$128.28	\$0.00	\$21.76	\$37.65	(with L&H)	\$47.01	\$10.94	\$3.41	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4865								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.30								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.30	\$0.00	\$21.76	\$37.65		\$47.01	\$10.94	\$3.41	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.94	\$86.30	\$0.00	\$21.76	\$33.28		\$36.91	\$10.94	11.75 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.94	\$86.30	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3870								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.34	\$119.70	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.98	\$5.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.72	\$9.50	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$244.06	\$129.20	\$0.00	\$21.98	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.05									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MCRAE MANOR NURSING HOME Prvdr ID: 00141853A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.26% Nurse Hrs per On-Site Day/Q 3.49 </div> <div> <u>Facility Score</u> N/A 30.26% 3.49 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2861 Quarterly Medicaid: 1.3486 </div> <div> <u>PDPM Facility</u> 1.2861 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,342,472	\$3,655,039	\$0	\$657,194	\$790,531	\$0	\$1,173,879		\$65,829	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$466,576)	(\$177,843)	\$0	\$1,624	(\$2,306)	(\$5,474)	(\$233,186)		(\$49,391)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$379,000		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,036
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,305,932	\$3,477,196	\$0	\$658,818	\$788,225	(\$5,474)	\$940,693	\$379,000	\$16,438	\$51,036
11	Total Nursing Facility Days As Filed Days = 30,818	FY21 Audited C/R Days	30,818									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,818	FY21 GL-PL Ins Rpt Days								30,818		
13	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.62	\$112.83	\$0.00	\$21.38	\$25.40	(with L&H)	\$30.52	\$12.30	\$0.53	\$1.66
14	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2861								
15	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.73								
16	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.73	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	\$0.53	\$1.66
17	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.02	\$87.73	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	11.03 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.02	\$87.73	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66
21	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3486								
22	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.31								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.60	\$118.31	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96								
26	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.92	\$5.92								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.51	\$9.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.11	\$127.72	\$0.00	\$21.60	\$25.81	\$0.00	\$47.99	\$12.30	\$11.03	\$1.66
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.26									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MEADOWBROOK HEALTH AND REHAB Prvdr ID: 00141864A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 45.24% Nurse Hrs per On-Site Day/Q 3.89 </div> <div> <u>Facility Score</u> N/A 45.24% 3.89 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4967 Quarterly Medicaid: 1.7363 </div> <div> <u>PDPM Facility</u> 1.4967 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,775,217	\$2,911,472	\$0	\$611,951	\$802,799	\$0	\$2,400,655		\$2,048,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$274,660)	(\$2,428)	\$0	\$12,900	\$0	(\$12,900)	(\$121,896)		(\$150,336)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$118,078		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$150,336
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,768,971	\$2,909,044	\$0	\$624,851	\$802,799	(\$12,900)	\$2,278,759	\$118,078	\$1,898,004	\$150,336
8	Total Nursing Facility Days As Filed Days = 35,771	FY21 Audited C/R Days	35,771									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,771	FY21 GL-PL Ins Rpt Days								35,771		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$245.13	\$81.32	\$0.00	\$17.47	\$22.08	(with L&H)	\$63.70	\$3.30	\$53.06	\$4.20
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4967								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.33								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.33	\$0.00	\$17.47	\$22.08		\$63.70	\$3.30	\$53.06	\$4.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.56	\$54.33	\$0.00	\$17.47	\$22.08		\$36.91	\$3.30	15.27 (FRV)	\$4.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.56	\$54.33	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.7363								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.56	\$94.33	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.19	\$5.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.28	\$8.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.84	\$102.88	\$0.00	\$17.69	\$22.49	\$0.00	\$54.01	\$3.30	\$15.27	\$4.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.06									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: Ridgecrest Rehab and Skilled Nursing Center Prvdr ID: 00141886A PDPM Shadow Rate For informational use only. This is NOT your rate H/B ?: No Case Mix Per Diem Rate Effective Date: 01/01/24 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 Nurse Hours per On-Site Day/Quality Incentive:				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 40.0%	Facility Score: 5.01 Add-on Percent: 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.4491 Quarterly Medicaid PDPM: 0.0000 Qtrly Mcaid PDPM w RUG Wght Options: 1.4873				Facility Specific: 1.4491 State-wide: 1.5751 0.0000 1.5195 1.4873 1.5463		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 119,604		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								31,299		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$39.98	\$1.24
	<u>Allowed @ 95% of Std</u>		\$228.21	\$94.83		\$25.48	\$31.62		\$35.06		\$39.98	\$1.24
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$232.03	\$94.83		\$25.48	\$31.62		\$35.06	\$ 3.82	\$39.98	\$1.24
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4873							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$141.04								
	Quarterly Medicaid CMA Allowed Per Diem		\$278.61	\$141.04		\$25.48	\$31.62		\$35.06	\$ 4.19	\$39.98	\$1.24
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$3.53	\$3.53								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$4.23	\$4.23								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$24.86									
	Quarterly Case Mix Based Per Diem Rate		\$303.47	\$148.80		\$25.48	\$31.62		\$52.16	\$4.19	\$39.98	\$1.24
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$214.78										

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: PRUITTHEALTH - MACON Prvdr ID: 00141908A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.78% Nurse Hrs per On-Site Day/Q 2.83 </div> <div> <u>Facility Score</u> N/A 23.78% 2.83 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5225 Quarterly Medicaid: 1.5493 </div> <div> <u>PDPM Facility</u> 1.5225 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,492,499	\$6,952,216	\$0	\$896,303	\$1,592,716	\$0	\$2,524,205		\$527,059	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,405,478)	(\$262,561)	\$0	(\$433)	(\$43,890)	(\$46,658)	(\$942,775)		(\$109,161)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$981,353		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,983
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,100,357	\$6,689,655	\$0	\$895,870	\$1,548,826	(\$46,658)	\$1,581,430	\$981,353	\$417,898	\$31,983
8	Total Nursing Facility Days As Filed Days = 58,499	FY21 Audited C/R Days	55,171									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,499	FY21 GL-PL Ins Rpt Days								55,171		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$219.32	\$121.25	\$0.00	\$16.24	\$27.23	(with L&H)	\$28.66	\$17.79	\$7.57	\$0.58
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5225								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.64								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.64	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	\$7.57	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.73	\$79.64	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	8.59 (FRV)	\$0.58
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.73	\$79.64	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5493								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.47	\$123.39	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.17	\$6.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.03	\$7.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.50	\$131.32	\$0.00	\$16.46	\$27.64	\$0.00	\$46.13	\$17.79	\$8.59	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.55									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: MEMORIAL MANOR NURSING HOME Prvdr ID: 00141919A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.96% Nurse Hrs per On-Site Day/Q 3.66 </div> <div> <u>Facility Score</u> N/A 33.96% 3.66 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4043 Quarterly Medicaid: 1.4049 </div> <div> <u>PDPM Facility</u> 1.4043 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,232,667	\$3,313,777	\$0	\$1,313,453	\$348,525	\$448,007	\$603,871		\$205,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$79,884)	\$0	\$0	\$0	\$0	\$0	(\$28,876)		(\$51,008)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$28,876		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,008
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,232,667	\$3,313,777	\$0	\$1,313,453	\$348,525	\$448,007	\$574,995	\$28,876	\$154,026	\$51,008
8	Total Nursing Facility Days As Filed Days = 31,435	FY21 Audited C/R Days	31,435									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,435	FY21 GL-PL Ins Rpt Days								31,435		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.27	\$105.42	\$0.00	\$41.78	\$25.34	(with L&H)	\$18.29	\$0.92	\$4.90	\$1.62
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4043								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.07								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.07	\$0.00	\$41.78	\$25.34		\$18.29	\$0.92	\$4.90	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.32	\$75.07	\$0.00	\$37.13	\$25.34		\$18.29	\$0.92	10.95 (FRV)	\$1.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.32	\$75.07	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4049								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.71	\$105.47	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.11	\$2.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.28	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.87	\$110.75	\$0.00	\$37.13	\$25.75	\$0.00	\$35.76	\$0.92	\$10.95	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.33									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: MEDICAL MANAGEMENT HEALTH AND REHAB CENTER Prvdr ID: 00141941A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 16.88% Nurse Hrs per On-Site Day/Q 2.83				Facility Score N/A	Add-on Percent 0.00%	Facility Model (PDPM) Data Base Period Overall: 1.1603 Quarterly Medicaid: 1.2266					PDPM Facility 1.1603	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,418,953	\$2,477,295	\$0	\$397,350	\$520,399	\$0	\$757,029		\$266,880	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$120,542)	(\$13,314)	\$0	\$0	\$0	\$0	(\$44,860)		(\$62,368)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$62,368
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,360,779	\$2,463,981	\$0	\$397,350	\$520,399	\$0	\$712,169	\$0	\$204,512	\$62,368
8	Total Nursing Facility Days As Filed Days = 26,697	FY21 Audited C/R Days	26,697									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,697	FY21 GL-PL Ins Rpt Days								26,697		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.34	\$92.29	\$0.00	\$14.88	\$19.49	(with L&H)	\$26.68	\$0.00	\$7.66	\$2.34
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1603								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.54								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.54	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	\$7.66	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.44	\$79.54	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	8.51 (FRV)	\$2.34
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.44	\$79.54	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2266								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.46	\$97.56	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$3.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$191.02	\$101.02	\$0.00	\$15.10	\$19.90	\$0.00	\$44.15	\$0.00	\$8.51	\$2.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.44									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WARM SPRINGS MEDICAL CENTER NURSING HOME Prvdr ID: 00141952A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 29.85% Nurse Hrs per On-Site Day/Q 2.79 </div> <div> <u>Facility Score</u> N/A 29.85% 2.79 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3077 Quarterly Medicaid: 1.2870 </div> <div> <u>PDPM Facility</u> 1.3077 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,316,760	\$3,019,329	\$0	\$675,173	\$279,021	\$294,559	\$830,546		\$218,132	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$43,328)	\$0	\$0	\$0	\$2,927	\$3,088	(\$40,843)		(\$8,500)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$40,843		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,356
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,322,631	\$3,019,329	\$0	\$675,173	\$281,948	\$297,647	\$789,703	\$40,843	\$209,632	\$8,356
8	Total Nursing Facility Days As Filed Days = 26,843	FY21 Audited C/R Days	26,843									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,843	FY21 GL-PL Ins Rpt Days								26,843		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.28	\$112.48	\$0.00	\$25.15	\$21.59	(with L&H)	\$29.42	\$1.52	\$7.81	\$0.31
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3077								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.01								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.01	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	\$7.81	\$0.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.75	\$86.01	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	11.75 (FRV)	\$0.31
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.75	\$86.01	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2870								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.44	\$110.69	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$4.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$223.50	\$115.65	\$0.00	\$25.37	\$22.00	\$0.00	\$46.89	\$1.52	\$11.75	\$0.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.80									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: AZALEA HEALTH AND REHABILITATION Prvdr ID: 00141963A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 34.88% Nurse Hrs per On-Site Day/Q 3.39 </div> <div> <u>Facility Score</u> N/A 34.88% 3.39 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 6.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3794 Quarterly Medicaid: 1.3156 </div> <div> <u>PDPM Facility</u> 1.3794 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,154,269	\$2,269,168	\$0	\$468,391	\$418,142	\$0	\$735,637		\$262,931	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$183,453)	(\$2,523)	\$0	(\$617)	\$0	(\$528)	(\$122,650)		(\$57,135)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$115,188		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,135
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,143,139	\$2,266,645	\$0	\$467,774	\$418,142	(\$528)	\$612,987	\$115,188	\$205,796	\$57,135
8	Total Nursing Facility Days As Filed Days = 21,621	FY21 Audited C/R Days	21,621									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,621	FY21 GL-PL Ins Rpt Days								21,621		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$191.64	\$104.84	\$0.00	\$21.64	\$19.32	(with L&H)	\$28.35	\$5.33	\$9.52	\$2.64
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3794								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.00								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.00	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	\$9.52	\$2.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.42	\$76.00	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	11.14 (FRV)	\$2.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.42	\$76.00	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3156								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.40	\$99.99	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.00	\$6.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.13	\$9.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$215.53	\$109.02	\$0.00	\$21.86	\$19.73	\$0.00	\$45.82	\$5.33	\$11.14	\$2.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.82									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: EASTMAN HEALTHCARE & REHAB Prvdr ID: 00141974A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.23% Nurse Hrs per On-Site Day/Q 2.77 </div> <div> <u>Facility Score</u> N/A 30.23% 2.77 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1803 Quarterly Medicaid: 1.2219 </div> <div> <u>PDPM Facility</u> 1.1803 1.2219 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,370,214	\$2,885,350	\$0	\$558,912	\$533,885	\$0	\$742,094		\$649,973	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$118,132)	(\$15,891)	\$0	\$0	(\$2,752)	(\$4,494)	(\$52,565)		(\$42,430)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,865		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,640
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,348,587	\$2,869,459	\$0	\$558,912	\$531,133	(\$4,494)	\$689,529	\$49,865	\$607,543	\$46,640
8	Total Nursing Facility Days As Filed Days = 32,650	FY21 Audited C/R Days	32,643									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,650	FY21 GL-PL Ins Rpt Days								32,643		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.84	\$87.90	\$0.00	\$17.12	\$16.13	(with L&H)	\$21.12	\$1.53	\$18.61	\$1.43
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1803								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.47	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	\$18.61	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.73	\$74.47	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	8.93 (FRV)	\$1.43
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.73	\$74.47	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$1.43
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2219								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.25	\$90.99	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$1.43
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$5.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$180.88	\$96.52	\$0.00	\$17.34	\$16.54	\$0.00	\$38.59	\$1.53	\$8.93	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.84									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: Magnolia Manor of Midway Prvdr ID: 00141985A PDPM Shadow Rate For informational use only. This is NOT your rate H/B ?: No Case Mix Per Diem Rate Effective Date: 01/01/24 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 Nurse Hours per On-Site Day/Quality Incentive:				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 31.8%		Facility Score: 31.8% Add-on Percent: 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.1860 Quarterly Medicaid PDPM: 0.0000 Qtrly Mcaid PDPM w RUG Wght Options: 1.3274				Facility Specific: 1.1860 0.0000 1.3274	State-wide: 1.5751 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 114,936		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								30,676		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$15.21	\$5.04
	<u>Allowed @ 95% of Std</u>		\$207.24	\$94.83		\$25.48	\$31.62		\$35.06		\$15.21	\$5.04
	Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem (After Growth Allowance)		\$210.99	\$94.83		\$25.48	\$31.62		\$35.06	\$ 3.75	\$15.21	\$5.04
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3274							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$125.88								
	Quarterly Medicaid CMA Allowed Per Diem		\$242.48	\$125.88		\$25.48	\$31.62		\$35.06	\$ 4.19	\$15.21	\$5.04
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$3.15	\$3.15								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.78	\$3.78								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$24.02									
	Quarterly Case Mix Based Per Diem Rate		\$266.50	\$132.80		\$25.48	\$31.62		\$52.16	\$4.19	\$15.21	\$5.04
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$187.05										

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MILLER NURSING HOME Prvdr ID: 00141996A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 59.31% Nurse Hrs per On-Site Day/Q 5.53 </div> <div> <u>Facility Score</u> N/A 59.31% 5.53 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 3.1148 Quarterly Medicaid: 2.9494 </div> <div> <u>PDPM Facility</u> 3.1148 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,740,757	\$3,456,475	\$0	\$852,412	\$337,257	\$488,072	\$2,662,481		\$944,060	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,051)	\$21,293	\$0	\$0	(\$11,859)	(\$16,124)	(\$99,935)		(\$29,426)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,303		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,381
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,696,390	\$3,477,768	\$0	\$852,412	\$325,398	\$471,948	\$2,562,546	\$69,303	\$914,634	\$22,381
8	Total Nursing Facility Days As Filed Days = 21,882	FY21 Audited C/R Days	21,893									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,882	FY21 GL-PL Ins Rpt Days								21,893		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$397.23	\$158.85	\$0.00	\$38.94	\$36.42	(with L&H)	\$117.05	\$3.17	\$41.78	\$1.02
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		3.1148								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.00								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.00	\$0.00	\$38.94	\$36.42		\$117.05	\$3.17	\$41.78	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.41	\$51.00	\$0.00	\$37.13	\$33.28		\$36.91	\$3.17	22.90 (FRV)	\$1.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.41	\$51.00	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		2.9494								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.82	\$150.42	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.27	\$8.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.51	\$4.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.41	\$13.31	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$315.23	\$163.73	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$3.17	\$22.90	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$223.60									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: NEW HORIZONS LIMESTONE Prvdr ID: 00142007A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 10.00% Nurse Hrs per On-Site Day/Q 3.50 </div> <div> Facility Score Add-on Percent N/A 0.00% 0.0% 2.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.4928 Quarterly Medicaid: 1.6390 </div> <div> PDPM Facility 1.4928 PDPM Statewide 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,544,251	\$5,840,974	\$0	\$1,627,006	\$527,667	\$963,810	\$1,773,598		\$811,196	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,368)	(\$5,804)	\$0	\$0	\$0	\$0	(\$132,778)		(\$5,786)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,292		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$5,786
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,468,961	\$5,835,170	\$0	\$1,627,006	\$527,667	\$963,810	\$1,640,820	\$63,292	\$805,410	\$5,786
8	Total Nursing Facility Days As Filed Days = 36,802	FY21 Audited C/R Days	36,802									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,802	FY21 GL-PL Ins Rpt Days								36,802		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$311.65	\$158.56	\$0.00	\$44.21	\$40.53	(with L&H)	\$44.59	\$1.72	\$21.88	\$0.16
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4928								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.22								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$106.22	\$0.00	\$44.21	\$40.53		\$44.59	\$1.72	\$21.88	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.68	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$1.72	11.85 (FRV)	\$0.16
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.68	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6390								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$171.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$292.54	\$171.49	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.53	\$3.43	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$313.07	\$174.92	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.72	\$11.85	\$0.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$221.98									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: MITCHELL CONVALESCENT CENTER Prvdr ID: 00142018A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 36.11% Nurse Hrs per On-Site Day/Q 4.14 </div> <div> <u>Facility Score</u> N/A 36.11% 4.14 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3060 Quarterly Medicaid: 1.2458 </div> <div> <u>PDPM Facility</u> 1.3060 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,495,941	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$607,272		\$258,160	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$6,807	\$0	\$0	\$0	\$0	\$0	\$11,261		(\$4,454)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$14,813		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$5,716
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,523,277	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$618,533	\$14,813	\$253,706	\$5,716
8	Total Nursing Facility Days As Filed Days = 15,621	FY21 Audited C/R Days	15,621									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,621	FY21 GL-PL Ins Rpt Days								15,621		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$289.57	\$150.90	\$0.00	\$37.57	\$43.94	(with L&H)	\$39.60	\$0.95	\$16.24	\$0.37
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3060								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.54								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$115.54	\$0.00	\$37.57	\$43.94		\$39.60	\$0.95	\$16.24	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.55	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$0.95	12.28 (FRV)	\$0.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.55	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2458								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.27	\$130.35	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.26	\$3.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.91	\$3.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.27	\$7.17	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$275.54	\$137.52	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$0.95	\$12.28	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.83									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MONTEZUMA HEALTH CARE CENTER Prvdr ID: 00142062A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 45.61% Nurse Hrs per On-Site Day/Q 3.94 </div> <div> <u>Facility Score</u> N/A 45.61% 3.94 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6659 Quarterly Medicaid: 1.4025 </div> <div> <u>PDPM Facility</u> 1.6659 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,249,124	\$2,352,696	\$0	\$395,474	\$524,915	\$0	\$801,683		\$174,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$127,148)	(\$2,210)	\$0	(\$541)	\$0	(\$551)	(\$113,601)		(\$10,245)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,560		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,245
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,237,781	\$2,350,486	\$0	\$394,933	\$524,915	(\$551)	\$688,082	\$105,560	\$164,111	\$10,245
8	Total Nursing Facility Days As Filed Days = 18,941	FY21 Audited C/R Days	18,941									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,941	FY21 GL-PL Ins Rpt Days								18,941		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$223.73	\$124.10	\$0.00	\$20.85	\$27.68	(with L&H)	\$36.33	\$5.57	\$8.66	\$0.54
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6659								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.49								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.49	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	\$8.66	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.04	\$74.49	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	10.58 (FRV)	\$0.54
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.04	\$74.49	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$10.58	\$0.54
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4025								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.03	\$104.47	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$10.58	\$0.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.75	\$5.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.22	\$5.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.60	\$11.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.63	\$115.97	\$0.00	\$21.07	\$28.09	\$0.00	\$53.80	\$5.57	\$10.58	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.90									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: AVALON HEALTH AND REHABILITATION Prvdr ID: 00142084A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 49.09% Nurse Hrs per On-Site Day/Q 3.27 </div> <div> <u>Facility Score</u> N/A 49.09% 3.27 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3227 Quarterly Medicaid: 1.2949 </div> <div> <u>PDPM Facility</u> 1.3227 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,189,417	\$2,922,926	\$0	\$457,786	\$523,612	\$0	\$932,115		\$352,978	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$111,476)	(\$2,530)	\$0	(\$619)	\$0	(\$508)	(\$98,461)		(\$9,358)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$93,600		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$9,358
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,180,899	\$2,920,396	\$0	\$457,167	\$523,612	(\$508)	\$833,654	\$93,600	\$343,620	\$9,358
8	Total Nursing Facility Days As Filed Days = 21,679	FY21 Audited C/R Days	21,679									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,679	FY21 GL-PL Ins Rpt Days								21,679		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$238.98	\$134.71	\$0.00	\$21.09	\$24.13	(with L&H)	\$38.45	\$4.32	\$15.85	\$0.43
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3227								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.85								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$101.85	\$0.00	\$21.09	\$24.13		\$38.45	\$4.32	\$15.85	\$0.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.89	\$101.85	\$0.00	\$21.09	\$24.13		\$36.91	\$4.32	11.16 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.89	\$101.85	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2949								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.92	\$131.89	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.25	\$7.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.59	\$6.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.10	\$14.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.02	\$146.26	\$0.00	\$21.31	\$24.54	\$0.00	\$54.01	\$4.32	\$11.16	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.69									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - MOULTRIE Prvdr ID: 00142095A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.92% Nurse Hrs per On-Site Day/Q 3.28 </div> <div> <u>Facility Score</u> N/A 26.92% 3.28 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4573 Quarterly Medicaid: 1.4642 </div> <div> <u>PDPM Facility</u> 1.4573 1.4642 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,458,182	\$2,293,688	\$0	\$328,039	\$539,175	\$0	\$958,542		\$338,738	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$334,364)	(\$95,713)	\$0	\$0	\$60	\$939	(\$210,146)		(\$29,504)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$294,958		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,162
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,449,938	\$2,197,975	\$0	\$328,039	\$539,235	\$939	\$748,396	\$294,958	\$309,234	\$31,162
8	Total Nursing Facility Days As Filed Days = 19,366	FY21 Audited C/R Days		19,366								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,366	FY21 GL-PL Ins Rpt Days								19,366		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$229.78	\$113.50	\$0.00	\$16.94	\$27.89	(with L&H)	\$38.64	\$15.23	\$15.97	\$1.61
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4573								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.88								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.88	\$0.00	\$16.94	\$27.89		\$38.64	\$15.23	\$15.97	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.33	\$77.88	\$0.00	\$16.94	\$27.89		\$36.91	\$15.23	18.87 (FRV)	\$1.61
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.33	\$77.88	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4642								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.48	\$114.03	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.10	\$7.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$256.58	\$121.40	\$0.00	\$17.16	\$28.30	\$0.00	\$54.01	\$15.23	\$18.87	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.61									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: RIVER BROOK HEALTHCARE CENTER Prvdr ID: 00142106A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.06% Nurse Hrs per On-Site Day/Q 2.84 </div> <div> <u>Facility Score</u> N/A 22.06% 2.84 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 1.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2870 Quarterly Medicaid: 1.2921 </div> <div> <u>PDPM Facility</u> 1.2870 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,394,405	\$2,434,629	\$0	\$413,877	\$400,278	\$0	\$851,953		\$293,668	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,944)	\$2,600	\$0	\$0	\$0	\$0	(\$222,899)		(\$24,645)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$56,973		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,645
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,231,079	\$2,437,229	\$0	\$413,877	\$400,278	\$0	\$629,054	\$56,973	\$269,023	\$24,645
8	Total Nursing Facility Days As Filed Days = 29,341	FY21 Audited C/R Days	29,341									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,341	FY21 GL-PL Ins Rpt Days								29,341		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.21	\$83.07	\$0.00	\$14.11	\$13.64	(with L&H)	\$21.44	\$1.94	\$9.17	\$0.84
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2870								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.54								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.54	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	\$9.17	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.87	\$64.54	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	7.36 (FRV)	\$0.84
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.87	\$64.54	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2921								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.72	\$83.39	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.83	\$0.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.29	\$2.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$163.01	\$85.58	\$0.00	\$14.33	\$14.05	\$0.00	\$38.91	\$1.94	\$7.36	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.43									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: ORCHARD VIEW REHABILITATION & SKILLED NURSING CTR Prvdr ID: 00142117A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 41.18% Nurse Hrs per On-Site Day/Q 4.93 </div> <div> <u>Facility Score</u> N/A 41.18% 4.93 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4735 Quarterly Medicaid: 1.4446 </div> <div> <u>PDPM Facility</u> 1.4735 1.4446 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,105,160	\$7,647,314	\$0	\$1,235,685	\$1,587,195	\$0	\$1,713,262		\$1,921,704	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$229,643)	\$53,664	\$0	\$0	\$0	\$0	(\$243,839)		(\$39,468)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,401		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$39,468
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,159,386	\$7,700,978	\$0	\$1,235,685	\$1,587,195	\$0	\$1,469,423	\$244,401	\$1,882,236	\$39,468
8	Total Nursing Facility Days As Filed Days = 46,768	FY21 Audited C/R Days	46,768									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,768	FY21 GL-PL Ins Rpt Days								46,768		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$302.76	\$164.66	\$0.00	\$26.42	\$33.94	(with L&H)	\$31.42	\$5.23	\$40.25	\$0.84
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4735								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.75								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$111.75	\$0.00	\$26.42	\$33.94		\$31.42	\$5.23	\$40.25	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.45	\$104.63	\$0.00	\$26.42	\$33.28		\$31.42	\$5.23	36.63 (FRV)	\$0.84
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.45	\$104.63	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4446								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$151.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.96	\$151.15	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.78	\$3.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.53	\$4.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.00	\$8.31	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$310.96	\$159.46	\$0.00	\$26.64	\$33.28	\$0.00	\$48.89	\$5.23	\$36.63	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$220.40									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SUMMERHILL ELDERLIVING HOME & CARE Prvdr ID: 00142139A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 40.21% Nurse Hrs per On-Site Day/Q 5.05				Facility Score N/A 40.21% 5.05	Add-on Percent 0.00% 2.5% 6.0%	Facility Model (PDPM) Data Base Period Overall: 1.3194 Quarterly Medicaid: 1.3588					PDPM Facility 1.3194	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,405,251	\$7,721,271	\$0	\$1,292,895	\$1,443,085	\$0	\$1,576,152		\$371,848	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$391,539)	(\$125,707)	\$0	\$0	\$6,390	\$6,457	(\$183,334)		(\$95,345)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$235,416		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$90,683
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,339,811	\$7,595,564	\$0	\$1,292,895	\$1,449,475	\$6,457	\$1,392,818	\$235,416	\$276,503	\$90,683
8	Total Nursing Facility Days As Filed Days = 49,289	FY21 Audited C/R Days	49,289									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,289	FY21 GL-PL Ins Rpt Days								49,289		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$250.36	\$154.10	\$0.00	\$26.23	\$29.54	(with L&H)	\$28.26	\$4.78	\$5.61	\$1.84
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3194								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$116.80								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$116.80	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	\$5.61	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.65	\$104.63	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	17.37 (FRV)	\$1.84
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.65	\$104.63	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3588								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.19	\$142.17	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.55	\$3.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$8.53	\$8.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.18	\$12.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$280.37	\$154.25	\$0.00	\$26.45	\$29.95	\$0.00	\$45.73	\$4.78	\$17.37	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.45									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: HERITAGE INN HEALTH AND REHABILITATION Prvdr ID: 00142161A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 26.53% Nurse Hrs per On-Site Day/Q 2.80				Facility Score N/A	Add-on Percent 0.00%	Facility Model (PDPM) Data Base Period Overall: 1.2536 Quarterly Medicaid: 1.2778					PDPM Facility 1.2536	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,157,996	\$2,130,530	\$0	\$408,906	\$443,942	\$0	\$725,502		\$449,116	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,412)	(\$2,480)	\$0	(\$607)	\$0	(\$385)	(\$104,488)		(\$36,452)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$96,980		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,452
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,147,016	\$2,128,050	\$0	\$408,299	\$443,942	(\$385)	\$621,014	\$96,980	\$412,664	\$36,452
8	Total Nursing Facility Days As Filed Days = 21,255	FY21 Audited C/R Days	21,255									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,255	FY21 GL-PL Ins Rpt Days								21,255		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$195.10	\$100.12	\$0.00	\$19.21	\$20.87	(with L&H)	\$29.22	\$4.56	\$19.41	\$1.71
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2536								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.87								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.87	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	\$19.41	\$1.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.55	\$79.87	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	8.11 (FRV)	\$1.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.55	\$79.87	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$1.71
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2778								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.74	\$102.06	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$1.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.10	\$5.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.75	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$210.49	\$108.71	\$0.00	\$19.43	\$21.28	\$0.00	\$46.69	\$4.56	\$8.11	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.04									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

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<div> <div> Provider: NURSE CARE OF BUCKHEAD Prvdr ID: 00142183A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.06% Nurse Hrs per On-Site Day/Q 3.51 </div> <div> <u>Facility Score</u> N/A 26.06% 3.51 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4957 Quarterly Medicaid: 1.2994 </div> <div> <u>PDPM Facility</u> 1.4957 1.2994 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$17,057,883	\$8,890,668	\$0	\$1,166,679	\$1,364,231	\$0	\$2,652,055		\$2,984,250	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$733,377)	\$0	\$0	\$0	\$0	\$0	(\$433,198)		(\$300,179)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$433,198		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$300,179
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$17,057,883	\$8,890,668	\$0	\$1,166,679	\$1,364,231	\$0	\$2,218,857	\$433,198	\$2,684,071	\$300,179
8	Total Nursing Facility Days As Filed Days = 65,552	FY21 Audited C/R Days	65,552									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,552	FY21 GL-PL Ins Rpt Days								65,552		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$260.23	\$135.63	\$0.00	\$17.80	\$20.81	(with L&H)	\$33.85	\$6.61	\$40.95	\$4.58
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4957								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.68								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.68	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	\$40.95	\$4.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.05	\$90.68	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	11.72 (FRV)	\$4.58
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.05	\$90.68	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2994								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.20	\$117.83	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.17	\$4.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.37	\$121.90	\$0.00	\$18.02	\$21.22	\$0.00	\$51.32	\$6.61	\$11.72	\$4.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.70									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PINEWOOD NURSING CENTER Prvdr ID: 00142205A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.86% Nurse Hrs per On-Site Day/Q 1.80 </div> <div> <u>Facility Score</u> N/A 25.86% 1.80 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1128 Quarterly Medicaid: 1.2479 </div> <div> <u>PDPM Facility</u> 1.1128 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,571,023	\$1,315,027	\$0	\$294,641	\$502,095	\$0	\$924,040		\$535,220	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$110,995)	(\$91,179)	\$0	\$0	\$0	\$0	\$43,155		(\$62,971)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,024		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$62,971
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,571,023	\$1,223,848	\$0	\$294,641	\$502,095	\$0	\$967,195	\$48,024	\$472,249	\$62,971
8	Total Nursing Facility Days As Filed Days = 17,934	FY21 Audited C/R Days	17,934									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,934	FY21 GL-PL Ins Rpt Days								17,934		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.12	\$68.24	\$0.00	\$16.43	\$28.00	(with L&H)	\$53.93	\$2.68	\$26.33	\$3.51
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1128								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.43	\$28.00		\$53.93	\$2.68	\$26.33	\$3.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.11	\$61.33	\$0.00	\$16.43	\$28.00		\$36.91	\$2.68	8.25 (FRV)	\$3.51
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.11	\$61.33	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2479								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.31	\$76.53	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.53	\$1.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.56	\$2.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$192.87	\$79.36	\$0.00	\$16.65	\$28.41	\$0.00	\$54.01	\$2.68	\$8.25	\$3.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.83									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: OAKVIEW HEALTH AND REHABILITATION Prvdr ID: 00142238A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 29.57% Nurse Hrs per On-Site Day/Q 3.13 </div> <div> <u>Facility Score</u> N/A 29.57% 3.13 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3249 Quarterly Medicaid: 1.3023 </div> <div> <u>PDPM Facility</u> 1.3249 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,273,122	\$4,682,254	\$0	\$844,483	\$970,368	\$0	\$1,627,084		\$1,148,933	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$348,370)	(\$5,304)	\$0	(\$1,298)	\$0	(\$1,150)	(\$293,700)		(\$46,918)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$157,040		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,918
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,128,710	\$4,676,950	\$0	\$843,185	\$970,368	(\$1,150)	\$1,333,384	\$157,040	\$1,102,015	\$46,918
8	Total Nursing Facility Days As Filed Days = 45,457	FY21 Audited C/R Days	45,457									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,457	FY21 GL-PL Ins Rpt Days								45,457		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$200.81	\$102.89	\$0.00	\$18.55	\$21.32	(with L&H)	\$29.33	\$3.45	\$24.24	\$1.03
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3249								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.66								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	\$24.24	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.18	\$77.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	15.84 (FRV)	\$1.03
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.18	\$77.66	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3023								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.66	\$101.14	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.06	\$5.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.60	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$198.26	\$107.74	\$0.00	\$18.77	\$21.73	\$0.00	\$29.70	\$3.45	\$15.84	\$1.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.70									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: OAK VIEW HOME, INC Prvdr ID: 00142249A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.46% Nurse Hrs per On-Site Day/Q 3.18 </div> <div> <u>Facility Score</u> N/A 38.46% 3.18 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2490 Quarterly Medicaid: 1.2638 </div> <div> <u>PDPM Facility</u> 1.2490 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,941,829	\$3,346,932	\$0	\$499,134	\$706,400	\$0	\$1,067,721		\$321,642	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$148,513)	(\$3,375)	\$0	(\$826)	\$0	(\$528)	(\$117,596)		(\$26,188)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$107,380		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,188
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,926,884	\$3,343,557	\$0	\$498,308	\$706,400	(\$528)	\$950,125	\$107,380	\$295,454	\$26,188
8	Total Nursing Facility Days As Filed Days = 28,920	FY21 Audited C/R Days	28,920									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,920	FY21 GL-PL Ins Rpt Days								28,920		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.94	\$115.61	\$0.00	\$17.23	\$24.41	(with L&H)	\$32.85	\$3.71	\$10.22	\$0.91
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2490								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.56								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.56	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	\$10.22	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.92	\$92.56	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	10.25 (FRV)	\$0.91
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.92	\$92.56	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$0.91
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2638								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.34	\$116.98	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$0.91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.68	\$4.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.23	\$8.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.57	\$125.11	\$0.00	\$17.45	\$24.82	\$0.00	\$50.32	\$3.71	\$10.25	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.60									

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<div> <div> Provider: THE OAKS NURSING HOME, INC. Prvdr ID: 00142271A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 47.50% Nurse Hrs per On-Site Day/Q 3.72 </div> <div> <u>Facility Score</u> N/A 47.50% 3.72 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3983 Quarterly Medicaid: 1.3450 </div> <div> <u>PDPM Facility</u> 1.3983 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,907,828	\$2,248,981	\$0	\$416,970	\$588,897	\$0	\$610,061		\$42,919	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$80,874)	(\$370)	\$0	\$0	\$0	\$0	(\$48,592)		(\$31,912)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44,590		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,912
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,903,456	\$2,248,611	\$0	\$416,970	\$588,897	\$0	\$561,469	\$44,590	\$11,007	\$31,912
8	Total Nursing Facility Days As Filed Days = 21,095	FY21 Audited C/R Days	21,095									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,095	FY21 GL-PL Ins Rpt Days								21,095		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.04	\$106.59	\$0.00	\$19.77	\$27.92	(with L&H)	\$26.62	\$2.11	\$0.52	\$1.51
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3983								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.23								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.23	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	\$0.52	\$1.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.15	\$76.23	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	14.99 (FRV)	\$1.51
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.15	\$76.23	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3450								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.45	\$102.53	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.64	\$5.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.35	\$9.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.80	\$111.78	\$0.00	\$19.99	\$28.33	\$0.00	\$44.09	\$2.11	\$14.99	\$1.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.28									

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<div> <div> Provider: PRUITTHEALTH - OLD CAPITOL Prvdr ID: 00142304A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 53.62% Nurse Hrs per On-Site Day/Q 3.70 </div> <div> <u>Facility Score</u> N/A 53.62% 3.70 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3011 Quarterly Medicaid: 1.3280 </div> <div> <u>PDPM Facility</u> 1.3011 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,393,979	\$3,331,999	\$0	\$580,828	\$718,360	\$0	\$1,452,836		\$309,956	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$726,950)	(\$113,282)	\$0	\$1,793	(\$2,226)	(\$2,344)	(\$562,329)		(\$48,562)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$615,542		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,309
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,289,880	\$3,218,717	\$0	\$582,621	\$716,134	(\$2,344)	\$890,507	\$615,542	\$261,394	\$7,309
8	Total Nursing Facility Days As Filed Days = 35,467	FY21 Audited C/R Days	35,467									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,467	FY21 GL-PL Ins Rpt Days								35,467		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.36	\$90.75	\$0.00	\$16.43	\$20.13	(with L&H)	\$25.11	\$17.36	\$7.37	\$0.21
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3011								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.75								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.75	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	\$7.37	\$0.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.31	\$69.75	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	8.32 (FRV)	\$0.21
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.31	\$69.75	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3280								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.18	\$92.63	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.09	\$5.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.35	\$10.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$208.53	\$102.88	\$0.00	\$16.65	\$20.54	\$0.00	\$42.58	\$17.36	\$8.32	\$0.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.57									

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<div> <div> Provider: PRUITTHEALTH - OCILLA Prvdr ID: 00142315A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.97% Nurse Hrs per On-Site Day/Q 3.85 </div> <div> <u>Facility Score</u> N/A 18.97% 3.85 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4770 Quarterly Medicaid: 1.6736 </div> <div> <u>PDPM Facility</u> 1.4770 1.6736 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,597,345	\$2,475,684	\$0	\$278,422	\$648,735	\$0	\$1,004,514		\$189,990	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$406,896)	(\$94,774)	\$0	\$0	\$26	(\$150)	(\$281,208)		(\$30,790)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$358,452		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,863
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,575,764	\$2,380,910	\$0	\$278,422	\$648,761	(\$150)	\$723,306	\$358,452	\$159,200	\$26,863
8	Total Nursing Facility Days As Filed Days = 20,479	FY21 Audited C/R Days	20,479									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,479	FY21 GL-PL Ins Rpt Days								20,479		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$223.43	\$116.26	\$0.00	\$13.60	\$31.67	(with L&H)	\$35.32	\$17.50	\$7.77	\$1.31
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4770								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.71								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.71	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	\$7.77	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.19	\$78.71	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	10.08 (FRV)	\$1.31
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.19	\$78.71	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6736								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.21	\$131.73	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.59	\$6.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.22	\$7.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$266.43	\$138.85	\$0.00	\$13.82	\$32.08	\$0.00	\$52.79	\$17.50	\$10.08	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.00									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PALEMON GASKINS MEM NSG HOME Prvdr ID: 00142326A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.29% Nurse Hrs per On-Site Day/Q no data </div> <div> <u>Facility Score</u> N/A 35.29% no data </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 0.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1108 Quarterly Medicaid: 1.2753 </div> <div> <u>PDPM Facility</u> 1.1108 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,604,297	\$1,302,730	\$0	\$524,458	\$84,049	\$216,313	\$523,046		(\$46,299)	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,736)	(\$19,967)	\$0	(\$238,717)	(\$26,039)	(\$22,647)	(\$1,927)		\$119,561	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,560		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$2,963
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,430,084	\$1,282,763	\$0	\$285,741	\$58,010	\$193,666	\$521,119	\$12,560	\$73,262	\$2,963
8	Total Nursing Facility Days As Filed Days = 9,231	FY21 Audited C/R Days	9,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 9,231	FY21 GL-PL Ins Rpt Days								9,231		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$263.24	\$138.96	\$0.00	\$30.95	\$27.26	(with L&H)	\$56.45	\$1.36	\$7.94	\$0.32
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1108								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$125.10								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$125.10	\$0.00	\$30.95	\$27.26		\$56.45	\$1.36	\$7.94	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.79	\$104.63	\$0.00	\$30.95	\$27.26		\$36.91	\$1.36	15.36 (FRV)	\$0.32
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.79	\$104.63	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$0.32
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2753								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.60	\$133.43	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$0.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.34	\$3.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.07	\$3.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$266.67	\$136.77	\$0.00	\$31.17	\$27.67	\$0.00	\$54.01	\$1.36	\$15.36	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.18									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - PALMYRA Prvdr ID: 00142337A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.76% Nurse Hrs per On-Site Day/Q 3.51 </div> <div> <u>Facility Score</u> N/A 38.76% 3.51 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4443 Quarterly Medicaid: 1.3933 </div> <div> <u>PDPM Facility</u> 1.4443 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,416,323	\$6,519,324	\$0	\$866,244	\$1,414,439	\$0	\$2,685,974		\$930,342	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,100,307)	(\$131,179)	\$0	\$0	(\$6,023)	(\$2,497)	(\$879,125)		(\$81,483)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$1,001,633		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,422
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,378,071	\$6,388,145	\$0	\$866,244	\$1,408,416	(\$2,497)	\$1,806,849	\$1,001,633	\$848,859	\$60,422
8	Total Nursing Facility Days As Filed Days = 54,779	FY21 Audited C/R Days	54,779									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,779	FY21 GL-PL Ins Rpt Days								54,779		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.96	\$116.62	\$0.00	\$15.81	\$25.67	(with L&H)	\$32.98	\$18.28	\$15.50	\$1.10
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4443								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.75								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.75	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	\$15.50	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.38	\$80.75	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	9.79 (FRV)	\$1.10
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.38	\$80.75	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3933								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.14	\$112.51	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.63	\$5.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.07	\$8.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$243.21	\$121.48	\$0.00	\$16.03	\$26.08	\$0.00	\$50.45	\$18.28	\$9.79	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.58									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WELLSTAR PAULDING NURSING CTR Prvdr ID: 00142359A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 39.25% Nurse Hrs per On-Site Day/Q 3.66 </div> <div> <u>Facility Score</u> N/A 39.25% 3.66 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: Quarterly Medicaid: </div> <div> <u>PDPM Facility</u> 1.3937 1.3493 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$24,127,338	\$9,766,596	\$0	\$2,369,012	\$1,478,875	\$2,256,357	\$3,748,064		\$4,508,434	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,931)	(\$2,677)	\$0	\$0	(\$1,553)	(\$2,370)	(\$130,331)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$130,331		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$24,120,738	\$9,763,919	\$0	\$2,369,012	\$1,477,322	\$2,253,987	\$3,617,733	\$130,331	\$4,508,434	\$0
8	Total Nursing Facility Days As Filed Days = 42,862	FY21 Audited C/R Days	42,862									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,862	FY21 GL-PL Ins Rpt Days								42,862		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$562.74	\$227.80	\$0.00	\$55.27	\$87.05	(with L&H)	\$84.40	\$3.04	\$105.18	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3937								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$163.45								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$163.45	\$0.00	\$55.27	\$87.05		\$84.40	\$3.04	\$105.18	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.29	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$3.04	10.30 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.29	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3493								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.84	\$141.18	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.53	\$3.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.65	\$5.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.18	\$9.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.02	\$150.36	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.27									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THE LODGE Prvdr ID: 00142381A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hrs per On-Site Day/Q 4.78 </div> <div> <u>Facility Score</u> N/A 25.00% 4.78 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4795 Quarterly Medicaid: 1.4368 </div> <div> <u>PDPM Facility</u> 1.4795 1.4368 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,467,748	\$2,883,610	\$0	\$564,763	\$761,176	\$0	\$1,120,692		\$137,507	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,200)	(\$13,947)	\$0	\$0	\$0	\$0	(\$156,782)		(\$3,471)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$148,646		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,471
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,445,665	\$2,869,663	\$0	\$564,763	\$761,176	\$0	\$963,910	\$148,646	\$134,036	\$3,471
8	Total Nursing Facility Days As Filed Days = 21,311	FY21 Audited C/R Days	21,311									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,311	FY21 GL-PL Ins Rpt Days								21,311		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$255.54	\$134.66	\$0.00	\$26.50	\$35.72	(with L&H)	\$45.23	\$6.98	\$6.29	\$0.16
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4795								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.02								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.02	\$0.00	\$26.50	\$35.72		\$45.23	\$6.98	\$6.29	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.08	\$91.02	\$0.00	\$26.50	\$33.28		\$36.91	\$6.98	34.23 (FRV)	\$0.16
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.08	\$91.02	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4368								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.83	\$130.78	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.92	\$3.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.08	\$5.76	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$291.91	\$136.54	\$0.00	\$26.72	\$33.28	\$0.00	\$54.01	\$6.98	\$34.23	\$0.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.11									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PELHAM PARKWAY NURSING HM Prvdr ID: 00142425A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.82% Nurse Hrs per On-Site Day/Q 3.40 </div> <div> <u>Facility Score</u> N/A 31.82% 3.40 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2280 Quarterly Medicaid: 1.2302 </div> <div> <u>PDPM Facility</u> 1.2280 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,891,809	\$4,566,493	\$0	\$946,633	\$576,683	\$828,394	\$1,403,395		\$570,211	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$52,542)	\$0	\$0	\$0	\$0	\$0	(\$39,254)		(\$13,288)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$39,254		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,288
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,891,809	\$4,566,493	\$0	\$946,633	\$576,683	\$828,394	\$1,364,141	\$39,254	\$556,923	\$13,288
8	Total Nursing Facility Days As Filed Days = 35,116	FY21 Audited C/R Days	35,116									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,116	FY21 GL-PL Ins Rpt Days								35,116		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$253.22	\$130.04	\$0.00	\$26.96	\$40.01	(with L&H)	\$38.85	\$1.12	\$15.86	\$0.38
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2280								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$105.90	\$0.00	\$26.96	\$40.01		\$38.85	\$1.12	\$15.86	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.79	\$104.63	\$0.00	\$26.96	\$33.28		\$36.91	\$1.12	12.51 (FRV)	\$0.38
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$215.79	\$104.63	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$12.51	\$0.38
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2302								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.87	\$128.72	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$12.51	\$0.38
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.40	\$7.08	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$264.27	\$135.80	\$0.00	\$27.18	\$33.28	\$0.00	\$54.01	\$1.12	\$12.51	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.38									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - JASPER Prvdr ID: 00142436A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.45% Nurse Hrs per On-Site Day/Q 3.28 </div> <div> <u>Facility Score</u> N/A 22.45% 3.28 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 6.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5543 Quarterly Medicaid: 1.4669 </div> <div> <u>PDPM Facility</u> 1.5543 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,438,050	\$2,274,309	\$0	\$354,292	\$517,467	\$0	\$921,246		\$370,736	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,470)	(\$89,390)	\$0	\$0	\$1,222	\$319	(\$183,858)		(\$36,763)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$258,122		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,314
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,399,016	\$2,184,919	\$0	\$354,292	\$518,689	\$319	\$737,388	\$258,122	\$333,973	\$11,314
8	Total Nursing Facility Days As Filed Days = 17,241	FY21 Audited C/R Days	17,241									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,241	FY21 GL-PL Ins Rpt Days								17,241		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$255.15	\$126.73	\$0.00	\$20.55	\$30.10	(with L&H)	\$42.77	\$14.97	\$19.37	\$0.66
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5543								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.54								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.54	\$0.00	\$20.55	\$30.10		\$42.77	\$14.97	\$19.37	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.29	\$81.54	\$0.00	\$20.55	\$30.10		\$36.91	\$14.97	16.56 (FRV)	\$0.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.29	\$81.54	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$0.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4669								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.36	\$119.61	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$0.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.18	\$7.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.64	\$8.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$266.00	\$128.52	\$0.00	\$20.77	\$30.51	\$0.00	\$54.01	\$14.97	\$16.56	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.68									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HARBORVIEW PIERCE COUNTY Prvdr ID: 00142447A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.32% Nurse Hrs per On-Site Day/Q 4.32 </div> <div> <u>Facility Score</u> N/A 26.32% 4.32 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4814 Quarterly Medicaid: 1.7163 </div> <div> <u>PDPM Facility</u> 1.4814 1.7163 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,266,768	\$2,580,529	\$0	\$418,018	\$566,810	\$0	\$808,783		\$892,628	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$173,608)	\$22,407	\$0	(\$3,990)	\$0	\$3,990	(\$96,314)		(\$99,701)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,429		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$109,872
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,295,461	\$2,602,936	\$0	\$414,028	\$566,810	\$3,990	\$712,469	\$92,429	\$792,927	\$109,872
8	Total Nursing Facility Days As Filed Days = 21,606	FY21 Audited C/R Days	21,606									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,606	FY21 GL-PL Ins Rpt Days								21,606		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$245.10	\$120.47	\$0.00	\$19.16	\$26.42	(with L&H)	\$32.98	\$4.28	\$36.70	\$5.09
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4814								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.32								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.32	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	\$36.70	\$5.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.18	\$81.32	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	17.93 (FRV)	\$5.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.18	\$81.32	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.7163								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.43	\$139.57	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.19	\$4.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.22	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.65	\$145.69	\$0.00	\$19.38	\$26.83	\$0.00	\$50.45	\$4.28	\$17.93	\$5.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.41									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PINE KNOLL NURSING & REHAB CTR Prvdr ID: 00142458A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.99% Nurse Hrs per On-Site Day/Q 3.10 </div> <div> <u>Facility Score</u> N/A 18.99% 3.10 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4035 Quarterly Medicaid: 1.4082 </div> <div> <u>PDPM Facility</u> 1.4035 1.4082 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,199,970	\$3,741,343	\$0	\$643,896	\$618,949	\$0	\$1,370,049		\$825,733	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$53,813)	\$0	\$0	\$0	\$0	\$0	(\$12,462)		(\$41,351)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,462		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,351
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,199,970	\$3,741,343	\$0	\$643,896	\$618,949	\$0	\$1,357,587	\$12,462	\$784,382	\$41,351
8	Total Nursing Facility Days As Filed Days = 34,574	FY21 Audited C/R Days	34,574									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,574	FY21 GL-PL Ins Rpt Days								34,574		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.25	\$108.21	\$0.00	\$18.62	\$17.90	(with L&H)	\$39.27	\$0.36	\$22.69	\$1.20
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4035								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.10								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.10	\$0.00	\$18.62	\$17.90		\$39.27	\$0.36	\$22.69	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.78	\$77.10	\$0.00	\$18.62	\$17.90		\$36.91	\$0.36	8.69 (FRV)	\$1.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.78	\$77.10	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4082								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.25	\$108.57	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.52	\$3.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$213.77	\$112.36	\$0.00	\$18.84	\$18.31	\$0.00	\$54.01	\$0.36	\$8.69	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.50									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CROSSVIEW CARE CENTER Prvdr ID: 00142502A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.82% Nurse Hrs per On-Site Day/Q 2.82 </div> <div> <u>Facility Score</u> N/A 31.82% 2.82 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1258 Quarterly Medicaid: 1.2792 </div> <div> <u>PDPM Facility</u> 1.1258 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,648,464	\$2,377,800	\$0	\$406,497	\$397,972	\$0	\$731,834		\$734,361	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,268)	\$0	\$0	\$0	(\$1,662)	(\$1,489)	(\$75,173)		(\$20,944)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,316		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,779
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,631,291	\$2,377,800	\$0	\$406,497	\$396,310	(\$1,489)	\$656,661	\$61,316	\$713,417	\$20,779
8	Total Nursing Facility Days As Filed Days = 22,910	FY21 Audited C/R Days	22,910									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,910	FY21 GL-PL Ins Rpt Days								22,910		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.15	\$103.79	\$0.00	\$17.74	\$17.23	(with L&H)	\$28.66	\$2.68	\$31.14	\$0.91
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1258								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.19								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.19	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	\$31.14	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.02	\$92.19	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	8.61 (FRV)	\$0.91
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.02	\$92.19	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$0.91
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2792								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.76	\$117.93	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$0.91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.88	\$124.95	\$0.00	\$17.96	\$17.64	\$0.00	\$46.13	\$2.68	\$8.61	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.34									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PINEWOOD MANOR NURSING HOME & REHABILITATION CNTR Prvdr ID: 00142513A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 41.18% Nurse Hrs per On-Site Day/Q 3.54 </div> <div> <u>Facility Score</u> N/A 41.18% 3.54 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4551 Quarterly Medicaid: 1.3861 </div> <div> <u>PDPM Facility</u> 1.4551 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,543,206	\$2,418,769	\$0	\$917,767	\$310,979	\$294,695	\$1,159,264		\$441,732	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$69,429)	\$0	\$0	\$0	\$0	\$0	(\$50,456)		(\$18,973)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$50,456		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,973
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,543,206	\$2,418,769	\$0	\$917,767	\$310,979	\$294,695	\$1,108,808	\$50,456	\$422,759	\$18,973
8	Total Nursing Facility Days As Filed Days = 26,672	FY21 Audited C/R Days	26,672									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,672	FY21 GL-PL Ins Rpt Days								26,672		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$207.83	\$90.69	\$0.00	\$34.41	\$22.71	(with L&H)	\$41.57	\$1.89	\$15.85	\$0.71
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4551								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0.00	\$34.41	\$22.71		\$41.57	\$1.89	\$15.85	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.91	\$62.33	\$0.00	\$34.41	\$22.71		\$36.91	\$1.89	9.95 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.91	\$62.33	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3861								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.98	\$86.40	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$215.99	\$91.68	\$0.00	\$34.63	\$23.12	\$0.00	\$54.01	\$1.89	\$9.95	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.17									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: LILLIAN G CARTER HEALTH AND REHABILITATION Prvdr ID: 00142524A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 58.14% Nurse Hrs per On-Site Day/Q 3.86 </div> <div> <u>Facility Score</u> N/A 58.14% 3.86 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5771 Quarterly Medicaid: 1.4965 </div> <div> <u>PDPM Facility</u> 1.5771 1.4965 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,673,939	\$3,167,559	\$0	\$506,123	\$577,514	\$0	\$898,852		\$523,891	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$152,551)	(\$3,158)	\$0	(\$774)	\$0	(\$541)	(\$115,510)		(\$32,568)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,950		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,568
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,659,906	\$3,164,401	\$0	\$505,349	\$577,514	(\$541)	\$783,342	\$105,950	\$491,323	\$32,568
8	Total Nursing Facility Days As Filed Days = 27,064	FY21 Audited C/R Days	27,064									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,064	FY21 GL-PL Ins Rpt Days								27,064		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$209.11	\$116.92	\$0.00	\$18.67	\$21.32	(with L&H)	\$28.94	\$3.91	\$18.15	\$1.20
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5771								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.14								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.14	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	\$18.15	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.86	\$74.14	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	10.68 (FRV)	\$1.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.86	\$74.14	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4965								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.68	\$110.95	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.10	\$6.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.06	\$9.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$223.74	\$120.91	\$0.00	\$18.89	\$21.73	\$0.00	\$46.41	\$3.91	\$10.68	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.98									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THE PLACE AT MARTINEZ Prvdr ID: 00142535A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.15% Nurse Hrs per On-Site Day/Q 3.93 </div> <div> <u>Facility Score</u> N/A 21.15% 3.93 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3238 Quarterly Medicaid: 1.3505 </div> <div> <u>PDPM Facility</u> 1.3238 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,553,835	\$2,955,002	\$0	\$515,467	\$478,603	\$0	\$1,166,332		\$438,431	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$552,500)	(\$4,249)	\$0	\$0	(\$532)	(\$621)	(\$457,619)		(\$89,479)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$407,626		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$89,264
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,498,225	\$2,950,753	\$0	\$515,467	\$478,071	(\$621)	\$708,713	\$407,626	\$348,952	\$89,264
8	Total Nursing Facility Days As Filed Days = 22,683	FY21 Audited C/R Days	22,683									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,683	FY21 GL-PL Ins Rpt Days								22,683		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$242.39	\$130.09	\$0.00	\$22.72	\$21.05	(with L&H)	\$31.24	\$17.97	\$15.38	\$3.94
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3238								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.27								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.27	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	\$15.38	\$3.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.52	\$98.27	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	11.33 (FRV)	\$3.94
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.52	\$98.27	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3505								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.96	\$132.71	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.98	\$3.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.94	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$264.90	\$138.55	\$0.00	\$22.94	\$21.46	\$0.00	\$48.71	\$17.97	\$11.33	\$3.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.85									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PLEASANT VIEW NURSING CENTER Prvdr ID: 00142546A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 29.59% Nurse Hrs per On-Site Day/Q 2.53 </div> <div> <u>Facility Score</u> N/A 29.59% 2.53 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2147 Quarterly Medicaid: 1.1207 </div> <div> <u>PDPM Facility</u> 1.2147 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,876,385	\$3,081,078	\$0	\$479,023	\$638,241	\$0	\$1,054,581		\$623,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$159,905)	\$0	\$0	\$0	\$0	\$0	(\$103,136)		(\$56,769)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,018		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,769
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,853,267	\$3,081,078	\$0	\$479,023	\$638,241	\$0	\$951,445	\$80,018	\$566,693	\$56,769
8	Total Nursing Facility Days As Filed Days = 38,223	FY21 Audited C/R Days	38,223									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,223	FY21 GL-PL Ins Rpt Days								38,223		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.14	\$80.61	\$0.00	\$12.53	\$16.70	(with L&H)	\$24.89	\$2.09	\$14.83	\$1.49
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2147								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.36								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.36	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	\$14.83	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.75	\$66.36	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	9.69 (FRV)	\$1.49
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.75	\$66.36	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1207								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.76	\$74.37	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.23	\$2.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.60	\$3.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$163.36	\$77.87	\$0.00	\$12.75	\$17.11	\$0.00	\$42.36	\$2.09	\$9.69	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.70									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CEDAR VALLEY NSG & REHAB CTR Prvdr ID: 00142557A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.19% Nurse Hrs per On-Site Day/Q 2.88 </div> <div> <u>Facility Score</u> N/A 35.19% 2.88 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4166 Quarterly Medicaid: 1.2543 </div> <div> <u>PDPM Facility</u> 1.4166 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,501,761	\$2,628,706	\$0	\$519,462	\$525,174	\$0	\$1,077,078		\$751,341	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$45,855)	(\$81,570)	\$0	(\$14,056)	\$0	\$14,056	\$71,355		(\$35,640)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$10,215		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,640
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,501,761	\$2,547,136	\$0	\$505,406	\$525,174	\$14,056	\$1,148,433	\$10,215	\$715,701	\$35,640
8	Total Nursing Facility Days As Filed Days = 27,936	FY21 Audited C/R Days	27,936									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY21 GL-PL Ins Rpt Days								27,936		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.95	\$91.18	\$0.00	\$18.09	\$19.30	(with L&H)	\$41.11	\$0.37	\$25.62	\$1.28
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4166								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.36								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.36	\$0.00	\$18.09	\$19.30		\$41.11	\$0.37	\$25.62	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.22	\$64.36	\$0.00	\$18.09	\$19.30		\$36.91	\$0.37	9.91 (FRV)	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.22	\$64.36	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.2543								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.58	\$80.73	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.02	\$2.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.70	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$189.28	\$85.70	\$0.00	\$18.31	\$19.71	\$0.00	\$54.01	\$0.37	\$9.91	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.14									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PRESBYTERIAN HOME, QUITMAN, IN Prvdr ID: 00142579A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 44.80% Nurse Hrs per On-Site Day/Q 3.97		<u>Facility Score</u> N/A 44.80% 3.97	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4246 Quarterly Medicaid: 1.4708			<u>PDPM Facility</u> 1.4246 1.4708	<u>PDPM Statewide</u> 1.4210 1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,239,689	\$7,021,129	\$0	\$1,689,522	\$1,508,200	\$0	\$2,274,227		\$746,611	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$100,742)	\$0	\$0	\$0	\$0	\$0	(\$71,846)		(\$28,896)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,151		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,896
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,267,994	\$7,021,129	\$0	\$1,689,522	\$1,508,200	\$0	\$2,202,381	\$100,151	\$717,715	\$28,896
8	Total Nursing Facility Days As Filed Days = 59,903	FY21 Audited C/R Days	59,903									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 59,903	FY21 GL-PL Ins Rpt Days								59,903		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$221.49	\$117.21	\$0.00	\$28.20	\$25.18	(with L&H)	\$36.77	\$1.67	\$11.98	\$0.48
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4246								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.28								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.28	\$0.00	\$28.20	\$25.18		\$36.77	\$1.67	\$11.98	\$0.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.14	\$82.28	\$0.00	\$26.82	\$25.18		\$36.77	\$1.67	18.94 (FRV)	\$0.48
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.14	\$82.28	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4708								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.88	\$121.02	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.04	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.70	\$7.19	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.58	\$128.21	\$0.00	\$26.82	\$25.59	\$0.00	\$36.87	\$1.67	\$18.94	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.94									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: BRYANT HEALTH AND REHABILITATION CENTER Prvdr ID: 00142601A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 21.57% Nurse Hrs per On-Site Day/Q 2.55				Facility Score N/A 21.57% 2.55	Add-on Percent 0.00% 1.0% 3.0%	Facility Model (PDPM) Data Base Period Overall: 1.1534 Quarterly Medicaid: 1.2725					PDPM Facility 1.1534	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,225,762	\$1,902,038	\$0	\$332,453	\$415,172	\$0	\$855,900		\$720,199	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$400,121)	\$0	\$0	\$0	\$0	\$0	(\$371,520)		(\$28,601)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,751		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,601
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,949,993	\$1,902,038	\$0	\$332,453	\$415,172	\$0	\$484,380	\$95,751	\$691,598	\$28,601
8	Total Nursing Facility Days As Filed Days = 20,952	FY21 Audited C/R Days	20,952									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,952	FY21 GL-PL Ins Rpt Days								20,952		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.54	\$90.78	\$0.00	\$15.87	\$19.82	(with L&H)	\$23.12	\$4.57	\$33.01	\$1.37
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1534								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.71								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.71	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	\$33.01	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.14	\$78.71	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	9.68 (FRV)	\$1.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.14	\$78.71	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2725								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.59	\$100.16	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$4.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$197.22	\$104.69	\$0.00	\$16.09	\$20.23	\$0.00	\$40.59	\$4.57	\$9.68	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.09									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PROVIDENCE HEALTHCARE Prvdr ID: 00142612A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.67% Nurse Hrs per On-Site Day/Q 2.51 </div> <div> <u>Facility Score</u> N/A 31.67% 2.51 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4823 Quarterly Medicaid: 1.4818 </div> <div> <u>PDPM Facility</u> 1.4823 1.4818 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,420,119	\$2,642,259	\$0	\$461,992	\$525,857	\$0	\$892,338		\$897,673	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$150,658)	\$0	\$0	\$0	(\$1,610)	(\$1,576)	(\$127,708)		(\$19,764)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,694		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,644
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,399,799	\$2,642,259	\$0	\$461,992	\$524,247	(\$1,576)	\$764,630	\$110,694	\$877,909	\$19,644
8	Total Nursing Facility Days As Filed Days = 25,628	FY21 Audited C/R Days	25,628									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,628	FY21 GL-PL Ins Rpt Days								25,628		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.71	\$103.10	\$0.00	\$18.03	\$20.39	(with L&H)	\$29.84	\$4.32	\$34.26	\$0.77
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4823								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.55								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.55	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	\$34.26	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.65	\$69.55	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	8.75 (FRV)	\$0.77
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.65	\$69.55	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$0.77
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4818								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.16	\$103.06	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$0.77
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.30	\$6.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$209.46	\$109.26	\$0.00	\$18.25	\$20.80	\$0.00	\$47.31	\$4.32	\$8.75	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.27									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: Providence HC Sparta				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Prvdr ID: 00142623A		PDPM Shadow Rate For informational use only. This is NOT your rate				Growth Allowance:	N/A	0.00%	Base Period Overall PDPM:		1.3209	1.3617		
H/B ? : No		Case Mix Per Diem Rate Effective Date: 01/01/24		BIMS		12.2%	0.0%	Quarterly Medicaid PDPM:		0.0000	1.5138			
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/23		Nurse Hours per On-Site Day/Quality Incentive:		2.92	2.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:		1.3161	1.5405			
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
					a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS														
Cost Center Peer Groups per Selected Options														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
Peer Group Standards & Efficiency Measure Limits														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
Base Period Per Diem Allowed Amounts														
Net Historical Cost 2020														
FY2020 C/R - FY 2020 GL-PL Rpt														
1,764,172														
Inflation (July 2012) @ 4.30%														
75,859														
Patient Days														
FY 2020 Cost Rpt														
19,899														
Total Nursing Facility Days GL-PL Ins. Rpt														
FY 20 GL-PL Ins Rpt Days														
19,899														
Inflated NHC/ Patient Days														
92.47														
Base Period Facility CMI for all Residents														
1.3209														
Routine Services Case Mix Adjusted Net Per Diem														
70.00														
Net Per Diems After Case Mix Adjustments														
177.90														
Per Diem Standards														
70.00														
Base Period Case Mix Adjusted Allowed Per Diem														
161.96														
Quarterly Per Diem Rate Prior to Add-Ons														
Growth Allowance 0.00%														
0.00														
CMA Allowed Per Diem After Growth Allowance														
161.96														
Quarterly Facility Case Mix Index for Medicaid Residents														
1.3161														
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem														
92.13														
Quarterly Medicaid CMA Allowed Per Diem														
184.09														
Quarterly Per Diem Add-On Amounts														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
1.16														
BIMS Add-on Per Diem = 0.0% (to Routine Srvs)														
0.00														
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%														
1.84														
Nursing Home Provider Fee														
17.10														
Total Quarterly Per Diem Add-On Amounts														
20.10														
Quarterly Case Mix Based Per Diem Rate														
204.19														
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%														
140.32														

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: GREENE POINT HEALTH AND REHABILITATION Prvdr ID: 00142634A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 12.20% Nurse Hrs per On-Site Day/Q 3.35 </div> <div> <u>Facility Score</u> N/A 12.20% 3.35 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2927 Quarterly Medicaid: 1.2844 </div> <div> <u>PDPM Facility</u> 1.2927 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,659,957	\$1,949,398	\$0	\$342,213	\$467,011	\$0	\$612,486		\$288,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$78,315)	(\$1,768)	\$0	(\$433)	\$0	(\$363)	(\$58,195)		(\$17,556)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,845		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,556
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,652,043	\$1,947,630	\$0	\$341,780	\$467,011	(\$363)	\$554,291	\$52,845	\$271,293	\$17,556
8	Total Nursing Facility Days As Filed Days = 15,146	FY21 Audited C/R Days	15,146									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,146	FY21 GL-PL Ins Rpt Days								15,146		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$241.13	\$128.59	\$0.00	\$22.57	\$30.81	(with L&H)	\$36.60	\$3.49	\$17.91	\$1.16
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2927								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.47	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	\$17.91	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.13	\$99.47	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	13.03 (FRV)	\$1.16
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.13	\$99.47	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2844								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.42	\$127.76	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.39	\$6.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.88	\$6.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.30	\$134.68	\$0.00	\$22.79	\$31.22	\$0.00	\$53.93	\$3.49	\$13.03	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.40									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: Warrenton H&R				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide	
Prvdr ID: 00142645A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.3209	1.3617	
H/B ?: No				Case Mix Per Diem Rate Effective Date: 01/01/24		BIMS	0.0%	Quarterly Medicaid PDPM:			0.0000	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.44	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.2589	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
CASE MIX BASED RATE CALCULATIONS													
Cost Center Peer Groups per Selected Options					1	1	2	1	1	1			
Type of Facility within Peer Group					All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group					All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits													
Peer Group Standards: Percentile					90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier					100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)					\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts													
Net Historical Cost 2020				FY2020 C/R -FY 2020 GL-PL Rpt	1,819,480		414,160	504,946	1,715	668,786	86,784	656,976	44,295
Inflation (July 2021) @ 4.30%					78,238		17,809	21,786		28,758			1,905
Patient Days				FY 2020 Cost Rpt	23,097		23,097	23,097		23,097		23,097	23,097
Total Nursing Facility Days GL-PL Ins. Rpt				FY 20 GL-PL Ins Rpt Days							23,097		
Inflated NHC/ Patient Days					82.16		18.70	22.88		30.20	3.76	28.44	2.00
Base Period Facility CMI for all Residents					1.3209								
Routine Services Case Mix Adjusted Net Per Diem					\$62.20								
Net Per Diems After Case Mix Adjustments				\$168.19	\$62.20		\$18.70	\$22.88		\$30.20	\$3.76	\$28.44	2.00
Per Diem Standards					\$99.82		\$26.82	\$33.28		\$36.91			
Base Period Case Mix Adjusted Allowed Per Diem				\$148.65	\$62.20		\$18.70	\$22.88		\$30.20	\$3.76	8.91	2.00
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)		
Growth Allowance 0.00%				\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem After Growth Allowance				\$148.65	\$62.20		\$18.70	\$22.88		\$30.20	\$3.76	\$8.91	\$2.00
Quarterly Facility Case Mix Index for Medicaid Residents					1.2589								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem					\$78.30								
Quarterly Medicaid CMA Allowed Per Diem				\$164.75	\$78.30		\$18.70	\$22.88		\$30.20	\$3.76	\$8.91	\$2.00
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)				\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
BIMS Add-on Per Diem = 0.0% (to Routine Srvs)				\$0.00	0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$2.35	2.35								
Nursing Home Provider Fee				\$ 17.10					\$ 17.10				
Total Quarterly Per Diem Add-On Amounts				\$20.98									
Quarterly Case Mix Based Per Diem Rate				\$185.73	\$81.18		\$18.92	\$23.29		\$47.67	\$3.76	\$8.91	\$2.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$126.47									

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ORCHARD HEALTH AND REHABILITATION Prvdr ID: 00142656A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 37.68% Nurse Hrs per On-Site Day/Q 3.28 </div> <div> <u>Facility Score</u> N/A 37.68% 3.28 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2429 Quarterly Medicaid: 1.2383 </div> <div> <u>PDPM Facility</u> 1.2429 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,735,805	\$2,710,319	\$0	\$501,104	\$527,424	\$0	\$794,131		\$202,827	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,870)	(\$2,784)	\$0	(\$703)	\$3	(\$420)	(\$117,916)		(\$26,050)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,415		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,789
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,721,139	\$2,707,535	\$0	\$500,401	\$527,427	(\$420)	\$676,215	\$109,415	\$176,777	\$23,789
8	Total Nursing Facility Days As Filed Days = 24,631	FY21 Audited C/R Days	24,741									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,631	FY21 GL-PL Ins Rpt Days								24,741		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.83	\$109.44	\$0.00	\$20.23	\$21.30	(with L&H)	\$27.33	\$4.42	\$7.15	\$0.96
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2429								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.05								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.05	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	\$7.15	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.51	\$88.05	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	9.22 (FRV)	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.51	\$88.05	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2383								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.49	\$109.03	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.45	\$5.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.81	\$8.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.30	\$117.74	\$0.00	\$20.45	\$21.71	\$0.00	\$44.80	\$4.42	\$9.22	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.65									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB Prvdr ID: 00142678A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.85% Nurse Hrs per On-Site Day/Q 3.41 </div> <div> <u>Facility Score</u> N/A 35.85% 3.41 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3351 Quarterly Medicaid: 1.3409 </div> <div> <u>PDPM Facility</u> 1.3351 1.3409 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,780,205	\$2,079,357	\$0	\$362,924	\$398,923	\$0	\$572,981		\$366,020	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,857)	(\$2,112)	\$0	(\$517)	\$0	(\$371)	(\$69,313)		(\$27,544)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,920		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,544
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,770,812	\$2,077,245	\$0	\$362,407	\$398,923	(\$371)	\$503,668	\$62,920	\$338,476	\$27,544
11	Total Nursing Facility Days As Filed Days = 18,097	FY21 Audited C/R Days	18,097									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,097	FY21 GL-PL Ins Rpt Days								18,097		
13	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.36	\$114.78	\$0.00	\$20.03	\$22.02	(with L&H)	\$27.83	\$3.48	\$18.70	\$1.52
14	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3351								
15	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.97								
16	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.97	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	\$18.70	\$1.52
17	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.63	\$85.97	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	11.78 (FRV)	\$1.52
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.63	\$85.97	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52
21	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3409								
22	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.28								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.93	\$115.28	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
26	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.76	\$5.76								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.27	\$9.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$229.20	\$124.45	\$0.00	\$20.25	\$22.43	\$0.00	\$45.30	\$3.48	\$11.78	\$1.52
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.08									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: JESUP HEALTH AND REHAB Prvdr ID: 00142689A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.22% Nurse Hrs per On-Site Day/Q 3.57 </div> <div> <u>Facility Score</u> N/A 22.22% 3.57 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.7621 Quarterly Medicaid: 1.8880 </div> <div> <u>PDPM Facility</u> 1.7621 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,652,609	\$1,659,123	\$0	\$329,656	\$440,513	\$0	\$857,163		\$366,154	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,232)	(\$6,302)	\$0	\$0	\$0	\$0	(\$18,068)		(\$17,862)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$16,669		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,862
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,644,908	\$1,652,821	\$0	\$329,656	\$440,513	\$0	\$839,095	\$16,669	\$348,292	\$17,862
8	Total Nursing Facility Days As Filed Days = 17,731	FY21 Audited C/R Days	17,731									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,731	FY21 GL-PL Ins Rpt Days								17,731		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$205.56	\$93.22	\$0.00	\$18.59	\$24.84	(with L&H)	\$47.32	\$0.94	\$19.64	\$1.01
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.7621								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.90	\$0.00	\$18.59	\$24.84		\$47.32	\$0.94	\$19.64	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.13	\$52.90	\$0.00	\$18.59	\$24.84		\$36.91	\$0.94	7.94 (FRV)	\$1.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.13	\$52.90	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.8880								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.11	\$99.88	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.00	\$4.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.26	\$5.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$213.37	\$105.41	\$0.00	\$18.81	\$25.25	\$0.00	\$54.01	\$0.94	\$7.94	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.20									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: COLQUITT REGIONAL SENIOR CARE & REHABILITATION Prvdr ID: 00142711A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 17.50% Nurse Hrs per On-Site Day/Q 3.82 </div> <div> <u>Facility Score</u> N/A 17.50% 3.82 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6431 Quarterly Medicaid: 1.3605 </div> <div> <u>PDPM Facility</u> 1.6431 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,135,451	\$1,865,160	\$0	\$330,376	\$459,646	\$0	\$918,548		\$561,721	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$54,920)	(\$99,547)	\$0	\$0	\$0	\$1,050	\$94,873		(\$51,296)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$4,674		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,296
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,136,501	\$1,765,613	\$0	\$330,376	\$459,646	\$1,050	\$1,013,421	\$4,674	\$510,425	\$51,296
8	Total Nursing Facility Days As Filed Days = 17,007	FY21 Audited C/R Days		17,007								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,007	FY21 GL-PL Ins Rpt Days								17,007		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$243.23	\$103.82	\$0.00	\$19.43	\$27.09	(with L&H)	\$59.59	\$0.27	\$30.01	\$3.02
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6431								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.19								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.19	\$0.00	\$19.43	\$27.09		\$59.59	\$0.27	\$30.01	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.38	\$63.19	\$0.00	\$19.43	\$27.09		\$36.91	\$0.27	18.47 (FRV)	\$3.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.38	\$63.19	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3605								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.16	\$85.97	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.84	\$3.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$212.00	\$89.08	\$0.00	\$19.65	\$27.50	\$0.00	\$54.01	\$0.27	\$18.47	\$3.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.18									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BUCHANAN HEALTHCARE CENTER Prvdr ID: 00142722A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.00% Nurse Hrs per On-Site Day/Q 2.96 </div> <div> <u>Facility Score</u> N/A 30.00% 2.96 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3629 Quarterly Medicaid: 1.3117 </div> <div> <u>PDPM Facility</u> 1.3629 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,229,239	\$1,887,153	\$0	\$292,845	\$357,025	\$0	\$1,348,128		\$344,088	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$138,993)	(\$23,335)	\$0	\$0	\$0	\$0	(\$92,686)		(\$22,972)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,686		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,972
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,205,904	\$1,863,818	\$0	\$292,845	\$357,025	\$0	\$1,255,442	\$92,686	\$321,116	\$22,972
8	Total Nursing Facility Days As Filed Days = 17,870	FY21 Audited C/R Days	17,870									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,870	FY21 GL-PL Ins Rpt Days								17,870		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.37	\$104.30	\$0.00	\$16.39	\$19.98	(with L&H)	\$70.25	\$5.19	\$17.97	\$1.29
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3629								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.53								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.53	\$0.00	\$16.39	\$19.98		\$70.25	\$5.19	\$17.97	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.04	\$76.53	\$0.00	\$16.39	\$19.98		\$36.91	\$5.19	11.75 (FRV)	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.04	\$76.53	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$1.29
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3117								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.89	\$100.38	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.67	\$105.43	\$0.00	\$16.61	\$20.39	\$0.00	\$54.01	\$5.19	\$11.75	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.18									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: THE RETREAT			<u>Add-on Data and Percentag</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142733A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:			N/A	0.00%	Base Period Overall:			1.4209	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024			Qtrly BIMS score:			31.58%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23			Nurse Hrs per On-Site Day/Q			4.49	3.0%	Quarterly Medicaid:			1.2734	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,631,443	\$2,548,680	\$0	\$780,988	\$217,448	\$274,882	\$591,372		\$218,073	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$15,820)	\$0	\$0	\$0	\$0	\$0	(\$15,820)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,820		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,631,443	\$2,548,680	\$0	\$780,988	\$217,448	\$274,882	\$575,552	\$15,820	\$218,073	\$0
8	Total Nursing Facility Days As Filed Days = 19,704	FY21 Audited C/R Days	19,704									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,704	FY21 GL-PL Ins Rpt Days								19,704		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.06	\$129.35	\$0.00	\$39.64	\$24.99	(with L&H)	\$29.21	\$0.80	\$11.07	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4209								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.03								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.03	\$0.00	\$39.64	\$24.99		\$29.21	\$0.80	\$11.07	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.14	\$91.03	\$0.00	\$37.13	\$24.99		\$29.21	\$0.80	8.98 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.14	\$91.03	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2734								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.03	\$115.92	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.79	\$6.91	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.82	\$122.83	\$0.00	\$37.13	\$25.40	\$0.00	\$46.68	\$0.80	\$8.98	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.54									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: RIDGEWOOD MANOR HEALTH AND REHABILITATION Prvdr ID: 00142744A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 34.43% Nurse Hrs per On-Site Day/Q 5.29 </div> <div> Facility Score N/A 34.43% 5.29 </div> <div> Add-on Percent 0.00% 2.5% 3.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.4182 Quarterly Medicaid: 1.5344 </div> <div> PDPM Facility 1.4182 PDPM Statewide 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,749,025	\$3,476,594	\$0	\$588,761	\$786,901	\$0	\$1,538,059		\$358,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$186,534)	(\$3,505)	\$0	\$6,897	(\$77,554)	(\$2,843)	(\$109,529)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$51,996		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,318
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,624,805	\$3,473,089	\$0	\$595,658	\$709,347	(\$2,843)	\$1,428,530	\$51,996	\$358,710	\$10,318
8	Total Nursing Facility Days As Filed Days = 25,728	FY21 Audited C/R Days		25,728								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,728	FY21 GL-PL Ins Rpt Days								25,728		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$257.48	\$134.99	\$0.00	\$23.15	\$27.46	(with L&H)	\$55.52	\$2.02	\$13.94	\$0.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4182								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.19								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.19	\$0.00	\$23.15	\$27.46		\$55.52	\$2.02	\$13.94	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.99	\$95.19	\$0.00	\$23.15	\$27.46		\$36.91	\$2.02	9.86 (FRV)	\$0.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.99	\$95.19	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5344								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.86	\$146.06	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.65	\$3.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.38	\$4.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.29	\$8.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.15	\$154.62	\$0.00	\$23.37	\$27.87	\$0.00	\$54.01	\$2.02	\$9.86	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.29									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HARBORVIEW SATILLA Prvdr ID: 00142755A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 8.20% Nurse Hrs per On-Site Day/Q 3.79 </div> <div> <u>Facility Score</u> N/A 8.20% 3.79 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4025 Quarterly Medicaid: 1.4892 </div> <div> <u>PDPM Facility</u> 1.4025 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,162,906	\$2,952,579	\$0	\$505,108	\$643,549	\$0	\$1,213,931		\$847,739	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,360)	(\$69,707)	\$0	\$0	\$0	(\$3,513)	(\$69,489)		(\$49,651)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,917		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$74,651
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,184,114	\$2,882,872	\$0	\$505,108	\$643,549	(\$3,513)	\$1,144,442	\$138,917	\$798,088	\$74,651
8	Total Nursing Facility Days As Filed Days = 29,283	FY21 Audited C/R Days	29,283									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,283	FY21 GL-PL Ins Rpt Days								29,283		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.18	\$98.45	\$0.00	\$17.25	\$21.86	(with L&H)	\$39.08	\$4.74	\$27.25	\$2.55
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4025								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.20								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.20	\$0.00	\$17.25	\$21.86		\$39.08	\$4.74	\$27.25	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.12	\$70.20	\$0.00	\$17.25	\$21.86		\$36.91	\$4.74	13.61 (FRV)	\$2.55
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.12	\$70.20	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4892								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.47	\$104.54	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.35	\$2.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.82	\$107.16	\$0.00	\$17.47	\$22.27	\$0.00	\$54.01	\$4.74	\$13.61	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.54									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: ETOWAH LANDING				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00142766A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.3342	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		27.27%	1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		3.10	3.0%	Quarterly Medicaid:			1.5984	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,812,108	\$3,125,360	\$0	\$537,422	\$483,015	\$0	\$1,085,883		\$580,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$259,081)	(\$41,934)	\$0	\$0	(\$4,642)	(\$5,467)	(\$158,714)		(\$48,324)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$207,141		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,314
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,807,482	\$3,083,426	\$0	\$537,422	\$478,373	(\$5,467)	\$927,169	\$207,141	\$532,104	\$47,314
8	Total Nursing Facility Days As Filed Days = 29,460	FY21 Audited C/R Days	29,460									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,460	FY21 GL-PL Ins Rpt Days								29,460		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.12	\$104.66	\$0.00	\$18.24	\$16.05	(with L&H)	\$31.47	\$7.03	\$18.06	\$1.61
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3342								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.44								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.44	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	\$18.06	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.01	\$78.44	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	9.17 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.01	\$78.44	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5984								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.95	\$125.38	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.64	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.59	\$130.92	\$0.00	\$18.46	\$16.46	\$0.00	\$48.94	\$7.03	\$9.17	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.62									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ROBERTA HEALTH AND REHAB Prvdr ID: 00142777A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 48.21% Nurse Hrs per On-Site Day/Q 3.33 </div> <div> <u>Facility Score</u> N/A 48.21% 3.33 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3411 Quarterly Medicaid: 1.5836 </div> <div> <u>PDPM Facility</u> 1.3411 1.5836 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,984,403	\$1,898,551	\$0	\$338,555	\$447,229	\$0	\$1,570,690		\$729,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$114,175)	(\$11,911)	\$0	\$0	\$0	\$0	(\$44,529)		(\$57,735)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,750		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,735
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,971,713	\$1,886,640	\$0	\$338,555	\$447,229	\$0	\$1,526,161	\$43,750	\$671,643	\$57,735
8	Total Nursing Facility Days As Filed Days = 26,018	FY21 Audited C/R Days	26,018									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,018	FY21 GL-PL Ins Rpt Days								26,018		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$191.08	\$72.51	\$0.00	\$13.01	\$17.19	(with L&H)	\$58.66	\$1.68	\$25.81	\$2.22
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3411								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.07								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.07	\$0.00	\$13.01	\$17.19		\$58.66	\$1.68	\$25.81	\$2.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.08	\$54.07	\$0.00	\$13.01	\$17.19		\$36.91	\$1.68	8.00 (FRV)	\$2.22
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.08	\$54.07	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5836								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.64	\$85.63	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.71	\$4.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.71	\$1.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.68	\$6.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$189.32	\$92.58	\$0.00	\$13.23	\$17.60	\$0.00	\$54.01	\$1.68	\$8.00	\$2.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.17									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: TWIN FOUNTAINS HOME Prvdr ID: 00142843A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 36.36% Nurse Hrs per On-Site Day/Q 3.35 </div> <div> <u>Facility Score</u> N/A 36.36% 3.35 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2432 Quarterly Medicaid: 1.1741 </div> <div> <u>PDPM Facility</u> 1.2432 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,651,958	\$3,278,054	\$0	\$985,932	\$911,253	\$763,262	\$4,809,955		\$903,502	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$29,519)	\$286	\$0	\$751	\$368	\$444	(\$48,245)		\$16,877	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,751		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,672,190	\$3,278,340	\$0	\$986,683	\$911,621	\$763,706	\$4,761,710	\$49,751	\$920,379	\$0
8	Total Nursing Facility Days As Filed Days = 29,430	FY21 Audited C/R Days	29,430									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,430	FY21 GL-PL Ins Rpt Days								29,430		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$396.61	\$111.39	\$0.00	\$33.53	\$56.93	(with L&H)	\$161.80	\$1.69	\$31.27	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2432								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.60								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$89.60	\$0.00	\$33.53	\$56.93		\$161.80	\$1.69	\$31.27	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.84	\$89.60	\$0.00	\$33.53	\$33.28		\$36.91	\$1.69	11.83 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.84	\$89.60	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1741								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.44	\$105.20	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.64	\$6.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.08	\$111.52	\$0.00	\$33.75	\$33.28	\$0.00	\$54.01	\$1.69	\$11.83	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.74									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WINDER HEALTH CARE & REHAB CTR Prvdr ID: 00142854A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 17.86% Nurse Hrs per On-Site Day/Q 2.77 </div> <div> Facility Score Add-on Percent N/A 0.00% 17.86% 0.0% 2.77 3.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.4068 Quarterly Medicaid: 1.4949 </div> <div> PDPM Facility 1.4068 PDPM Statewide 1.4210 1.4949 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,547,221	\$4,109,196	\$0	\$1,037,149	\$893,672	\$0	\$1,105,363		\$401,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$313,394)	(\$17,611)	\$0	(\$791)	\$0	\$5,374	(\$246,193)		(\$54,173)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$175,294		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$54,173
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,463,294	\$4,091,585	\$0	\$1,036,358	\$893,672	\$5,374	\$859,170	\$175,294	\$347,668	\$54,173
8	Total Nursing Facility Days As Filed Days = 39,368	FY21 Audited C/R Days	39,368									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,368	FY21 GL-PL Ins Rpt Days								39,368		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.57	\$103.93	\$0.00	\$26.32	\$22.84	(with L&H)	\$21.82	\$4.45	\$8.83	\$1.38
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4068								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.88								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.88	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	\$8.83	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.51	\$73.88	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	12.82 (FRV)	\$1.38
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.51	\$73.88	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4949								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.08	\$110.44	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.94	\$3.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.02	\$114.28	\$0.00	\$26.54	\$23.25	\$0.00	\$39.29	\$4.45	\$12.82	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.69									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: DADE HEALTH AND REHAB Prvdr ID: 00142865A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 36.67% Nurse Hrs per On-Site Day/Q 3.52 </div> <div> <u>Facility Score</u> N/A 36.67% 3.52 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3721 Quarterly Medicaid: 1.4797 </div> <div> <u>PDPM Facility</u> 1.3721 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,707,714	\$2,126,507	\$0	\$321,927	\$405,828	\$0	\$558,642		\$294,810	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$89,779)	\$6,411	\$0	\$0	\$957	(\$5,067)	(\$84,418)		(\$7,662)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,492		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,789
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,739,216	\$2,132,918	\$0	\$321,927	\$406,785	(\$5,067)	\$474,224	\$110,492	\$287,148	\$10,789
8	Total Nursing Facility Days As Filed Days = 16,805	FY21 Audited C/R Days	16,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,805	FY21 GL-PL Ins Rpt Days								16,805		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.50	\$126.92	\$0.00	\$19.16	\$23.90	(with L&H)	\$28.22	\$6.57	\$17.09	\$0.64
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3721								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.50								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.50	\$0.00	\$19.16	\$23.90		\$28.22	\$6.57	\$17.09	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.89	\$92.50	\$0.00	\$19.16	\$23.90		\$28.22	\$6.57	9.90 (FRV)	\$0.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.89	\$92.50	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4797								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.27	\$136.87	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.42	\$3.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.11	\$4.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.16	\$8.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$251.43	\$144.93	\$0.00	\$19.38	\$24.31	\$0.00	\$45.69	\$6.57	\$9.90	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.75									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SAVANNAH BEACH HEALTH AND REHAB Prvdr ID: 00142876A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hrs per On-Site Day/Q 2.66 </div> <div> <u>Facility Score</u> N/A 33.33% 2.66 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1031 Quarterly Medicaid: 0.9912 </div> <div> <u>PDPM Facility</u> 1.1031 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,891,420	\$1,476,360	\$0	\$223,024	\$394,382	\$0	\$376,869		\$420,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,623)	\$0	\$0	\$0	\$0	\$0	(\$47,254)		(\$52,369)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,639		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,369
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,887,805	\$1,476,360	\$0	\$223,024	\$394,382	\$0	\$329,615	\$43,639	\$368,416	\$52,369
8	Total Nursing Facility Days As Filed Days = 14,564	FY21 Audited C/R Days	14,564									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,564	FY21 GL-PL Ins Rpt Days								14,564		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.29	\$101.37	\$0.00	\$15.31	\$27.08	(with L&H)	\$22.63	\$3.00	\$25.30	\$3.60
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1031								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.90	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	\$25.30	\$3.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.17	\$91.90	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	11.65 (FRV)	\$3.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.17	\$91.90	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		0.9912								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.36	\$91.09	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.64	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$198.00	\$96.63	\$0.00	\$15.53	\$27.49	\$0.00	\$40.10	\$3.00	\$11.65	\$3.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.68									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SEARS MANOR NURSING HOME Prvdr ID: 00142898A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.77% Nurse Hrs per On-Site Day/Q 5.17 </div> <div> <u>Facility Score</u> N/A 30.77% 5.17 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4020 Quarterly Medicaid: 1.4108 </div> <div> <u>PDPM Facility</u> 1.4020 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,791,321	\$3,374,723	\$0	\$630,503	\$630,862	\$0	\$808,806		\$346,427	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$138,929)	\$0	\$0	\$0	\$0	\$0	(\$86,191)		(\$52,738)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,191		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,738
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,791,321	\$3,374,723	\$0	\$630,503	\$630,862	\$0	\$722,615	\$86,191	\$293,689	\$52,738
8	Total Nursing Facility Days As Filed Days = 22,338	FY21 Audited C/R Days	22,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,338	FY21 GL-PL Ins Rpt Days								22,338		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$259.27	\$151.08	\$0.00	\$28.23	\$28.24	(with L&H)	\$32.35	\$3.86	\$13.15	\$2.36
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4020								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.76								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$107.76	\$0.00	\$28.23	\$28.24		\$32.35	\$3.86	\$13.15	\$2.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.15	\$104.63	\$0.00	\$26.82	\$28.24		\$32.35	\$3.86	10.89 (FRV)	\$2.36
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.15	\$104.63	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4108								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.13	\$147.61	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.69	\$3.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.38	\$7.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.95	\$11.07	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$281.08	\$158.68	\$0.00	\$26.82	\$28.65	\$0.00	\$49.82	\$3.86	\$10.89	\$2.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.99									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: SEMINOLE MANOR NURSING HOME Prvdr ID: 00142909A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
				Growth Allowance:	N/A	0.00%	Base Period Overall:				1.2473	1.4210
				Qtrly BIMS score:	22.00%	1.0%						
				Nurse Hrs per On-Site Day/Q	3.67	3.0%	Quarterly Medicaid:				1.2794	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,203,111	\$2,434,399	\$0	\$778,624	\$504,059	\$452,688	\$635,869		\$397,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,211)	\$0	\$0	\$0	(\$9,295)	(\$8,348)	(\$11,038)		(\$13,530)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$11,038		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,280
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,185,218	\$2,434,399	\$0	\$778,624	\$494,764	\$444,340	\$624,831	\$11,038	\$383,942	\$13,280
8	Total Nursing Facility Days As Filed Days = 20,968	FY21 Audited C/R Days	20,968									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,968	FY21 GL-PL Ins Rpt Days								20,968		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$247.29	\$116.10	\$0.00	\$37.13	\$44.79	(with L&H)	\$29.80	\$0.53	\$18.31	\$0.63
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2473								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.08								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.08	\$0.00	\$37.13	\$44.79		\$29.80	\$0.53	\$18.31	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.63	\$93.08	\$0.00	\$37.13	\$33.28		\$29.80	\$0.53	10.18 (FRV)	\$0.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.63	\$93.08	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2794								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.63	\$119.09	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.76	\$5.29	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$253.39	\$124.38	\$0.00	\$37.13	\$33.28	\$0.00	\$47.27	\$0.53	\$10.18	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.22									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: VISTA PARK HEALTH AND REHABILITATION Prvdr ID: 00142931A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.14% Nurse Hrs per On-Site Day/Q 4.04 </div> <div> <u>Facility Score</u> N/A 35.14% 4.04 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3688 Quarterly Medicaid: 1.3930 </div> <div> <u>PDPM Facility</u> 1.3688 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,541,806	\$4,273,183	\$0	\$850,820	\$827,728	\$0	\$1,445,290		\$1,144,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$316,410)	(\$4,832)	\$0	(\$1,183)	\$0	(\$1,236)	(\$248,192)		(\$60,967)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$174,720		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,967
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,461,083	\$4,268,351	\$0	\$849,637	\$827,728	(\$1,236)	\$1,197,098	\$174,720	\$1,083,818	\$60,967
8	Total Nursing Facility Days As Filed Days = 41,410	FY21 Audited C/R Days	41,410									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,410	FY21 GL-PL Ins Rpt Days								41,410		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.33	\$103.08	\$0.00	\$20.52	\$19.96	(with L&H)	\$28.91	\$4.22	\$26.17	\$1.47
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3688								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.31								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.31	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	\$26.17	\$1.47
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.88	\$75.31	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	21.49 (FRV)	\$1.47
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.88	\$75.31	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$1.47
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3930								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.48	\$104.91	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$1.47
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.25	\$5.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.50	\$8.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$227.98	\$113.31	\$0.00	\$20.74	\$20.37	\$0.00	\$46.38	\$4.22	\$21.49	\$1.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.16									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ROSS MEMORIAL HEALTH CARE CTR Prvdr ID: 00142942A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 45.00% Nurse Hrs per On-Site Day/Q 3.47 </div> <div> <u>Facility Score</u> N/A 45.00% 3.47 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3695 Quarterly Medicaid: 1.2925 </div> <div> <u>PDPM Facility</u> 1.3695 1.2925 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,265,968	\$3,784,863	\$0	\$666,840	\$807,743	\$0	\$692,761		\$313,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$199,732)	(\$34,745)	\$0	\$0	\$0	\$0	(\$73,619)		(\$91,368)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$60,353		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$91,368
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,217,957	\$3,750,118	\$0	\$666,840	\$807,743	\$0	\$619,142	\$60,353	\$222,393	\$91,368
8	Total Nursing Facility Days As Filed Days = 24,946	FY21 Audited C/R Days	24,946									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,946	FY21 GL-PL Ins Rpt Days								24,946		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.25	\$150.33	\$0.00	\$26.73	\$32.38	(with L&H)	\$24.82	\$2.42	\$8.91	\$3.66
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3695								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$109.77								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$109.77	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	\$8.91	\$3.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.33	\$104.63	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	13.69 (FRV)	\$3.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.33	\$104.63	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2925								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.93	\$135.23	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.85	\$0.00	\$0.00	\$0.07	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.44	\$7.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.09	\$10.14	\$0.00	\$0.07	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$267.02	\$145.37	\$0.00	\$26.80	\$32.79	\$0.00	\$42.29	\$2.42	\$13.69	\$3.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.44									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - SHEPHERD HILLS Prvdr ID: 00142964A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 24.18% Nurse Hrs per On-Site Day/Q 3.29 </div> <div> <u>Facility Score</u> N/A 24.18% 3.29 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4051 Quarterly Medicaid: 1.3436 </div> <div> <u>PDPM Facility</u> 1.4051 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,948,476	\$3,897,971	\$0	\$592,947	\$875,413	\$0	\$1,350,872		\$231,273	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$543,178)	(\$114,484)	\$0	\$0	\$0	\$534	(\$375,162)		(\$54,066)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$486,905		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,049
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,939,252	\$3,783,487	\$0	\$592,947	\$875,413	\$534	\$975,710	\$486,905	\$177,207	\$47,049
8	Total Nursing Facility Days As Filed Days = 34,759	FY21 Audited C/R Days	34,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,759	FY21 GL-PL Ins Rpt Days								34,759		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.64	\$108.85	\$0.00	\$17.06	\$25.20	(with L&H)	\$28.07	\$14.01	\$5.10	\$1.35
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4051								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.47	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	\$5.10	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.69	\$77.47	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	8.53 (FRV)	\$1.35
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.69	\$77.47	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3436								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.31	\$104.09	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.20	\$5.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.87	\$6.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$223.18	\$110.86	\$0.00	\$17.28	\$25.61	\$0.00	\$45.54	\$14.01	\$8.53	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.56									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: GOLD CITY HEALTH AND REHAB Prvdr ID: 00142975A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 32.84% Nurse Hrs per On-Site Day/Q 2.35 </div> <div> <u>Facility Score</u> N/A 32.84% 2.35 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 1.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5817 Quarterly Medicaid: 1.2573 </div> <div> <u>PDPM Facility</u> 1.5817 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,001,800	\$2,273,782	\$0	\$335,058	\$430,900	\$0	\$795,622		\$166,438	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$98,136)	(\$25,445)	\$0	\$0	\$0	\$0	(\$42,068)		(\$30,623)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,623
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,934,287	\$2,248,337	\$0	\$335,058	\$430,900	\$0	\$753,554	\$0	\$135,815	\$30,623
8	Total Nursing Facility Days As Filed Days = 26,865	FY21 Audited C/R Days	26,865									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,865	FY21 GL-PL Ins Rpt Days								26,865		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.45	\$83.69	\$0.00	\$12.47	\$16.04	(with L&H)	\$28.05	\$0.00	\$5.06	\$1.14
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5817								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.91								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.91	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	\$5.06	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.05	\$52.91	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	9.44 (FRV)	\$1.14
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.05	\$52.91	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.2573								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$133.66	\$66.52	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.66	\$1.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.67	\$0.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.96	\$2.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$154.62	\$69.38	\$0.00	\$12.69	\$16.45	\$0.00	\$45.52	\$0.00	\$9.44	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$103.14									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SIGNATURE HEALTHCARE OF MARIETTA Prvdr ID: 00142986A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.47% Nurse Hrs per On-Site Day/Q 2.52 </div> <div> <u>Facility Score</u> N/A 22.47% 2.52 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4270 Quarterly Medicaid: 1.4354 </div> <div> <u>PDPM Facility</u> 1.4270 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,825,331	\$6,151,640	\$0	\$868,106	\$838,869	\$0	\$2,593,414		\$2,373,302	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$453,108)	(\$53,945)	\$0	(\$1,665)	(\$1,997)	(\$2,588)	(\$255,828)		(\$137,085)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$242,651		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$136,387
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,751,261	\$6,097,695	\$0	\$866,441	\$836,872	(\$2,588)	\$2,337,586	\$242,651	\$2,236,217	\$136,387
8	Total Nursing Facility Days As Filed Days = 43,226	FY21 Audited C/R Days	43,226									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,226	FY21 GL-PL Ins Rpt Days								43,226		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$294.99	\$141.07	\$0.00	\$20.04	\$19.30	(with L&H)	\$54.08	\$5.61	\$51.73	\$3.16
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4270								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.86								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.86	\$0.00	\$20.04	\$19.30		\$54.08	\$5.61	\$51.73	\$3.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.84	\$98.86	\$0.00	\$20.04	\$19.30		\$36.91	\$5.61	14.96 (FRV)	\$3.16
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.84	\$98.86	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4354								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.89	\$141.90	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.52	\$4.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$264.41	\$146.69	\$0.00	\$20.26	\$19.71	\$0.00	\$54.01	\$5.61	\$14.96	\$3.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.48									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: PRUITTHEALTH - FAIRBURN Prvdr ID: 00142997A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 12.28% Nurse Hrs per On-Site Day/Q 3.67 </div> <div> <u>Facility Score</u> N/A 12.28% 3.67 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4632 Quarterly Medicaid: 1.4181 </div> <div> <u>PDPM Facility</u> 1.4632 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,190,381	\$2,731,348	\$0	\$466,571	\$562,967	\$0	\$1,112,117		\$317,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$414,313)	(\$98,721)	\$0	\$0	\$0	\$0	(\$257,279)		(\$58,313)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$58,313
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,190,381	\$2,632,627	\$0	\$466,571	\$562,967	\$0	\$854,838	\$356,000	\$259,065	\$58,313
8	Total Nursing Facility Days As Filed Days = 20,659	FY21 Audited C/R Days	20,659									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,659	FY21 GL-PL Ins Rpt Days								20,659		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$251.23	\$127.43	\$0.00	\$22.58	\$27.25	(with L&H)	\$41.38	\$17.23	\$12.54	\$2.82
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4632								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.09								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.09	\$0.00	\$22.58	\$27.25		\$41.38	\$17.23	\$12.54	\$2.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.96	\$87.09	\$0.00	\$22.58	\$27.25		\$36.91	\$17.23	14.08 (FRV)	\$2.82
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allnw %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.96	\$87.09	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4181								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.37	\$123.50	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.18	\$6.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.44	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$268.81	\$130.21	\$0.00	\$22.80	\$27.66	\$0.00	\$54.01	\$17.23	\$14.08	\$2.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.78									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SMITH MEDICAL NURSING CARE CTR Prvdr ID: 00143008A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 40.63% Nurse Hrs per On-Site Day/Q 2.57 </div> <div> <u>Facility Score</u> N/A 40.63% 2.57 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 0.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2637 Quarterly Medicaid: 1.2791 </div> <div> <u>PDPM Facility</u> 1.2637 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$1,709,540	\$777,288	\$0	\$214,136	\$196,608	\$0	\$499,260		\$22,248	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$143,277)	\$0	\$0	\$0	\$0	(\$9,064)	(\$115,504)		(\$18,709)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$74,360		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,709
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$1,659,332	\$777,288	\$0	\$214,136	\$196,608	(\$9,064)	\$383,756	\$74,360	\$3,539	\$18,709
8	Total Nursing Facility Days As Filed Days = 14,616	FY21 Audited C/R Days	14,616									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,616	FY21 GL-PL Ins Rpt Days								14,616		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$113.53	\$53.18	\$0.00	\$14.65	\$12.83	(with L&H)	\$26.26	\$5.09	\$0.24	\$1.28
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2637								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.08								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.08	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	\$0.24	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.64	\$42.08	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	11.45 (FRV)	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$113.64	\$42.08	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$1.28
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2791								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$53.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$125.38	\$53.82	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$1.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.98	\$1.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$145.36	\$55.70	\$0.00	\$14.87	\$13.24	\$0.00	\$43.73	\$5.09	\$11.45	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$96.20									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SOCIAL CIRCLE NSG & REHAB CTR Prvdr ID: 00143041A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.91% Nurse Hrs per On-Site Day/Q 3.18 </div> <div> <u>Facility Score</u> N/A 27.91% 3.18 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4915 Quarterly Medicaid: 1.3472 </div> <div> <u>PDPM Facility</u> 1.4915 1.3472 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,761,260	\$2,724,490	\$0	\$371,838	\$392,363	\$0	\$765,392		\$507,177	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$24,707)	(\$8,085)	\$0	\$0	\$3,237	\$4,311	\$1,445		(\$25,615)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,640		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,108
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,769,301	\$2,716,405	\$0	\$371,838	\$395,600	\$4,311	\$766,837	\$6,640	\$481,562	\$26,108
8	Total Nursing Facility Days As Filed Days = 19,838	FY21 Audited C/R Days	19,838									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,838	FY21 GL-PL Ins Rpt Days								19,838		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$240.40	\$136.93	\$0.00	\$18.74	\$20.16	(with L&H)	\$38.65	\$0.33	\$24.27	\$1.32
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4915								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.81								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.81	\$0.00	\$18.74	\$20.16		\$38.65	\$0.33	\$24.27	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.99	\$91.81	\$0.00	\$18.74	\$20.16		\$36.91	\$0.33	10.72 (FRV)	\$1.32
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.99	\$91.81	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3472								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.87	\$123.69	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.97	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$233.84	\$127.93	\$0.00	\$18.96	\$20.57	\$0.00	\$54.01	\$0.33	\$10.72	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.56									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

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<div> <div> Provider: PRUITTHEALTH - GRIFFIN Prvdr ID: 00143052A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 41.03% Nurse Hrs per On-Site Day/Q 3.58 </div> <div> <u>Facility Score</u> N/A 41.03% 3.58 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 6.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5139 Quarterly Medicaid: 1.5336 </div> <div> <u>PDPM Facility</u> 1.5139 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,281,674	\$2,178,914	\$0	\$377,811	\$471,784	\$0	\$947,227		\$305,938	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$338,438)	(\$58,320)	\$0	\$0	\$0	\$0	(\$241,337)		(\$38,781)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$299,657		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$38,781
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,281,674	\$2,120,594	\$0	\$377,811	\$471,784	\$0	\$705,890	\$299,657	\$267,157	\$38,781
8	Total Nursing Facility Days As Filed Days = 17,315	FY21 Audited C/R Days	17,315									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,315	FY21 GL-PL Ins Rpt Days								17,315		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$247.29	\$122.47	\$0.00	\$21.82	\$27.25	(with L&H)	\$40.77	\$17.31	\$15.43	\$2.24
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5139								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.90	\$0.00	\$21.82	\$27.25		\$40.77	\$17.31	\$15.43	\$2.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.04	\$80.90	\$0.00	\$21.82	\$27.25		\$36.91	\$17.31	9.61 (FRV)	\$2.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.04	\$80.90	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5336								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.20	\$124.07	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.44	\$7.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.80	\$11.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$268.00	\$135.14	\$0.00	\$22.04	\$27.66	\$0.00	\$54.01	\$17.31	\$9.61	\$2.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.18									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SPARTA HEALTH AND REHABILITATION Prvdr ID: 00143063A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 40.74% Nurse Hrs per On-Site Day/Q 2.99 </div> <div> <u>Facility Score</u> N/A 40.74% 2.99 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1826 Quarterly Medicaid: 1.3204 </div> <div> <u>PDPM Facility</u> 1.1826 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,462,080	\$1,695,629	\$0	\$348,853	\$385,889	\$0	\$628,924		\$402,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$139,575)	(\$34,687)	\$0	(\$438)	\$0	(\$395)	(\$82,597)		(\$21,458)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$85,088		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,458
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,429,051	\$1,660,942	\$0	\$348,415	\$385,889	(\$395)	\$546,327	\$85,088	\$381,327	\$21,458
8	Total Nursing Facility Days As Filed Days = 15,341	FY21 Audited C/R Days		15,357								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,341	FY21 GL-PL Ins Rpt Days								15,357		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$223.30	\$108.16	\$0.00	\$22.69	\$25.10	(with L&H)	\$35.58	\$5.54	\$24.83	\$1.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1826								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.46								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.46	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	\$24.83	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.24	\$91.46	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	9.47 (FRV)	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.24	\$91.46	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3204								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.54	\$120.76	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.04	\$6.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.69	\$9.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.23	\$130.35	\$0.00	\$22.91	\$25.51	\$0.00	\$53.05	\$5.54	\$9.47	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.35									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FULTON CENTER FOR REHABILITATION LLC Prvdr ID: 00143074A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 20.83% Nurse Hrs per On-Site Day/Q 2.54				Facility Score N/A 20.83% 2.54	Add-on Percent 0.00% 1.0% 5.0%	Facility Model (PDPM) Data Base Period Overall: 1.4990 Quarterly Medicaid: 1.6393					PDPM Facility 1.4990 1.6393	PDPM Statewide 1.4210 1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,179,162	\$3,288,881	\$0	\$584,888	\$686,376	\$0	\$1,413,983		\$1,205,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$296,070)	(\$53,771)	\$0	\$0	(\$3,397)	(\$5,582)	(\$136,996)		(\$96,324)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$183,642		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$95,064
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,161,798	\$3,235,110	\$0	\$584,888	\$682,979	(\$5,582)	\$1,276,987	\$183,642	\$1,108,710	\$95,064
8	Total Nursing Facility Days As Filed Days = 35,671	FY21 Audited C/R Days	35,671									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,671	FY21 GL-PL Ins Rpt Days								35,671		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$200.78	\$90.69	\$0.00	\$16.40	\$18.99	(with L&H)	\$35.80	\$5.15	\$31.08	\$2.67
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4990								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	\$31.08	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.32	\$60.50	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	8.81 (FRV)	\$2.67
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.32	\$60.50	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$2.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6393								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.00	\$99.18	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$2.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.96	\$4.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.58	\$6.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$211.58	\$105.66	\$0.00	\$16.62	\$19.40	\$0.00	\$53.27	\$5.15	\$8.81	\$2.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.86									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CARTERSVILLE CENTER FOR NURSING AND HEALING Prvdr ID: 00143085A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 14.08% Nurse Hrs per On-Site Day/Q 2.91 </div> <div> <u>Facility Score</u> N/A 14.08% 2.91 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3937 Quarterly Medicaid: 1.5504 </div> <div> <u>PDPM Facility</u> 1.3937 1.5504 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,032,690	\$3,608,089	\$0	\$675,571	\$541,888	\$0	\$1,275,549		\$931,593	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$257,495)	(\$5,300)	\$0	\$0	\$0	\$0	(\$160,041)		(\$92,154)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$160,041		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$92,154
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,027,390	\$3,602,789	\$0	\$675,571	\$541,888	\$0	\$1,115,508	\$160,041	\$839,439	\$92,154
8	Total Nursing Facility Days As Filed Days = 36,071	FY21 Audited C/R Days	36,071									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,071	FY21 GL-PL Ins Rpt Days								36,071		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.82	\$99.88	\$0.00	\$18.73	\$15.02	(with L&H)	\$30.93	\$4.44	\$23.27	\$2.55
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3937								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.67								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.67	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	\$23.27	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.09	\$71.67	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	14.75 (FRV)	\$2.55
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.09	\$71.67	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5504								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.53	\$111.12	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.07	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$220.60	\$116.09	\$0.00	\$18.95	\$15.43	\$0.00	\$48.40	\$4.44	\$14.75	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.63									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - SPRING VALLEY Prvdr ID: 00143096A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.10% Nurse Hrs per On-Site Day/Q 3.40 </div> <div> <u>Facility Score</u> N/A 38.10% 3.40 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3774 Quarterly Medicaid: 1.3102 </div> <div> <u>PDPM Facility</u> 1.3774 1.3102 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,826,766	\$2,062,813	\$0	\$313,177	\$446,791	\$0	\$816,348		\$187,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$293,687)	(\$5,565)	\$0	\$0	(\$3,469)	(\$4,558)	(\$261,890)		(\$18,205)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$260,162		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,034
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,809,275	\$2,057,248	\$0	\$313,177	\$443,322	(\$4,558)	\$554,458	\$260,162	\$169,432	\$16,034
8	Total Nursing Facility Days As Filed Days = 17,382	FY21 Audited C/R Days	17,382									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,382	FY21 GL-PL Ins Rpt Days								17,382		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$219.16	\$118.36	\$0.00	\$18.02	\$25.24	(with L&H)	\$31.90	\$14.97	\$9.75	\$0.92
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3774								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.93								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.93	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	\$9.75	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.25	\$85.93	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	10.27 (FRV)	\$0.92
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.25	\$85.93	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$0.92
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3102								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.90	\$112.59	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.50	\$4.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.94	\$7.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$239.84	\$120.43	\$0.00	\$18.24	\$25.65	\$0.00	\$49.37	\$14.97	\$10.27	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.06									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WINTHROP HEALTH AND REHABILITATION Prvdr ID: 00143118A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.03% Nurse Hrs per On-Site Day/Q 3.57 </div> <div> <u>Facility Score</u> N/A 27.03% 3.57 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3270 Quarterly Medicaid: 1.3173 </div> <div> <u>PDPM Facility</u> 1.3270 1.3173 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,706,017	\$3,134,384	\$0	\$545,806	\$686,285	\$0	\$1,185,045		\$154,497	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$133,126)	(\$3,031)	\$0	(\$742)	\$0	(\$619)	(\$115,809)		(\$12,925)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,650		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,925
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,690,466	\$3,131,353	\$0	\$545,064	\$686,285	(\$619)	\$1,069,236	\$104,650	\$141,572	\$12,925
8	Total Nursing Facility Days As Filed Days = 25,977	FY21 Audited C/R Days	25,977									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,977	FY21 GL-PL Ins Rpt Days								25,977		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$219.06	\$120.54	\$0.00	\$20.98	\$26.40	(with L&H)	\$41.16	\$4.03	\$5.45	\$0.50
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3270								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.83								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.83	\$0.00	\$20.98	\$26.40		\$41.16	\$4.03	\$5.45	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.96	\$90.83	\$0.00	\$20.98	\$26.40		\$36.91	\$4.03	17.31 (FRV)	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.96	\$90.83	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$17.31	\$0.50
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3173								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.78	\$119.65	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$17.31	\$0.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.79	\$4.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.25	\$6.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$250.03	\$126.17	\$0.00	\$21.20	\$26.81	\$0.00	\$54.01	\$4.03	\$17.31	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.70									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

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Provider: SENIOR CARE CENTER - ST MARYS Prvdr ID: 00143129A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 23.08% Nurse Hrs per On-Site Day/Q 3.18				Facility Score N/A 23.08% 3.18	Add-on Percent 0.00% 1.0% 3.0%	Facility Model (PDPM) Data Base Period Overall: 1.4004 Quarterly Medicaid: 1.4362					PDPM Facility 1.4004 1.4362	PDPM Statewide 1.4210 1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,269,926	\$3,046,378	\$0	\$668,551	\$737,249	\$0	\$1,588,944		\$228,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$183,561)	(\$10,332)	\$0	\$0	\$0	\$0	(\$161,358)		(\$11,871)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,358		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,871
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,259,594	\$3,036,046	\$0	\$668,551	\$737,249	\$0	\$1,427,586	\$161,358	\$216,933	\$11,871
8	Total Nursing Facility Days As Filed Days = 17,919	FY21 Audited C/R Days	17,919									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,919	FY21 GL-PL Ins Rpt Days								17,919		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$349.32	\$169.43	\$0.00	\$37.31	\$41.14	(with L&H)	\$79.67	\$9.00	\$12.11	\$0.66
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4004								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.99								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$120.99	\$0.00	\$37.31	\$41.14		\$79.67	\$9.00	\$12.11	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.78	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$9.00	11.48 (FRV)	\$0.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.78	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4362								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.42	\$150.27	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.50	\$1.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.51	\$4.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.11	\$6.01	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$291.53	\$156.28	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$9.00	\$11.48	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.82									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: EAGLE HEALTH & REHABILITATION Prvdr ID: 00143151A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 36.00% Nurse Hrs per On-Site Day/Q 3.90				Facility Score N/A	Add-on Percent 0.00% 2.5% 5.0%	Facility Model (PDPM) Data Base Period Overall: 1.4147 Quarterly Medicaid: 1.3500					PDPM Facility 1.4147	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,947,192	\$1,953,557	\$0	\$524,514	\$442,449	\$0	\$735,001		\$291,671	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$177,823)	(\$1,797)	\$0	(\$451)	\$428	\$21	(\$130,617)		(\$45,407)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$125,165		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,511
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,940,045	\$1,951,760	\$0	\$524,063	\$442,877	\$21	\$604,384	\$125,165	\$246,264	\$45,511
8	Total Nursing Facility Days As Filed Days = 15,796	FY21 Audited C/R Days	15,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,796	FY21 GL-PL Ins Rpt Days								15,879		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$248.12	\$122.91	\$0.00	\$33.00	\$27.89	(with L&H)	\$38.06	\$7.88	\$15.51	\$2.87
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4147								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.88								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.88	\$0.00	\$33.00	\$27.89		\$38.06	\$7.88	\$15.51	\$2.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.07	\$86.88	\$0.00	\$26.82	\$27.89		\$36.91	\$7.88	10.82 (FRV)	\$2.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.07	\$86.88	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3500								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.48	\$117.29	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.86	\$5.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.83	\$9.32	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$257.31	\$126.61	\$0.00	\$26.82	\$28.30	\$0.00	\$54.01	\$7.88	\$10.82	\$2.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.16									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ARROWHEAD HEALTH AND REHAB Prvdr ID: 00143162A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 48.05% Nurse Hrs per On-Site Day/Q 3.61 </div> <div> <u>Facility Score</u> N/A 48.05% 3.61 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6306 Quarterly Medicaid: 1.6695 </div> <div> <u>PDPM Facility</u> 1.6306 1.6695 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,779,080	\$2,416,403	\$0	\$517,015	\$775,149	\$0	\$1,862,587		\$1,207,926	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$137,141)	(\$6,589)	\$0	\$0	\$0	\$0	(\$58,985)		(\$71,567)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$58,758		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,567
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,772,264	\$2,409,814	\$0	\$517,015	\$775,149	\$0	\$1,803,602	\$58,758	\$1,136,359	\$71,567
8	Total Nursing Facility Days As Filed Days = 30,428	FY21 Audited C/R Days	30,428									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,428	FY21 GL-PL Ins Rpt Days								30,428		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.56	\$79.20	\$0.00	\$16.99	\$25.47	(with L&H)	\$59.27	\$1.93	\$37.35	\$2.35
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6306								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.57								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.57	\$0.00	\$16.99	\$25.47		\$59.27	\$1.93	\$37.35	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.88	\$48.57	\$0.00	\$16.99	\$25.47		\$36.91	\$1.93	10.66 (FRV)	\$2.35
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.88	\$48.57	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6695								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.40	\$81.09	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.46	\$4.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.62	\$1.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$199.74	\$87.70	\$0.00	\$17.21	\$25.88	\$0.00	\$54.01	\$1.93	\$10.66	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.98									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - SUNRISE Prvdr ID: 00143173A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.41% Nurse Hrs per On-Site Day/Q 3.50 </div> <div> <u>Facility Score</u> N/A 20.41% 3.50 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6158 Quarterly Medicaid: 1.4245 </div> <div> <u>PDPM Facility</u> 1.6158 1.4245 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,686,045	\$1,978,744	\$0	\$308,108	\$427,769	\$0	\$807,196		\$164,228	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$290,009)	(\$9,354)	\$0	\$0	\$0	\$1,893	(\$263,649)		(\$18,899)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$260,644		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,788
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,676,468	\$1,969,390	\$0	\$308,108	\$427,769	\$1,893	\$543,547	\$260,644	\$145,329	\$19,788
8	Total Nursing Facility Days As Filed Days = 15,338	FY21 Audited C/R Days	15,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,338	FY21 GL-PL Ins Rpt Days								15,338		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$239.70	\$128.40	\$0.00	\$20.09	\$28.01	(with L&H)	\$35.44	\$16.99	\$9.48	\$1.29
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6158								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.47	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	\$9.48	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.27	\$79.47	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	11.98 (FRV)	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.27	\$79.47	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4245								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.01	\$113.21	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.66	\$5.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.42	\$7.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.43	\$120.53	\$0.00	\$20.31	\$28.42	\$0.00	\$52.91	\$16.99	\$11.98	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.50									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: MOUNTAIN VIEW HEALTH CARE Prvdr ID: 00143184A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.42% Nurse Hrs per On-Site Day/Q 3.52 </div> <div> <u>Facility Score</u> N/A 35.42% 3.52 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3530 Quarterly Medicaid: 1.4877 </div> <div> <u>PDPM Facility</u> 1.3530 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,069,042	\$2,739,274	\$0	\$481,156	\$684,376	\$0	\$859,997		\$304,239	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,145)	(\$39,612)	\$0	\$0	\$0	\$905	(\$100,609)		(\$34,829)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,901
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,923,798	\$2,699,662	\$0	\$481,156	\$684,376	\$905	\$759,388	\$0	\$269,410	\$28,901
8	Total Nursing Facility Days As Filed Days = 27,819	FY21 Audited C/R Days	27,819									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,819	FY21 GL-PL Ins Rpt Days								27,819		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.99	\$97.04	\$0.00	\$17.30	\$24.63	(with L&H)	\$27.30	\$0.00	\$9.68	\$1.04
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3530								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.72								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.72	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	\$9.68	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.10	\$71.72	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	8.11 (FRV)	\$1.04
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.10	\$71.72	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4877								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.08	\$106.70	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$208.51	\$112.03	\$0.00	\$17.52	\$25.04	\$0.00	\$44.77	\$0.00	\$8.11	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.56									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - SWAINSBORO Prvdr ID: 00143195A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.06% Nurse Hrs per On-Site Day/Q 2.89 </div> <div> <u>Facility Score</u> N/A 18.06% 2.89 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3090 Quarterly Medicaid: 1.3364 </div> <div> <u>PDPM Facility</u> 1.3090 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,913,975	\$2,492,102	\$0	\$414,424	\$672,430	\$0	\$1,095,953		\$239,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$475,996)	(\$76,170)	\$0	\$0	\$1,458	\$2,516	(\$378,143)		(\$25,657)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$447,421		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,790
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,911,190	\$2,415,932	\$0	\$414,424	\$673,888	\$2,516	\$717,810	\$447,421	\$213,409	\$25,790
8	Total Nursing Facility Days As Filed Days = 20,111	FY21 Audited C/R Days	20,111									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,111	FY21 GL-PL Ins Rpt Days								20,111		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.20	\$120.13	\$0.00	\$20.61	\$33.63	(with L&H)	\$35.69	\$22.25	\$10.61	\$1.28
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3090								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.77								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.77	\$0.00	\$20.61	\$33.63		\$35.69	\$22.25	\$10.61	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.68	\$91.77	\$0.00	\$20.61	\$33.28		\$35.69	\$22.25	10.80 (FRV)	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$215.68	\$91.77	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$1.28
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3364								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.55	\$122.64	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$1.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.13	\$6.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.35	\$6.66	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.90	\$129.30	\$0.00	\$20.83	\$33.28	\$0.00	\$53.16	\$22.25	\$10.80	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.35									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - SYLVESTER Prvdr ID: 00143206A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.56% Nurse Hrs per On-Site Day/Q 3.30 </div> <div> <u>Facility Score</u> N/A 20.56% 3.30 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2695 Quarterly Medicaid: 1.3584 </div> <div> <u>PDPM Facility</u> 1.2695 1.3584 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,966,529	\$3,697,330	\$0	\$555,160	\$848,045	\$0	\$1,415,538		\$450,456	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$520,760)	(\$134,505)	\$0	(\$1,250)	\$731	\$619	(\$358,212)		(\$28,143)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$505,437		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,723
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,984,929	\$3,562,825	\$0	\$553,910	\$848,776	\$619	\$1,057,326	\$505,437	\$422,313	\$33,723
8	Total Nursing Facility Days As Filed Days = 30,648	FY21 Audited C/R Days	30,648									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,648	FY21 GL-PL Ins Rpt Days								30,648		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$227.90	\$116.25	\$0.00	\$18.07	\$27.71	(with L&H)	\$34.50	\$16.49	\$13.78	\$1.10
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2695								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.57								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.57	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	\$13.78	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.26	\$91.57	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	10.82 (FRV)	\$1.10
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.26	\$91.57	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3584								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.08	\$124.39	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.22	\$6.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.09	\$7.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$259.17	\$132.38	\$0.00	\$18.29	\$28.12	\$0.00	\$51.97	\$16.49	\$10.82	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.55									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: TATTNALL HEALTHCARE CENTER Prvdr ID: 00143228A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.33% Nurse Hrs per On-Site Day/Q 2.85 </div> <div> <u>Facility Score</u> N/A 33.33% 2.85 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1913 Quarterly Medicaid: 1.1441 </div> <div> <u>PDPM Facility</u> 1.1913 1.1441 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,234,914	\$2,466,599	\$0	\$372,220	\$402,280	\$0	\$673,974		\$319,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$97,277)	(\$525)	\$0	(\$2,212)	(\$556)	\$3,293	(\$73,845)		(\$23,432)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,114		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,432
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,220,183	\$2,466,074	\$0	\$370,008	\$401,724	\$3,293	\$600,129	\$59,114	\$296,409	\$23,432
8	Total Nursing Facility Days As Filed Days = 24,355	FY21 Audited C/R Days	24,355									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,355	FY21 GL-PL Ins Rpt Days								24,355		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.28	\$101.26	\$0.00	\$15.19	\$16.63	(with L&H)	\$24.64	\$2.43	\$12.17	\$0.96
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1913								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.00								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.00	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	\$12.17	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.02	\$85.00	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	8.17 (FRV)	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.02	\$85.00	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1441								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.27	\$97.25	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.94	\$1.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.00	\$4.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$188.27	\$102.15	\$0.00	\$15.41	\$17.04	\$0.00	\$42.11	\$2.43	\$8.17	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.38									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: THOMSON HEALTH AND REHABILITATION				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143261A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.2978	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		46.05%	5.5%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		2.95	3.0%	Quarterly Medicaid:			1.3341	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,056,508	\$3,963,200	\$0	\$665,449	\$834,286	\$0	\$908,708		\$684,865	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$253,680)	(\$100,065)	\$0	\$0	(\$10,761)	(\$798)	(\$97,574)		(\$44,482)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$134,037		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,941
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,978,806	\$3,863,135	\$0	\$665,449	\$823,525	(\$798)	\$811,134	\$134,037	\$640,383	\$41,941
8	Total Nursing Facility Days As Filed Days = 32,869	FY21 Audited C/R Days	32,872									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,869	FY21 GL-PL Ins Rpt Days								32,872		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$212.31	\$117.52	\$0.00	\$20.24	\$25.03	(with L&H)	\$24.68	\$4.08	\$19.48	\$1.28
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2978								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.55								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.55	\$0.00	\$20.24	\$25.03		\$24.68	\$4.08	\$19.48	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.31	\$90.55	\$0.00	\$20.24	\$25.03		\$24.68	\$4.08	9.45 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.31	\$90.55	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$1.28
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3341								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.56	\$120.80	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.64	\$6.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.89	\$10.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$234.45	\$131.59	\$0.00	\$20.46	\$25.44	\$0.00	\$42.15	\$4.08	\$9.45	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.01									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: REHABILITATION CENTER OF SOUTH GEORGIA Prvdr ID: 00143283A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.09% Nurse Hrs per On-Site Day/Q 3.23 </div> <div> <u>Facility Score</u> N/A 26.09% 3.23 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3912 Quarterly Medicaid: 1.4050 </div> <div> <u>PDPM Facility</u> 1.3912 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,040,869	\$5,127,617	\$0	\$966,768	\$1,101,490	\$0	\$1,219,327		\$625,667	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$279,565)	(\$120,615)	\$0	\$0	\$0	\$0	(\$90,726)		(\$68,224)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$150,941		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,224
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,980,469	\$5,007,002	\$0	\$966,768	\$1,101,490	\$0	\$1,128,601	\$150,941	\$557,443	\$68,224
8	Total Nursing Facility Days As Filed Days = 41,136	FY21 Audited C/R Days	41,136									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,136	FY21 GL-PL Ins Rpt Days								41,136		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$218.32	\$121.72	\$0.00	\$23.50	\$26.78	(with L&H)	\$27.44	\$3.67	\$13.55	\$1.66
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3912								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.49								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.49	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	\$13.55	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.33	\$87.49	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	9.79 (FRV)	\$1.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.33	\$87.49	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4050								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.76	\$122.92	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.15	\$6.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.01	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.77	\$130.83	\$0.00	\$23.72	\$27.19	\$0.00	\$44.91	\$3.67	\$9.79	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.50									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: TIFTON HEALTH AND REHABILITATION CENTER Prvdr ID: 00143294A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.69% Nurse Hrs per On-Site Day/Q 2.79 </div> <div> <u>Facility Score</u> N/A 27.69% 2.79 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4336 Quarterly Medicaid: 1.5537 </div> <div> <u>PDPM Facility</u> 1.4336 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,130,719	\$3,148,179	\$0	\$459,323	\$443,277	\$0	\$957,227		\$1,122,713	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$150,013	(\$22,002)	\$0	(\$2,356)	\$1,433	\$2,853	\$210,305		(\$40,220)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$174,400		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$40,501
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,495,633	\$3,126,177	\$0	\$456,967	\$444,710	\$2,853	\$1,167,532	\$174,400	\$1,082,493	\$40,501
8	Total Nursing Facility Days As Filed Days = 28,584	FY21 Audited C/R Days	28,584									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,584	FY21 GL-PL Ins Rpt Days								28,584		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$227.26	\$109.37	\$0.00	\$15.99	\$15.66	(with L&H)	\$40.85	\$6.10	\$37.87	\$1.42
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4336								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.29								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.29	\$0.00	\$15.99	\$15.66		\$40.85	\$6.10	\$37.87	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.13	\$76.29	\$0.00	\$15.99	\$15.66		\$36.91	\$6.10	10.76 (FRV)	\$1.42
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.13	\$76.29	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5537								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.37	\$118.53	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.82	\$4.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$227.19	\$122.62	\$0.00	\$16.21	\$16.07	\$0.00	\$54.01	\$6.10	\$10.76	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.57									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

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<div> <div> Provider: PRUITTHEALTH - TOCCOA Prvdr ID: 00143305A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 28.89% Nurse Hrs per On-Site Day/Q 2.89 </div> <div> <u>Facility Score</u> N/A 28.89% 2.89 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3703 Quarterly Medicaid: 1.3672 </div> <div> <u>PDPM Facility</u> 1.3703 1.3672 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,583,670	\$5,585,116	\$0	\$814,380	\$889,763	\$0	\$1,928,521		\$365,890	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$846,843)	(\$91,627)	\$0	\$0	\$0	\$893	(\$714,073)		(\$42,036)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$785,660		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,036
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,564,523	\$5,493,489	\$0	\$814,380	\$889,763	\$893	\$1,214,448	\$785,660	\$323,854	\$42,036
8	Total Nursing Facility Days As Filed Days = 44,956	FY21 Audited C/R Days	44,956									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,956	FY21 GL-PL Ins Rpt Days								44,956		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$212.76	\$122.20	\$0.00	\$18.12	\$19.81	(with L&H)	\$27.01	\$17.48	\$7.20	\$0.94
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3703								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.18								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$89.18	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	\$7.20	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.58	\$89.18	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	7.04 (FRV)	\$0.94
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.58	\$89.18	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3672								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.32	\$121.93	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.10	\$6.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.95	\$7.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.27	\$129.78	\$0.00	\$18.34	\$20.22	\$0.00	\$44.48	\$17.48	\$7.04	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.88									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: OXLEY PARK HEALTH AND REHABILITATION Prvdr ID: 00143316A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.44% Nurse Hrs per On-Site Day/Q 3.40 </div> <div> <u>Facility Score</u> N/A 23.44% 3.40 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3819 Quarterly Medicaid: 1.3973 </div> <div> <u>PDPM Facility</u> 1.3819 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,648,798	\$2,960,550	\$0	\$568,096	\$599,886	\$0	\$901,243		\$619,023	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$165,354)	(\$2,944)	\$0	(\$721)	\$0	(\$768)	(\$119,021)		(\$41,900)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,108		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,900
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,635,452	\$2,957,606	\$0	\$567,375	\$599,886	(\$768)	\$782,222	\$110,108	\$577,123	\$41,900
8	Total Nursing Facility Days As Filed Days = 25,231	FY21 Audited C/R Days	25,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,231	FY21 GL-PL Ins Rpt Days								25,231		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$223.35	\$117.22	\$0.00	\$22.49	\$23.75	(with L&H)	\$31.00	\$4.36	\$22.87	\$1.66
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3819								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.83								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.83	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	\$22.87	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.43	\$84.83	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	15.34 (FRV)	\$1.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.43	\$84.83	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3973								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.14	\$118.53	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.93	\$5.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.75	\$7.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.89	\$126.18	\$0.00	\$22.71	\$24.16	\$0.00	\$48.47	\$4.36	\$15.34	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.34									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

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<div> <div> Provider: PRUITTHEALTH - PEAKE Prvdr ID: 00143327A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.88% Nurse Hrs per On-Site Day/Q 3.13 </div> <div> <u>Facility Score</u> N/A 21.88% 3.13 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4430 Quarterly Medicaid: 1.5425 </div> <div> <u>PDPM Facility</u> 1.4430 1.5425 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,670,477	\$4,811,171	\$0	\$687,998	\$999,607	\$0	\$1,685,875		\$485,826	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$662,366)	(\$103,831)	\$0	\$0	\$6,718	\$6,550	(\$437,865)		(\$133,938)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$528,920		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$115,031
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,652,062	\$4,707,340	\$0	\$687,998	\$1,006,325	\$6,550	\$1,248,010	\$528,920	\$351,888	\$115,031
8	Total Nursing Facility Days As Filed Days = 34,126	FY21 Audited C/R Days	34,126									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,126	FY21 GL-PL Ins Rpt Days								34,126		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$253.53	\$137.94	\$0.00	\$20.16	\$29.68	(with L&H)	\$36.57	\$15.50	\$10.31	\$3.37
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4430								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.59								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.59	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	\$10.31	\$3.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.89	\$95.59	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	16.02 (FRV)	\$3.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.89	\$95.59	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5425								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.75	\$147.45	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.41	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.25		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.90	\$5.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.88	\$7.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.35	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$294.63	\$155.35	\$0.00	\$20.38	\$30.09	\$0.00	\$53.92	\$15.50	\$16.02	\$3.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.15									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CHATUGE REGIONAL NURSING HOME Prvdr ID: 00143338A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 29.33% Nurse Hrs per On-Site Day/Q 3.42 </div> <div> <u>Facility Score</u> N/A 29.33% 3.42 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4205 Quarterly Medicaid: 1.3483 </div> <div> <u>PDPM Facility</u> 1.4205 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,061,735	\$4,456,500	\$0	\$1,385,333	\$423,452	\$838,365	\$1,597,623		\$360,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$140,726)	(\$34,634)	\$0	\$0	(\$2,733)	(\$5,412)	(\$97,937)		(\$10)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$37,438		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,958,457	\$4,421,866	\$0	\$1,385,333	\$420,719	\$832,953	\$1,499,686	\$37,438	\$360,452	\$10
8	Total Nursing Facility Days As Filed Days = 32,180	FY21 Audited C/R Days	32,081									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,180	FY21 GL-PL Ins Rpt Days								32,081		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$279.25	\$137.83	\$0.00	\$43.18	\$39.08	(with L&H)	\$46.75	\$1.17	\$11.24	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4205								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.03	\$0.00	\$43.18	\$39.08		\$46.75	\$1.17	\$11.24	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.40	\$97.03	\$0.00	\$37.13	\$33.28		\$36.91	\$1.17	11.88 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.40	\$97.03	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3483								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.19	\$130.83	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$4.46	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.75	\$135.29	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.17	\$11.88	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.74									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: TREUTLEN COUNTY HEALTH AND REHABILITATION Prvdr ID: 00143349A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
				Growth Allowance:	N/A	0.00%	Base Period Overall:				1.4059	1.4210
				Qtrly BIMS score:	48.84%	5.5%						
				Nurse Hrs per On-Site Day/Q	3.16	7.0%	Quarterly Medicaid:				1.4235	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,292,119	\$1,724,191	\$0	\$354,205	\$348,464	\$0	\$628,346		\$236,913	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,782)	(\$1,808)	\$0	(\$443)	\$0	(\$448)	(\$83,962)		(\$6,121)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$6,121
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,257,458	\$1,722,383	\$0	\$353,762	\$348,464	(\$448)	\$544,384	\$52,000	\$230,792	\$6,121
8	Total Nursing Facility Days As Filed Days = 15,502	FY21 Audited C/R Days	15,502									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,502	FY21 GL-PL Ins Rpt Days								15,502		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.13	\$111.11	\$0.00	\$22.82	\$22.45	(with L&H)	\$35.12	\$3.35	\$14.89	\$0.39
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4059								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	\$14.89	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.55	\$79.03	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	16.39 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.55	\$79.03	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4235								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.02	\$112.50	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.19	\$6.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 7.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.87	\$7.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.69	\$14.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.71	\$127.09	\$0.00	\$23.04	\$22.86	\$0.00	\$52.59	\$3.35	\$16.39	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.46									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BERRIEN NURSING CENTER Prvdr ID: 00143382A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 29.87% Nurse Hrs per On-Site Day/Q 3.46 </div> <div> Facility Score Add-on Percent N/A 0.00% 1.0% 3.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.3658 Quarterly Medicaid: 1.3591 </div> <div> PDPM Facility 1.3658 PDPM Statewide 1.4210 1.3591 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,313,335	\$2,896,223	\$0	\$717,550	\$747,265	\$0	\$1,193,561		\$758,736	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$247,603)	\$32,284	\$0	(\$4,740)	\$0	\$4,740	(\$233,637)		(\$46,250)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$201,353		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,250
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,313,335	\$2,928,507	\$0	\$712,810	\$747,265	\$4,740	\$959,924	\$201,353	\$712,486	\$46,250
8	Total Nursing Facility Days As Filed Days = 27,782	FY21 Audited C/R Days	27,782									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,782	FY21 GL-PL Ins Rpt Days								27,782		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$227.25	\$105.41	\$0.00	\$25.66	\$27.07	(with L&H)	\$34.55	\$7.25	\$25.65	\$1.66
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3658								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.18								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.18	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	\$25.65	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.50	\$77.18	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	14.13 (FRV)	\$1.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.50	\$77.18	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$1.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3591								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.21	\$104.90	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$1.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$4.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.04	\$109.63	\$0.00	\$25.88	\$27.48	\$0.00	\$52.02	\$7.25	\$14.13	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.71									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: TWIN OAKS CONVALESCENT CENTER Prvdr ID: 00143393A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 29.51% Nurse Hrs per On-Site Day/Q 4.70 </div> <div> <u>Facility Score</u> N/A 29.51% 4.70 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3869 Quarterly Medicaid: 1.3695 </div> <div> <u>PDPM Facility</u> 1.3869 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,681,019	\$3,112,240	\$0	\$693,589	\$436,299	\$470,421	\$1,453,649		\$514,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,017)	(\$144,378)	\$0	\$0	\$2,361	\$2,545	(\$26,875)		(\$54,670)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$103,954		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,077
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,583,033	\$2,967,862	\$0	\$693,589	\$438,660	\$472,966	\$1,426,774	\$103,954	\$460,151	\$19,077
8	Total Nursing Facility Days As Filed Days = 22,644	FY21 Audited C/R Days	23,297									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,644	FY21 GL-PL Ins Rpt Days								23,297		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$282.56	\$127.39	\$0.00	\$29.77	\$39.13	(with L&H)	\$61.24	\$4.46	\$19.75	\$0.82
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3869								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.85								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.85	\$0.00	\$29.77	\$39.13		\$61.24	\$4.46	\$19.75	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.06	\$91.85	\$0.00	\$29.77	\$33.28		\$36.91	\$4.46	18.97 (FRV)	\$0.82
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.06	\$91.85	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$0.82
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3695								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.00	\$125.79	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.77	\$3.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$5.56	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.88	\$131.35	\$0.00	\$29.99	\$33.28	\$0.00	\$54.01	\$4.46	\$18.97	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.84									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: UNION COUNTY NURSING HOME Prvdr ID: 00143415A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 44.44% Nurse Hrs per On-Site Day/Q 3.35 </div> <div> Facility Score Add-on Percent N/A 0.00% 2.5% 3.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.3807 Quarterly Medicaid: 1.4075 </div> <div> PDPM Facility 1.3807 PDPM Statewide 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,802,410	\$6,060,715	\$0	\$1,514,610	\$527,394	\$776,049	\$1,724,867		\$1,198,775	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$176,912)	\$3,426	\$0	\$0	(\$8,403)	(\$12,365)	(\$141,749)		(\$17,821)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$35,505		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,542
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,678,545	\$6,064,141	\$0	\$1,514,610	\$518,991	\$763,684	\$1,583,118	\$35,505	\$1,180,954	\$17,542
8	Total Nursing Facility Days As Filed Days = 44,627	FY21 Audited C/R Days	44,627									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,627	FY21 GL-PL Ins Rpt Days								44,627		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$261.69	\$135.89	\$0.00	\$33.94	\$28.74	(with L&H)	\$35.47	\$0.80	\$26.46	\$0.39
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3807								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.42								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.42	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	\$26.46	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.50	\$98.42	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	11.74 (FRV)	\$0.39
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.50	\$98.42	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4075								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.60	\$138.53	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.16	\$4.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.25	\$8.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$275.85	\$146.68	\$0.00	\$34.16	\$29.15	\$0.00	\$52.94	\$0.80	\$11.74	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.06									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: KENTWOOD NURSING FACILITY Prvdr ID: 00143426A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 17.07% Nurse Hrs per On-Site Day/Q 4.63 </div> <div> <u>Facility Score</u> N/A 17.07% 4.63 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2786 Quarterly Medicaid: 1.3624 </div> <div> <u>PDPM Facility</u> 1.2786 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,938,329	\$2,434,431	\$0	\$525,471	\$516,876	\$0	\$1,032,677		\$428,874	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$470,857)	(\$4,139)	\$0	\$0	(\$458)	\$3,787	(\$463,203)		(\$6,844)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$119,858		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$6,829
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,594,159	\$2,430,292	\$0	\$525,471	\$516,418	\$3,787	\$569,474	\$119,858	\$422,030	\$6,829
8	Total Nursing Facility Days As Filed Days = 21,098	FY21 Audited C/R Days	21,098									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,098	FY21 GL-PL Ins Rpt Days								21,098		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$217.75	\$115.19	\$0.00	\$24.91	\$24.66	(with L&H)	\$26.99	\$5.68	\$20.00	\$0.32
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2786								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.09								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.09	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	\$20.00	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.61	\$90.09	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	14.96 (FRV)	\$0.32
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.61	\$90.09	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$14.96	\$0.32
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3624								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.26	\$122.74	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$14.96	\$0.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.68	\$3.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.57	\$126.95	\$0.00	\$25.13	\$25.07	\$0.00	\$44.46	\$5.68	\$14.96	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.10									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: CHULIO HILLS HEALTH AND REHAB Prvdr ID: 00143437A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.45% Nurse Hrs per On-Site Day/Q 4.88 </div> <div> <u>Facility Score</u> N/A 27.45% 4.88 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.9583 Quarterly Medicaid: 1.5527 </div> <div> <u>PDPM Facility</u> 1.9583 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,955,022	\$5,005,296	\$0	\$594,249	\$697,474	\$0	\$992,190		\$665,813	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$266,168)	\$1,104	\$0	\$0	\$340	\$280	(\$247,115)		(\$20,777)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$158,028		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,796
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,867,678	\$5,006,400	\$0	\$594,249	\$697,814	\$280	\$745,075	\$158,028	\$645,036	\$20,796
8	Total Nursing Facility Days As Filed Days = 21,009	FY21 Audited C/R Days	19,592									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,009	FY21 GL-PL Ins Rpt Days								19,592		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$401.57	\$255.53	\$0.00	\$30.33	\$35.63	(with L&H)	\$38.03	\$8.07	\$32.92	\$1.06
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.9583								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$130.49								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$130.49	\$0.00	\$30.33	\$35.63		\$38.03	\$8.07	\$32.92	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.27	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$8.07	11.50 (FRV)	\$1.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.27	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5527								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$162.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.09	\$162.46	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.62	\$1.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.87	\$4.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.59	\$6.49	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$303.68	\$168.95	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$8.07	\$11.50	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.94									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WAYCROSS HEALTH AND REHABILITATION Prvdr ID: 00143459A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.21% Nurse Hrs per On-Site Day/Q 3.70 </div> <div> <u>Facility Score</u> N/A 23.21% 3.70 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3655 Quarterly Medicaid: 1.3023 </div> <div> <u>PDPM Facility</u> 1.3655 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,951,207	\$1,934,002	\$0	\$408,160	\$486,106	\$0	\$766,474		\$356,465	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$141,191)	(\$2,084)	\$0	(\$511)	\$1,053	\$711	(\$103,678)		(\$36,682)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$97,370		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,844
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,944,230	\$1,931,918	\$0	\$407,649	\$487,159	\$711	\$662,796	\$97,370	\$319,783	\$36,844
8	Total Nursing Facility Days As Filed Days = 17,858	FY21 Audited C/R Days	17,858									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,858	FY21 GL-PL Ins Rpt Days								17,858		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.86	\$108.18	\$0.00	\$22.83	\$27.32	(with L&H)	\$37.11	\$5.45	\$17.91	\$2.06
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3655								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.22								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$79.22	\$0.00	\$22.83	\$27.32		\$37.11	\$5.45	\$17.91	\$2.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.98	\$79.22	\$0.00	\$22.83	\$27.32		\$36.91	\$5.45	8.19 (FRV)	\$2.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.98	\$79.22	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3023								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.93	\$103.17	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.16	\$5.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.45	\$6.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.38	\$109.89	\$0.00	\$23.05	\$27.73	\$0.00	\$54.01	\$5.45	\$8.19	\$2.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.96									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WASHINGTON CO EXTENDED CARE FACILITY Prvdr ID: 00143481A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 26.09% Nurse Hrs per On-Site Day/Q 4.12 </div> <div> <u>Facility Score</u> N/A 26.09% 4.12 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4353 Quarterly Medicaid: 1.4957 </div> <div> <u>PDPM Facility</u> 1.4353 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,097,426	\$2,142,773	\$0	\$648,565	\$143,432	\$195,873	\$866,448		\$100,335	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$51,581)	(\$9,947)	\$0	\$0	\$0	\$0	(\$37,791)		(\$3,843)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$37,791		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,843
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,087,479	\$2,132,826	\$0	\$648,565	\$143,432	\$195,873	\$828,657	\$37,791	\$96,492	\$3,843
8	Total Nursing Facility Days As Filed Days = 20,788	FY21 Audited C/R Days	20,788									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,788	FY21 GL-PL Ins Rpt Days								20,788		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.62	\$102.60	\$0.00	\$31.20	\$16.32	(with L&H)	\$39.86	\$1.82	\$4.64	\$0.18
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4353								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.48								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.48	\$0.00	\$31.20	\$16.32		\$39.86	\$1.82	\$4.64	\$0.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.31	\$71.48	\$0.00	\$31.20	\$16.32		\$36.91	\$1.82	11.40 (FRV)	\$0.18
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.31	\$71.48	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4957								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.74	\$106.91	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.54	\$4.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$227.28	\$111.72	\$0.00	\$31.42	\$16.73	\$0.00	\$54.01	\$1.82	\$11.40	\$0.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.64									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: WESTBURY H&R-CONYERS, INC				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide		
Prvdr ID: 00143503A		PDPM Shadow Rate For informational use only. This is NOT your rate		Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.4384	1.5740		
H/B ? : No		Case Mix Per Diem Rate Effective Date: 01/01/24		BIMS		29.8%	1.0%	Quarterly Medicaid PDPM:			0.0000	1.3765		
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/23		Nurse Hours per On-Site Day/Quality Incentive:		2.82	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4465	1.3996		
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
					a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS														
Cost Center Peer Groups per Selected Options														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
Peer Group Standards & Efficiency Measure Limits														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
Base Period Per Diem Allowed Amounts														
Net Historical Cost 2020														
Inflation (July 2021) @ 4.30%														
Patient Days														
Total Nursing Facility Days GL-PL Ins. Rpt														
Inflated NHC/ Patient Days														
Base Period Facility CMI for all Residents														
Routine Services Case Mix Adjusted Net Per Diem														
Net Per Diems After Case Mix Adjustments														
Per Diem Standards														
Base Period Case Mix Adjusted Allowed Per Diem														
Quarterly Per Diem Rate Prior to Add-Ons														
Growth Allowance 0.000%														
CMA Allowed Per Diem After Growth Allowance														
Quarterly Facility Case Mix Index for Medicaid Residents														
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem														
Quarterly Medicaid CMA Allowed Per Diem														
Quarterly Per Diem Add-On Amounts														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
BIMS Add-on Per Diem = 1.0% (to Routine Srvs)														
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%														
Nursing Home Provider Fee														
Total Quarterly Per Diem Add-On Amounts														
Quarterly Case Mix Based Per Diem Rate					\$238.90	\$128.83		\$23.18	\$28.92		\$40.23	\$5.39	\$11.10	\$1.25
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%					\$166.35									

PDPM Shadow Rate. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: WESTBURY MEDICAL CARE HOME				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Pvdr ID: 00143514A		PDPM Shadow Rate For informational use only. This is NOT your rate		Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.4529	1.5740		
H/B ?: No		Case Mix Per Diem Rate Effective Date: 01/01/24		BIMS		28.3%	1.0%	Quarterly Medicaid PDPM:			0.0000	1.3765		
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/23		Nurse Hours per On-Site Day/Quality Incentive:		2.64	4.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.5849	1.3996		
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
a					b	c	d	e	f	g	h	i	j	
CASE MIX BASED RATE CALCULATIONS														
Cost Center Peer Groups per Selected Options														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
Peer Group Standards & Efficiency Measure Limits														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
Base Period Per Diem Allowed Amounts														
Net Historical Cost 2020														
FY2020 C/R -FY 2020 GL-PL Rpt														
Inflation (July 2021) @ 4.30%														
FY 2020 Cost Rpt														
FY 20 GL-PL Ins Rpt Days														
Base Period Facility CMI for all Residents														
Routine Services Case Mix Adjusted Net Per Diem														
Net Per Diems After Case Mix Adjustments														
Per Diem Standards														
Base Period Case Mix Adjusted Allowed Per Diem														
Quarterly Per Diem Rate Prior to Add-Ons														
Growth Allowance 0.000%														
CMA Allowed Per Diem After Growth Allowance														
Quarterly Facility Case Mix Index for Medicaid Residents														
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem														
Quarterly Medicaid CMA Allowed Per Diem														
Quarterly Per Diem Add-On Amounts														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
BIMS Add-on Per Diem = 1.0% (to Routine Srvs)														
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%														
Nursing Home Provider Fee														
Total Quarterly Per Diem Add-On Amounts														
Quarterly Case Mix Based Per Diem Rate				\$257.45	\$146.51		\$24.72	\$28.81		\$40.50	\$3.24	\$12.42	\$1.25	
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$180.26										

PDPM Shadow Rate. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: WESTBURY H&R-MCDONOUGH, INC				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide		
Prvdr ID: 00143525A		PDPM Shadow Rate For informational use only. This is NOT your rate		Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.3762	1.5740		
H/B ?: No		Case Mix Per Diem Rate Effective Date: 01/01/24		BIMS		44.3%	2.5%	Quarterly Medicaid PDPM:			0.0000	1.3765		
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/23		Nurse Hours per On-Site Day/Quality Incentive:		2.73	2.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4628	1.3996		
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
					a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS														
Cost Center Peer Groups per Selected Options														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
Peer Group Standards & Efficiency Measure Limits														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
Base Period Per Diem Allowed Amounts														
Net Historical Cost 2020														
Inflation (July 2021) @ 4.30%														
Patient Days														
Inflated NHC/ Patient Days														
Base Period Facility CMI for all Residents														
Routine Services Case Mix Adjusted Net Per Diem														
Net Per Diems After Case Mix Adjustments														
Per Diem Standards														
Base Period Case Mix Adjusted Allowed Per Diem														
Quarterly Per Diem Rate Prior to Add-Ons														
Growth Allowance 0.000%														
CMA Allowed Per Diem After Growth Allowance														
Quarterly Facility Case Mix Index for Medicaid Residents														
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem														
Quarterly Medicaid CMA Allowed Per Diem														
Quarterly Per Diem Add-On Amounts														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
BIMS Add-on Per Diem = 2.5% (to Routine Srvc)														
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%														
Nursing Home Provider Fee														
Total Quarterly Per Diem Add-On Amounts														
Quarterly Case Mix Based Per Diem Rate					\$255.20	\$145.73		\$22.84	\$29.41		\$41.73	\$3.98	\$10.19	\$1.32
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%					\$178.58									

PDPM Shadow Rate. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: PruittHealth - Seaside, LLC Prvdr ID: 00143536A PDPM Shadow Rate For informational use only. This is NOT your rate H/B ? : No Case Mix Per Diem Rate Effective Date: 01/01/24 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 Nurse Hours per On-Site Day/Quality Incentive:				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 24.6%		Facility Score N/A	Add-on Percent 0.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: Quarterly Medicaid PDPM: Qtrly Mcaid PDPM w RUG Wght Options:			Facility Specific 1.5825 0.0000 1.5221	State-wide 1.5751 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measures (Maximums)</i> Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Svcs) <i>Allowed @ 95% of Std</i> Growth Allowance 0.0% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% (to Routine Svcs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts												
		FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2021 Peer Group Limit		1 <i>All Facilities</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.53	1 <i>All Facilities</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.00	2 <i>Freestanding</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.22	1 <i>All Facilities</i> <i>All Bed Sizes</i> 85.0% 100.0% \$0.41	1 <i>All Facilities</i> <i>All Bed Sizes</i> 50.0% 105.0% \$0.37				
				\$99.82		\$26.82	\$33.28		\$36.91	\$ 205,470	\$21.86	\$1.21
			\$210.06	\$94.83		\$25.48	\$31.62		\$35.06	27,066	\$21.86	\$1.21
			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
			\$217.65	\$94.83		\$25.48	\$31.62		\$35.06	\$ 7.59	\$21.86	\$1.21
				1,5221							(FRV Rate)	
				\$144.34								
			\$263.76	\$144.34		\$25.48	\$31.62		\$35.06	\$ 4.19	\$21.86	\$1.21
			\$1.44	\$1.44								
			\$7.22	\$7.22								
			\$17.10						17.10			
			\$25.76									
	Quarterly Case Mix Based Per Diem Rate		\$289.52	\$153.00		\$25.48	\$31.62		\$52.16	\$4.19	\$21.86	\$1.21
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$204.32										

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WILDWOOD HEALTH AND REHAB Prvdr ID: 00143547A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 44.00% Nurse Hrs per On-Site Day/Q 3.01 </div> <div> <u>Facility Score</u> N/A 44.00% 3.01 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2010 Quarterly Medicaid: 1.3705 </div> <div> <u>PDPM Facility</u> 1.2010 1.3705 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,802,165	\$1,362,505	\$0	\$322,392	\$298,640	\$0	\$521,417		\$297,211	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$49,612)	(\$3,077)	\$0	\$0	\$0	\$0	(\$29,762)		(\$16,773)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,773
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,769,326	\$1,359,428	\$0	\$322,392	\$298,640	\$0	\$491,655	\$0	\$280,438	\$16,773
8	Total Nursing Facility Days As Filed Days = 12,658	FY21 Audited C/R Days	12,658									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,658	FY21 GL-PL Ins Rpt Days								12,658		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$218.79	\$107.40	\$0.00	\$25.47	\$23.59	(with L&H)	\$38.84	\$0.00	\$22.16	\$1.33
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2010								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.43								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$89.43	\$0.00	\$25.47	\$23.59		\$38.84	\$0.00	\$22.16	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.96	\$89.43	\$0.00	\$25.47	\$23.59		\$36.91	\$0.00	11.23 (FRV)	\$1.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.96	\$89.43	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3705								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.09	\$122.56	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.68	\$3.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.00	\$7.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.09	\$129.83	\$0.00	\$25.69	\$24.00	\$0.00	\$54.01	\$0.00	\$11.23	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.74									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SOUTHLAND HEALTHCARE AND REHAB CENTER Prvdr ID: 00143558A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 11.43% Nurse Hrs per On-Site Day/Q 2.62 </div> <div> <u>Facility Score</u> N/A 11.43% 2.62 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3454 Quarterly Medicaid: 1.4281 </div> <div> <u>PDPM Facility</u> 1.3454 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,864,165	\$2,775,003	\$0	\$482,067	\$517,882	\$0	\$1,024,212		\$1,065,001	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$384,186)	\$2,600	\$0	\$0	\$0	\$0	(\$358,280)		(\$28,506)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,011		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,506
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,557,496	\$2,777,603	\$0	\$482,067	\$517,882	\$0	\$665,932	\$49,011	\$1,036,495	\$28,506
8	Total Nursing Facility Days As Filed Days = 29,162	FY21 Audited C/R Days	29,162									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,162	FY21 GL-PL Ins Rpt Days								29,162		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.58	\$95.25	\$0.00	\$16.53	\$17.76	(with L&H)	\$22.84	\$1.68	\$35.54	\$0.98
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3454								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.79								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.79	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	\$35.54	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.50	\$70.79	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	8.92 (FRV)	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.50	\$70.79	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4281								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.81	\$101.10	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.65	\$2.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$190.46	\$103.65	\$0.00	\$16.75	\$18.17	\$0.00	\$40.31	\$1.68	\$8.92	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.02									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - WASHINGTON Prvdr ID: 00143569A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.50% Nurse Hrs per On-Site Day/Q 2.42 </div> <div> <u>Facility Score</u> N/A 22.50% 2.42 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4406 Quarterly Medicaid: 1.4618 </div> <div> <u>PDPM Facility</u> 1.4406 1.4618 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,965,736	\$1,463,610	\$0	\$267,685	\$435,943	\$0	\$699,101		\$99,397	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,431)	(\$74,700)	\$0	\$0	\$0	\$1,409	(\$130,396)		(\$17,744)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$203,687		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,744
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,965,736	\$1,388,910	\$0	\$267,685	\$435,943	\$1,409	\$568,705	\$203,687	\$81,653	\$17,744
8	Total Nursing Facility Days As Filed Days = 11,957	FY21 Audited C/R Days	11,957									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,957	FY21 GL-PL Ins Rpt Days								11,957		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$248.03	\$116.16	\$0.00	\$22.39	\$36.58	(with L&H)	\$47.56	\$17.03	\$6.83	\$1.48
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4406								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.63								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.63	\$0.00	\$22.39	\$36.58		\$47.56	\$17.03	\$6.83	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.27	\$80.63	\$0.00	\$22.39	\$33.28		\$36.91	\$17.03	10.55 (FRV)	\$1.48
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.27	\$80.63	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4618								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.51	\$117.86	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.57	\$5.25	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.08	\$123.11	\$0.00	\$22.61	\$33.28	\$0.00	\$54.01	\$17.03	\$10.55	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.74									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WRIGHTSVILLE MANOR HEALTH AND REHAB Prvdr ID: 00143602A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 39.68% Nurse Hrs per On-Site Day/Q 3.18 </div> <div> <u>Facility Score</u> N/A 39.68% 3.18 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3698 Quarterly Medicaid: 1.5317 </div> <div> <u>PDPM Facility</u> 1.3698 1.5317 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,846,261	\$3,099,207	\$0	\$600,360	\$566,289	\$0	\$935,677		\$644,728	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,541)	\$10,704	\$0	\$1,298	\$1,141	(\$330)	(\$64,785)		(\$40,569)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$70,355		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,592
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,849,667	\$3,109,911	\$0	\$601,658	\$567,430	(\$330)	\$870,892	\$70,355	\$604,159	\$25,592
8	Total Nursing Facility Days As Filed Days = 26,128	FY21 Audited C/R Days	26,128									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,128	FY21 GL-PL Ins Rpt Days								26,128		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$223.88	\$119.03	\$0.00	\$23.03	\$21.70	(with L&H)	\$33.33	\$2.69	\$23.12	\$0.98
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3698								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	\$23.12	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.53	\$86.90	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	12.90 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.53	\$86.90	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5317								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.74	\$133.10	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.33	\$3.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.95	\$7.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$253.69	\$140.95	\$0.00	\$23.25	\$22.11	\$0.00	\$50.80	\$2.69	\$12.90	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.44									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HERITAGE INN OF BARNESVILLE HEALTH AND REHAB Prvdr ID: 00143613A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 40.70% Nurse Hrs per On-Site Day/Q 3.35 </div> <div> <u>Facility Score</u> N/A 40.70% 3.35 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4094 Quarterly Medicaid: 1.2845 </div> <div> <u>PDPM Facility</u> 1.4094 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,566,466	\$2,888,526	\$0	\$550,350	\$652,041	\$0	\$955,915		\$519,634	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$245,881)	(\$4,426)	\$0	(\$741)	(\$29,599)	(\$3,734)	(\$170,733)		(\$36,648)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$123,176		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,258
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,480,019	\$2,884,100	\$0	\$549,609	\$622,442	(\$3,734)	\$785,182	\$123,176	\$482,986	\$36,258
8	Total Nursing Facility Days As Filed Days = 25,935	FY21 Audited C/R Days	26,069									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,935	FY21 GL-PL Ins Rpt Days								26,069		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.20	\$110.63	\$0.00	\$21.08	\$23.73	(with L&H)	\$30.12	\$4.72	\$18.53	\$1.39
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4094								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.50								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.50	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	\$18.53	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.79	\$78.50	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	8.25 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.79	\$78.50	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2845								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.13	\$100.83	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.04	\$5.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.19	\$8.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$216.32	\$108.92	\$0.00	\$21.30	\$24.14	\$0.00	\$47.59	\$4.72	\$8.25	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.42									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: TRADITIONS HEALTH AND REHABILITATION				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00143701A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.7213	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		33.33%	2.5%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		3.41	4.0%	Quarterly Medicaid:			1.4021	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,881,113	\$4,899,748	\$0	\$892,950	\$1,112,447	\$0	\$1,544,236		\$431,732	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$343,619)	(\$4,938)	\$0	(\$1,209)	\$12,239	\$13,733	(\$215,688)		(\$147,756)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$191,035		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$151,329
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,879,858	\$4,894,810	\$0	\$891,741	\$1,124,686	\$13,733	\$1,328,548	\$191,035	\$283,976	\$151,329
8	Total Nursing Facility Days As Filed Days = 40,357	FY21 Audited C/R Days	37,791									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,357	FY21 GL-PL Ins Rpt Days								37,791		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$234.97	\$129.52	\$0.00	\$23.60	\$30.12	(with L&H)	\$35.16	\$5.06	\$7.51	\$4.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.7213								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.24								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.24	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	\$7.51	\$4.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.99	\$75.24	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	10.81 (FRV)	\$4.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.99	\$75.24	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4021								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.24	\$105.49	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.22	\$4.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.49	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$239.73	\$112.88	\$0.00	\$23.82	\$30.53	\$0.00	\$52.63	\$5.06	\$10.81	\$4.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.97									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - LILBURN Prvdr ID: 00145527A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.58% Nurse Hrs per On-Site Day/Q 2.79 </div> <div> <u>Facility Score</u> N/A 31.58% 2.79 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5514 Quarterly Medicaid: 1.4709 </div> <div> <u>PDPM Facility</u> 1.5514 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,050,025	\$4,338,422	\$0	\$739,502	\$967,374	\$0	\$1,727,817		\$276,910	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$731,802)	(\$110,637)	\$0	\$0	\$4,082	\$5,082	(\$559,188)		(\$71,141)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$660,869		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,754
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,050,846	\$4,227,785	\$0	\$739,502	\$971,456	\$5,082	\$1,168,629	\$660,869	\$205,769	\$71,754
8	Total Nursing Facility Days As Filed Days = 35,536	FY21 Audited C/R Days	35,536									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,536	FY21 GL-PL Ins Rpt Days								35,536		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.56	\$118.97	\$0.00	\$20.81	\$27.48	(with L&H)	\$32.89	\$18.60	\$5.79	\$2.02
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5514								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.69								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.69	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	\$5.79	\$2.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.04	\$76.69	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	8.55 (FRV)	\$2.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.04	\$76.69	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4709								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.15	\$112.80	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.64	\$5.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.09	\$8.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$250.24	\$121.79	\$0.00	\$21.03	\$27.89	\$0.00	\$50.36	\$18.60	\$8.55	\$2.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.86									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: QUINTON MEMORIAL HC & REHAB CENTER Prvdr ID: 00150279A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.27% Nurse Hrs per On-Site Day/Q 5.97 </div> <div> <u>Facility Score</u> N/A 27.27% 5.97 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2942 Quarterly Medicaid: 1.1825 </div> <div> <u>PDPM Facility</u> 1.2942 1.1825 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,150,782	\$3,905,772	\$0	\$783,256	\$694,682	\$0	\$1,450,121		\$316,951	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$30,223)	\$3,124	\$0	\$565	(\$2,164)	(\$2,784)	(\$29,022)		\$58	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,173		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,847
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,193,579	\$3,908,896	\$0	\$783,821	\$692,518	(\$2,784)	\$1,421,099	\$61,173	\$317,009	\$11,847
8	Total Nursing Facility Days As Filed Days = 29,422	FY21 Audited C/R Days	29,422									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,422	FY21 GL-PL Ins Rpt Days								29,422		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.49	\$132.86	\$0.00	\$26.64	\$23.44	(with L&H)	\$48.30	\$2.08	\$10.77	\$0.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2942								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.66								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.66	\$0.00	\$26.64	\$23.44		\$48.30	\$2.08	\$10.77	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.90	\$102.66	\$0.00	\$26.64	\$23.44		\$36.91	\$2.08	19.77 (FRV)	\$0.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.90	\$102.66	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1825								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.63	\$121.40	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.08	\$0.53	\$0.00	\$0.14	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$5.38	\$0.00	\$0.14	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$253.66	\$126.78	\$0.00	\$26.78	\$23.85	\$0.00	\$54.01	\$2.08	\$19.77	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.42									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CHRISTIAN CITY REHABILITATION CENTER Prvdr ID: 00158034A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.11% Nurse Hrs per On-Site Day/Q 3.40 </div> <div> <u>Facility Score</u> N/A 35.11% 3.40 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4212 Quarterly Medicaid: 1.4275 </div> <div> <u>PDPM Facility</u> 1.4212 1.4275 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,644,578	\$8,083,942	\$0	\$1,251,402	\$1,351,545	\$0	\$3,554,499		\$403,190	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$918,888)	(\$310,565)	\$0	\$0	\$5,723	\$7,453	(\$566,910)		(\$54,589)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$861,543		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,256
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,619,489	\$7,773,377	\$0	\$1,251,402	\$1,357,268	\$7,453	\$2,987,589	\$861,543	\$348,601	\$32,256
8	Total Nursing Facility Days As Filed Days = 60,954	FY21 Audited C/R Days	60,954									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,954	FY21 GL-PL Ins Rpt Days								60,954		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$239.84	\$127.53	\$0.00	\$20.53	\$22.39	(with L&H)	\$49.01	\$14.13	\$5.72	\$0.53
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4212								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.73								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$89.73	\$0.00	\$20.53	\$22.39		\$49.01	\$14.13	\$5.72	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.73	\$89.73	\$0.00	\$20.53	\$22.39		\$36.91	\$14.13	15.51 (FRV)	\$0.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.73	\$89.73	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4275								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.09	\$128.09	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.20	\$3.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.40	\$6.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.76	\$10.13	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.85	\$138.22	\$0.00	\$20.75	\$22.80	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.64									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: MANOR CARE REHABILITATION CENTER - DECATUR				<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>
Prvdr ID: 00159266A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:		N/A	0.00%	Base Period Overall:			1.3945	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		9.09%	0.0%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		2.64	3.0%	Quarterly Medicaid:			1.6696	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,101,794	\$4,711,697	\$0	\$748,250	\$737,142	\$0	\$1,606,984		\$297,721	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$212,304)	(\$10)	\$0	\$0	(\$5,262)	(\$5,666)	(\$33,489)		(\$167,877)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$29,171		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$167,764
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,086,425	\$4,711,687	\$0	\$748,250	\$731,880	(\$5,666)	\$1,573,495	\$29,171	\$129,844	\$167,764
8	Total Nursing Facility Days As Filed Days = 35,395	FY21 Audited C/R Days	35,395									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,395	FY21 GL-PL Ins Rpt Days								35,395		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$228.47	\$133.12	\$0.00	\$21.14	\$20.52	(with L&H)	\$44.46	\$0.82	\$3.67	\$4.74
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3945								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.46								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.46	\$0.00	\$21.14	\$20.52		\$44.46	\$0.82	\$3.67	\$4.74
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.21	\$95.46	\$0.00	\$21.14	\$20.52		\$36.91	\$0.82	10.62 (FRV)	\$4.74
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.21	\$95.46	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6696								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$159.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.13	\$159.38	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.78	\$4.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.04	\$5.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$277.17	\$164.69	\$0.00	\$21.36	\$20.93	\$0.00	\$54.01	\$0.82	\$10.62	\$4.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.05									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HART CARE CENTER Prvdr ID: 00167857A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 44.68% Nurse Hrs per On-Site Day/Q 3.35 </div> <div> <u>Facility Score</u> N/A 44.68% 3.35 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2449 Quarterly Medicaid: 1.2674 </div> <div> <u>PDPM Facility</u> 1.2449 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,879,156	\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$605,838		\$70,670	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$109,586)	\$0	\$0	\$0	\$0	\$0	(\$65,640)		(\$43,946)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$64,236		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$43,946
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,877,752	\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$540,198	\$64,236	\$26,724	\$43,946
8	Total Nursing Facility Days As Filed Days = 25,482	FY21 Audited C/R Days	25,482									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,482	FY21 GL-PL Ins Rpt Days								25,482		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$191.42	\$118.66	\$0.00	\$23.72	\$22.55	(with L&H)	\$21.20	\$2.52	\$1.05	\$1.72
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2449								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.32								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.32	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	\$1.05	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.70	\$95.32	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	7.67 (FRV)	\$1.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.70	\$95.32	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2674								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.19	\$120.81	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.27	\$7.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.46	\$127.98	\$0.00	\$23.94	\$22.96	\$0.00	\$38.67	\$2.52	\$7.67	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.27									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PARKSIDE POST ACUTE AND REHABILITATION Prvdr ID: 00169199A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 39.02% Nurse Hrs per On-Site Day/Q 3.36 </div> <div> <u>Facility Score</u> N/A 39.02% 3.36 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4382 Quarterly Medicaid: 1.3836 </div> <div> <u>PDPM Facility</u> 1.4382 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,395,649	\$7,373,041	\$0	\$1,141,384	\$1,357,471	\$0	\$2,287,073		\$1,236,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$405,993)	\$0	\$0	\$0	\$0	\$0	(\$323,796)		(\$82,197)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$323,796		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$82,197
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,395,649	\$7,373,041	\$0	\$1,141,384	\$1,357,471	\$0	\$1,963,277	\$323,796	\$1,154,483	\$82,197
8	Total Nursing Facility Days As Filed Days = 55,184	FY21 Audited C/R Days	55,184									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,184	FY21 GL-PL Ins Rpt Days								55,184		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$242.75	\$133.61	\$0.00	\$20.68	\$24.60	(with L&H)	\$35.58	\$5.87	\$20.92	\$1.49
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4382								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$92.90	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	\$20.92	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.40	\$92.90	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	11.28 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.40	\$92.90	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3836								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.03	\$128.54	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.44	\$134.85	\$0.00	\$20.90	\$25.01	\$0.00	\$53.05	\$5.87	\$11.28	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.51									

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PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WOODSTOCK NURSING & REHAB CTR Prvdr ID: 00171212A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.33% Nurse Hrs per On-Site Day/Q 3.20 </div> <div> <u>Facility Score</u> N/A 25.33% 3.20 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4954 Quarterly Medicaid: 1.3811 </div> <div> <u>PDPM Facility</u> 1.4954 1.3811 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,772,160	\$5,891,941	\$0	\$898,248	\$904,976	\$0	\$1,775,279		\$1,301,716	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$93,149)	(\$40,237)	\$0	\$0	\$0	\$0	\$22,769		(\$75,681)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$17,468		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$75,681
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,772,160	\$5,851,704	\$0	\$898,248	\$904,976	\$0	\$1,798,048	\$17,468	\$1,226,035	\$75,681
8	Total Nursing Facility Days As Filed Days = 47,934	FY21 Audited C/R Days	47,934									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,934	FY21 GL-PL Ins Rpt Days								47,934		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$224.73	\$122.08	\$0.00	\$18.74	\$18.88	(with L&H)	\$37.51	\$0.36	\$25.58	\$1.58
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4954								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.63								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.63	\$0.00	\$18.74	\$18.88		\$37.51	\$0.36	\$25.58	\$1.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.73	\$81.63	\$0.00	\$18.74	\$18.88		\$36.91	\$0.36	9.63 (FRV)	\$1.58
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.73	\$81.63	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3811								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.84	\$112.74	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$3.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$220.48	\$116.65	\$0.00	\$18.96	\$19.29	\$0.00	\$54.01	\$0.36	\$9.63	\$1.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.54									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: FAIRBURN HEALTH CARE CENTER Prvdr ID: 00173071A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.96% Nurse Hrs per On-Site Day/Q 3.12 </div> <div> <u>Facility Score</u> N/A 23.96% 3.12 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3302 Quarterly Medicaid: 1.4572 </div> <div> <u>PDPM Facility</u> 1.3302 1.4572 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,354,783	\$2,520,566	\$0	\$547,901	\$461,177	\$0	\$1,190,872		\$634,267	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$398,712)	\$0	\$0	\$0	(\$1,016)	(\$814)	(\$341,148)		(\$55,734)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,477		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$148,076
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,348,624	\$2,520,566	\$0	\$547,901	\$460,161	(\$814)	\$849,724	\$244,477	\$578,533	\$148,076
8	Total Nursing Facility Days As Filed Days = 30,777	FY21 Audited C/R Days	30,777									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,777	FY21 GL-PL Ins Rpt Days								30,777		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.79	\$81.90	\$0.00	\$17.80	\$14.93	(with L&H)	\$27.61	\$7.94	\$18.80	\$4.81
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3302								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.57								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.57	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	\$18.80	\$4.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.04	\$61.57	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	9.38 (FRV)	\$4.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.04	\$61.57	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4572								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.19	\$89.72	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.32	\$3.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$193.51	\$92.94	\$0.00	\$18.02	\$15.34	\$0.00	\$45.08	\$7.94	\$9.38	\$4.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.31									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: THE OAKS - SCENIC VIEW SKILLED NURSING				Add-on Data and Percentag		Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide	
Prvdr ID: 00178307A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.		Growth Allowance:	N/A	0.00%	Base Period Overall:			1.5220	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				MDS & Nurse Hrs Data per Quarter Ending: 09/30/23		Qtrly BIMS score:	27.85%	1.0%	Quarterly Medicaid:			1.3503	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,584,193	\$4,776,112	\$0	\$589,769	\$866,467	\$0	\$1,672,921		\$678,924	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$746,010)	(\$104,652)	\$0	\$0	(\$4,025)	(\$3,832)	(\$555,489)		(\$78,012)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$642,229			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,825	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,537,237	\$4,671,460	\$0	\$589,769	\$862,442	(\$3,832)	\$1,117,432	\$642,229	\$600,912	\$56,825	
8	Total Nursing Facility Days As Filed Days = 33,387	FY21 Audited C/R Days	33,387										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,387	FY21 GL-PL Ins Rpt Days								33,387			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$255.71	\$139.92	\$0.00	\$17.66	\$25.72	(with L&H)	\$33.47	\$19.24	\$18.00	\$1.70	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5220									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.93									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.93	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	\$18.00	\$1.70	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.72	\$91.93	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	9.00 (FRV)	\$1.70	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.72	\$91.93	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$1.70	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3503									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.13									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.92	\$124.13	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$1.70	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.21	\$6.21									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.08	\$7.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$257.00	\$132.11	\$0.00	\$17.88	\$26.13	\$0.00	\$50.94	\$19.24	\$9.00	\$1.70	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.93										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - MARIETTA Prvdr ID: 00202507A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.29% Nurse Hrs per On-Site Day/Q 2.69 </div> <div> <u>Facility Score</u> N/A 35.29% 2.69 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5478 Quarterly Medicaid: 1.3441 </div> <div> <u>PDPM Facility</u> 1.5478 1.3441 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,224,856	\$3,773,075	\$0	\$596,344	\$667,354	\$0	\$1,465,037		\$723,046	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$591,523)	(\$99,095)	\$0	\$0	(\$1,111)	\$301	(\$421,863)		(\$69,755)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$513,536		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$69,489
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,216,358	\$3,673,980	\$0	\$596,344	\$666,243	\$301	\$1,043,174	\$513,536	\$653,291	\$69,489
8	Total Nursing Facility Days As Filed Days = 31,600	FY21 Audited C/R Days	31,600									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,600	FY21 GL-PL Ins Rpt Days								31,600		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$228.36	\$116.27	\$0.00	\$18.87	\$21.09	(with L&H)	\$33.01	\$16.25	\$20.67	\$2.20
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5478								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	\$20.67	\$2.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.45	\$75.12	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	13.91 (FRV)	\$2.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.45	\$75.12	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3441								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.30	\$100.97	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.05	\$5.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.20	\$8.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.50	\$109.07	\$0.00	\$19.09	\$21.50	\$0.00	\$50.48	\$16.25	\$13.91	\$2.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.55									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: GORDON HEALTH AND REHABILITATION Prvdr ID: 00202848A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.60% Nurse Hrs per On-Site Day/Q 3.04 </div> <div> <u>Facility Score</u> N/A 18.60% 3.04 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3784 Quarterly Medicaid: 1.3730 </div> <div> <u>PDPM Facility</u> 1.3784 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,183,917	\$3,596,901	\$0	\$649,006	\$692,896	\$0	\$1,255,590		\$989,524	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$243,042)	(\$3,936)	\$0	(\$963)	\$0	(\$733)	(\$196,420)		(\$40,990)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$121,680		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$40,990
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,103,545	\$3,592,965	\$0	\$648,043	\$692,896	(\$733)	\$1,059,170	\$121,680	\$948,534	\$40,990
8	Total Nursing Facility Days As Filed Days = 33,732	FY21 Audited C/R Days	33,732									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,732	FY21 GL-PL Ins Rpt Days								33,732		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$210.60	\$106.52	\$0.00	\$19.21	\$20.52	(with L&H)	\$31.40	\$3.61	\$28.12	\$1.22
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3784								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.28								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.28	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	\$28.12	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.99	\$77.28	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	11.75 (FRV)	\$1.22
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.99	\$77.28	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3730								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.81	\$106.11	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.31	\$5.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.94	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.75	\$111.95	\$0.00	\$19.43	\$20.93	\$0.00	\$48.87	\$3.61	\$11.75	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.49									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: FLORENCE HAND HOME Prvdr ID: 00207083A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 23.53% Nurse Hrs per On-Site Day/Q 4.01 </div> <div> Facility Score Add-on Percent N/A 0.00% 1.0% 3.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.3071 Quarterly Medicaid: 1.2854 </div> <div> PDPM Facility 1.3071 PDPM Statewide 1.4210 1.2854 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$17,694,024	\$5,143,711	\$0	\$1,295,276	\$1,251,130	\$1,375,807	\$7,155,680		\$1,472,420	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$178,751)	\$676	\$0	\$1,228	\$11,681	\$12,950	(\$74,860)		(\$130,426)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$72,005		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$17,587,278	\$5,144,387	\$0	\$1,296,504	\$1,262,811	\$1,388,757	\$7,080,820	\$72,005	\$1,341,994	\$0
8	Total Nursing Facility Days As Filed Days = 34,165	FY21 Audited C/R Days	34,165									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,165	FY21 GL-PL Ins Rpt Days								34,165		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$514.77	\$150.57	\$0.00	\$37.95	\$77.61	(with L&H)	\$207.25	\$2.11	\$39.28	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3071								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.19								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$115.19	\$0.00	\$37.95	\$77.61		\$207.25	\$2.11	\$39.28	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.48	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$2.11	16.42 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.48	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2854								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.34	\$134.49	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.03	\$4.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.47	\$5.37	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$282.81	\$139.86	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.11	\$16.42	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.28									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CHATSWORTH HEALTH CARE CENTER Prvdr ID: 00209778A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 41.58% Nurse Hrs per On-Site Day/Q 2.73 </div> <div> <u>Facility Score</u> N/A 41.58% 2.73 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.8172 Quarterly Medicaid: 1.6933 </div> <div> <u>PDPM Facility</u> 1.8172 1.6933 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,857,507	\$2,983,220	\$0	\$672,611	\$567,575	\$0	\$1,172,988		\$1,461,113	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$449,704)	\$3,825	\$0	\$0	\$0	\$0	(\$416,676)		(\$36,853)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,862		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$202,529
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,855,194	\$2,987,045	\$0	\$672,611	\$567,575	\$0	\$756,312	\$244,862	\$1,424,260	\$202,529
8	Total Nursing Facility Days As Filed Days = 35,934	FY21 Audited C/R Days	35,934									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,934	FY21 GL-PL Ins Rpt Days								35,934		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.78	\$83.13	\$0.00	\$18.72	\$15.79	(with L&H)	\$21.05	\$6.81	\$39.64	\$5.64
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.8172								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.75								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.75	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	\$39.64	\$5.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.45	\$45.75	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	9.69 (FRV)	\$5.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.45	\$45.75	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.6933								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.17	\$77.47	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.94	\$1.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.89	\$4.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$178.06	\$82.26	\$0.00	\$18.94	\$16.20	\$0.00	\$38.52	\$6.81	\$9.69	\$5.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.72									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HIGH SHOALS HEALTH AND REHABILITATION Prvdr ID: 00212814A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 42.11% Nurse Hrs per On-Site Day/Q 3.06 </div> <div> <u>Facility Score</u> N/A 42.11% 3.06 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 6.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3267 Quarterly Medicaid: 1.2477 </div> <div> <u>PDPM Facility</u> 1.3267 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,059,556	\$2,569,983	\$0	\$533,421	\$643,683	\$0	\$1,054,720		\$257,749	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$175,365)	(\$3,012)	\$0	(\$737)	\$0	(\$928)	(\$149,291)		(\$21,397)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,397
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,009,588	\$2,566,971	\$0	\$532,684	\$643,683	(\$928)	\$905,429	\$104,000	\$236,352	\$21,397
8	Total Nursing Facility Days As Filed Days = 25,818	FY21 Audited C/R Days	25,818									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,818	FY21 GL-PL Ins Rpt Days								25,818		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.04	\$99.43	\$0.00	\$20.63	\$24.90	(with L&H)	\$35.07	\$4.03	\$9.15	\$0.83
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3267								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.94								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.94	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	\$9.15	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.15	\$74.94	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	16.75 (FRV)	\$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.15	\$74.94	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$0.83
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2477								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.71	\$93.50	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$0.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.61	\$5.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.58	\$8.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.29	\$101.98	\$0.00	\$20.85	\$25.31	\$0.00	\$52.54	\$4.03	\$16.75	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.89									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: PRUITTHEALTH - FORT OGLETHORPE Prvdr ID: 00214695A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.83% Nurse Hrs per On-Site Day/Q 3.30 </div> <div> <u>Facility Score</u> N/A 22.83% 3.30 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1778 Quarterly Medicaid: 1.2511 </div> <div> <u>PDPM Facility</u> 1.1778 1.2511 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,639,864	\$3,623,547	\$0	\$627,318	\$714,152	\$0	\$1,355,404		\$319,443	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$559,599)	(\$64,721)	\$0	\$0	\$0	\$1,082	(\$457,876)		(\$38,084)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$521,515		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,271
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,633,051	\$3,558,826	\$0	\$627,318	\$714,152	\$1,082	\$897,528	\$521,515	\$281,359	\$31,271
8	Total Nursing Facility Days As Filed Days = 31,796	FY21 Audited C/R Days	31,796									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,796	FY21 GL-PL Ins Rpt Days								31,796		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$208.61	\$111.93	\$0.00	\$19.73	\$22.49	(with L&H)	\$28.23	\$16.40	\$8.85	\$0.98
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1778								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.04								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.04	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	\$8.85	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.17	\$95.04	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	9.30 (FRV)	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.17	\$95.04	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2511								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.04	\$118.90	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.95	\$5.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.77	\$7.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.81	\$126.57	\$0.00	\$19.95	\$22.90	\$0.00	\$45.70	\$16.40	\$9.30	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.53									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: UNIVERSITY EXTENDED CARE-WESTWOOD Prvdr ID: 00219359A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 29.33% Nurse Hrs per On-Site Day/Q 4.57 </div> <div> <u>Facility Score</u> N/A 29.33% 4.57 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5399 Quarterly Medicaid: 1.3487 </div> <div> <u>PDPM Facility</u> 1.5399 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,395,308	\$3,936,702	\$0	\$1,034,040	\$922,729	\$0	\$1,143,695		\$358,142	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$737,841)	(\$99,320)	\$0	(\$2,117)	(\$1,192)	\$40,695	(\$665,665)		(\$10,242)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$179,706		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,220
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,847,393	\$3,837,382	\$0	\$1,031,923	\$921,537	\$40,695	\$478,030	\$179,706	\$347,900	\$10,220
8	Total Nursing Facility Days As Filed Days = 36,264	FY21 Audited C/R Days	36,264									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,264	FY21 GL-PL Ins Rpt Days								36,264		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.82	\$105.82	\$0.00	\$28.46	\$26.53	(with L&H)	\$13.18	\$4.96	\$9.59	\$0.28
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5399								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.72								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.72	\$0.00	\$28.46	\$26.53		\$13.18	\$4.96	\$9.59	\$0.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.74	\$68.72	\$0.00	\$26.82	\$26.53		\$13.18	\$4.96	16.25 (FRV)	\$0.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.74	\$68.72	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.25	\$0.28
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3487								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.70	\$92.68	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.25	\$0.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4.24	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.82	\$96.92	\$0.00	\$26.82	\$26.94	\$0.00	\$30.65	\$4.96	\$16.25	\$0.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.29									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: COMER HEALTH AND REHABILITATION Prvdr ID: 00220448A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 39.68% Nurse Hrs per On-Site Day/Q 3.12 </div> <div> <u>Facility Score</u> N/A 39.68% 3.12 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 7.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2745 Quarterly Medicaid: 1.3063 </div> <div> <u>PDPM Facility</u> 1.2745 1.3063 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,603,335	\$3,047,785	\$0	\$617,294	\$626,479	\$0	\$1,085,364		\$226,413	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$195,835)	(\$3,401)	\$0	(\$791)	\$0	(\$589)	(\$177,130)		(\$13,924)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$120,640		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,924
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,542,064	\$3,044,384	\$0	\$616,503	\$626,479	(\$589)	\$908,234	\$120,640	\$212,489	\$13,924
11	Total Nursing Facility Days As Filed Days = 27,704	FY21 Audited C/R Days	27,704									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,704	FY21 GL-PL Ins Rpt Days								27,704		
13	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$200.03	\$109.89	\$0.00	\$22.25	\$22.59	(with L&H)	\$32.78	\$4.35	\$7.67	\$0.50
14	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2745								
15	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.22								
16	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.22	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	\$7.67	\$0.50
17	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.10	\$86.22	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	9.41 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.10	\$86.22	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50
21	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3063								
22	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.63								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.51	\$112.63	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
26	Nurse Staff Hrs / Quality Add-on Per Diem : 7.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.88	\$7.88								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.33	\$11.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$233.84	\$123.86	\$0.00	\$22.47	\$23.00	\$0.00	\$50.25	\$4.35	\$9.41	\$0.50
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.56									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: GLENWOOD HEALTH AND REHABILITATION CENTER Prvdr ID: 00220514A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 32.10% Nurse Hrs per On-Site Day/Q 2.61				Facility Score N/A	Add-on Percent 0.00% 2.5% 3.0%	Facility Model (PDPM) Data Base Period Overall: 1.3605 Quarterly Medicaid: 1.5215					PDPM Facility 1.3605	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,695,913	\$7,917,216	\$0	\$1,153,334	\$973,086	\$0	\$1,324,966		\$1,327,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$637,045	(\$29,748)	\$0	(\$1,488)	\$0	\$3,202	\$759,556		(\$94,477)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$25,508		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$94,477
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,452,943	\$7,887,468	\$0	\$1,151,846	\$973,086	\$3,202	\$2,084,522	\$25,508	\$1,232,834	\$94,477
8	Total Nursing Facility Days As Filed Days = 66,608	FY21 Audited C/R Days	66,608									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,608	FY21 GL-PL Ins Rpt Days								66,608		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.98	\$118.42	\$0.00	\$17.29	\$14.66	(with L&H)	\$31.30	\$0.38	\$18.51	\$1.42
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3605								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.04								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.04	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	\$18.51	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.60	\$87.04	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	7.51 (FRV)	\$1.42
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.60	\$87.04	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5215								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.99	\$132.43	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.97	\$3.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.91	\$7.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.90	\$140.24	\$0.00	\$17.51	\$15.07	\$0.00	\$48.77	\$0.38	\$7.51	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.35									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: FOUNTAIN BLUE REHAB AND NURSING				Add-on Data and Percentag		Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide
Prvdr ID: 00222582A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.		Growth Allowance:		Base Period Overall:			1.3034	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		37.29%		2.5%				
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		2.34		2.0%		Quarterly Medicaid: 1.4086 1.4161		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,191,381	\$2,848,119	\$0	\$430,246	\$474,229	\$0	\$875,695		\$563,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,388)	(\$2,033)	\$0	\$0	\$0	\$1,328	(\$175,490)		(\$68,193)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$176,195		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,193
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,191,381	\$2,846,086	\$0	\$430,246	\$474,229	\$1,328	\$700,205	\$176,195	\$494,899	\$68,193
8	Total Nursing Facility Days As Filed Days = 26,747	FY21 Audited C/R Days	26,747									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,747	FY21 GL-PL Ins Rpt Days								26,747		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.10	\$106.41	\$0.00	\$16.09	\$17.78	(with L&H)	\$26.18	\$6.59	\$18.50	\$2.55
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3034								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.64								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.64	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	\$18.50	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.04	\$81.64	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	9.21 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.04	\$81.64	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4086								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.40	\$115.00	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.20	\$120.70	\$0.00	\$16.31	\$18.19	\$0.00	\$43.65	\$6.59	\$9.21	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.08									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: EATONTON HEALTH AND REHABILITATION Prvdr ID: 00223473A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.22% Nurse Hrs per On-Site Day/Q 3.82 </div> <div> <u>Facility Score</u> N/A 22.22% 3.82 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1754 Quarterly Medicaid: 1.2327 </div> <div> <u>PDPM Facility</u> 1.1754 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,241,102	\$2,152,673	\$0	\$415,855	\$493,705	\$0	\$765,401		\$413,468	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$148,191)	(\$2,503)	\$0	(\$612)	\$0	(\$529)	(\$116,581)		(\$27,966)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,005		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,966
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,229,882	\$2,150,170	\$0	\$415,243	\$493,705	(\$529)	\$648,820	\$109,005	\$385,502	\$27,966
8	Total Nursing Facility Days As Filed Days = 21,448	FY21 Audited C/R Days	21,448									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,448	FY21 GL-PL Ins Rpt Days								21,448		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.20	\$100.25	\$0.00	\$19.36	\$22.99	(with L&H)	\$30.25	\$5.08	\$17.97	\$1.30
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1754								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.29								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.29	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	\$17.97	\$1.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.10	\$85.29	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	9.83 (FRV)	\$1.30
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.10	\$85.29	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2327								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.95	\$105.14	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.26	\$5.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.94	\$6.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.89	\$111.98	\$0.00	\$19.58	\$23.40	\$0.00	\$47.72	\$5.08	\$9.83	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.34									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: CHESTNUT RIDGE NSG & REHAB CTR Prvdr ID: 00228049A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.18% Nurse Hrs per On-Site Day/Q 3.08 </div> <div> <u>Facility Score</u> N/A 21.18% 3.08 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4296 Quarterly Medicaid: 1.4528 </div> <div> <u>PDPM Facility</u> 1.4296 1.4528 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,351,671	\$5,262,946	\$0	\$787,045	\$653,515	\$0	\$1,536,523		\$1,111,642	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$46,735)	(\$741)	\$0	(\$13,528)	\$0	\$14,269	(\$15,322)		(\$31,413)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,322		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,413
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,351,671	\$5,262,205	\$0	\$773,517	\$653,515	\$14,269	\$1,521,201	\$15,322	\$1,080,229	\$31,413
8	Total Nursing Facility Days As Filed Days = 41,405	FY21 Audited C/R Days	41,405									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,405	FY21 GL-PL Ins Rpt Days								41,405		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.86	\$127.09	\$0.00	\$18.68	\$16.13	(with L&H)	\$36.74	\$0.37	\$26.09	\$0.76
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4296								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.90	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	\$26.09	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.37	\$88.90	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	8.79 (FRV)	\$0.76
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.37	\$88.90	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4528								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.62	\$129.15	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.29	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.13		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.23	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.88	\$133.55	\$0.00	\$18.90	\$16.54	\$0.00	\$53.97	\$0.37	\$8.79	\$0.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.84									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: MANOR CARE REHABILITATION CENTER - MARIETTA Prvdr ID: 00236211A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
				Growth Allowance:	N/A	0.00%	Base Period Overall:				1.3554	1.4210
				Qtrly BIMS score:	8.89%	0.0%						
				Nurse Hrs per On-Site Day/Q	2.76	3.0%	Quarterly Medicaid:				1.6047	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,993,093	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$2,011,856		\$308,370	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,866)	\$0	\$0	\$0	\$0	\$0	(\$28,579)		(\$64,287)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$24,378		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$66,657
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,991,262	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$1,983,277	\$24,378	\$244,083	\$66,657
8	Total Nursing Facility Days As Filed Days = 31,838	FY21 Audited C/R Days	31,838									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,838	FY21 GL-PL Ins Rpt Days								31,838		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$282.41	\$162.35	\$0.00	\$26.12	\$21.12	(with L&H)	\$62.29	\$0.77	\$7.67	\$2.09
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3554								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.78								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$119.78	\$0.00	\$26.12	\$21.12		\$62.29	\$0.77	\$7.67	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.99	\$104.63	\$0.00	\$26.12	\$21.12		\$36.91	\$0.77	11.35 (FRV)	\$2.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.99	\$104.63	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6047								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$167.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.26	\$167.90	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.04	\$5.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.77	\$5.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$289.03	\$172.94	\$0.00	\$26.34	\$21.53	\$0.00	\$54.01	\$0.77	\$11.35	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.95									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - SAVANNAH Prvdr ID: 00238323A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.62% Nurse Hrs per On-Site Day/Q 3.37 </div> <div> <u>Facility Score</u> N/A 22.62% 3.37 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5637 Quarterly Medicaid: 1.4130 </div> <div> <u>PDPM Facility</u> 1.5637 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,281,417	\$4,947,476	\$0	\$594,312	\$910,695	\$0	\$1,853,808		\$975,126	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$626,544)	(\$67,288)	\$0	\$0	\$10,640	\$12,259	(\$465,159)		(\$116,996)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$523,002		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$119,697
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,297,572	\$4,880,188	\$0	\$594,312	\$921,335	\$12,259	\$1,388,649	\$523,002	\$858,130	\$119,697
8	Total Nursing Facility Days As Filed Days = 38,491	FY21 Audited C/R Days	38,491									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY21 GL-PL Ins Rpt Days								38,491		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$241.55	\$126.79	\$0.00	\$15.44	\$24.25	(with L&H)	\$36.08	\$13.59	\$22.29	\$3.11
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5637								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.08								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.08	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	\$22.29	\$3.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.70	\$81.08	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	29.15 (FRV)	\$3.11
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.70	\$81.08	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4130								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.18	\$114.57	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.73	\$5.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.51	\$7.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$261.69	\$121.98	\$0.00	\$15.66	\$24.66	\$0.00	\$53.55	\$13.59	\$29.15	\$3.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.44									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: RESORTS AT POOLER INC Prvdr ID: 00238741A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.64% Nurse Hrs per On-Site Day/Q 4.27 </div> <div> <u>Facility Score</u> N/A 18.64% 4.27 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4775 Quarterly Medicaid: 1.4125 </div> <div> <u>PDPM Facility</u> 1.4775 1.4125 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$913,867		\$3,544,039	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$256,644)	\$0	\$0	\$0	\$0	\$0	(\$192,605)		(\$64,039)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$192,605		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$64,039
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$721,262	\$192,605	\$3,480,000	\$64,039
8	Total Nursing Facility Days As Filed Days = 26,733	FY21 Audited C/R Days	26,733									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,733	FY21 GL-PL Ins Rpt Days								26,733		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$311.14	\$105.69	\$0.00	\$14.72	\$23.97	(with L&H)	\$26.98	\$7.20	\$130.18	\$2.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4775								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.54								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.54	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	\$130.18	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.81	\$71.54	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	8.00 (FRV)	\$2.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.81	\$71.54	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4125								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.33	\$101.05	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.66	\$3.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$205.99	\$104.61	\$0.00	\$14.94	\$24.38	\$0.00	\$44.45	\$7.20	\$8.00	\$2.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.67									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WINDERMERE HEALTH AND REHABILITATION CENTER Prvdr ID: 00241678A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 34.62% Nurse Hrs per On-Site Day/Q 3.55 </div> <div> <u>Facility Score</u> N/A 34.62% 3.55 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4944 Quarterly Medicaid: 1.5465 </div> <div> <u>PDPM Facility</u> 1.4944 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,304,784	\$3,694,551	\$0	\$590,810	\$518,891	\$0	\$1,641,856		\$1,858,676	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$551,721)	(\$144,488)	\$0	(\$5,975)	(\$3,978)	\$5,036	(\$351,398)		(\$50,918)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								221,572		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$61,483
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,036,118	\$3,550,063	\$0	\$584,835	\$514,913	\$5,036	\$1,290,458	221,572	\$1,807,758	\$61,483
8	Total Nursing Facility Days As Filed Days = 28,524	FY21 Audited C/R Days	28,524									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,524	FY21 GL-PL Ins Rpt Days								28,524		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$281.74	\$124.46	\$0.00	\$20.50	\$18.23	(with L&H)	\$45.24	\$7.77	\$63.38	\$2.16
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4944								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.28								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.28	\$0.00	\$20.50	\$18.23		\$45.24	\$7.77	\$63.38	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.55	\$83.28	\$0.00	\$20.50	\$18.23		\$36.91	\$7.77	10.70 (FRV)	\$2.16
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.55	\$83.28	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5465								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.06	\$128.79	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.06	\$6.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.12	\$135.12	\$0.00	\$20.72	\$18.64	\$0.00	\$54.01	\$7.77	\$10.70	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.02									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - AUGUSTA HILLS Prvdr ID: 00245055A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.17% Nurse Hrs per On-Site Day/Q 3.16 </div> <div> <u>Facility Score</u> N/A 31.17% 3.16 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: Quarterly Medicaid: </div> <div> <u>PDPM Facility</u> 1.4779 1.5096 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,210,798	\$3,131,302	\$0	\$559,223	\$776,800	\$0	\$1,341,738		\$401,735	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$607,851)	(\$108,119)	\$0	\$0	\$0	\$383	(\$442,308)		(\$57,807)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$547,187		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,690
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,197,824	\$3,023,183	\$0	\$559,223	\$776,800	\$383	\$899,430	\$547,187	\$343,928	\$47,690
8	Total Nursing Facility Days As Filed Days = 28,019	FY21 Audited C/R Days	28,019									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,019	FY21 GL-PL Ins Rpt Days								28,019		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$221.20	\$107.90	\$0.00	\$19.96	\$27.74	(with L&H)	\$32.10	\$19.53	\$12.27	\$1.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4779								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.01								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.01	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	\$12.27	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.54	\$73.01	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	8.50 (FRV)	\$1.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.54	\$73.01	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5096								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.75	\$110.22	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.51	\$5.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.90	\$8.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.65	\$119.02	\$0.00	\$20.18	\$28.15	\$0.00	\$49.57	\$19.53	\$8.50	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.16									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - MAGNOLIA MANOR Prvdr ID: 00252007A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 12.12% Nurse Hrs per On-Site Day/Q 3.50 </div> <div> <u>Facility Score</u> N/A 12.12% 3.50 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5303 Quarterly Medicaid: 1.4976 </div> <div> <u>PDPM Facility</u> 1.5303 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,613,079	\$3,167,474	\$0	\$448,042	\$948,885	\$0	\$1,372,740		\$675,938	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$542,583)	(\$89,719)	\$0	\$0	\$0	\$2,343	(\$342,891)		(\$112,316)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$423,022		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$112,316
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,605,834	\$3,077,755	\$0	\$448,042	\$948,885	\$2,343	\$1,029,849	\$423,022	\$563,622	\$112,316
8	Total Nursing Facility Days As Filed Days = 26,707	FY21 Audited C/R Days	26,707									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,707	FY21 GL-PL Ins Rpt Days								26,707		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$247.35	\$115.24	\$0.00	\$16.78	\$35.62	(with L&H)	\$38.56	\$15.84	\$21.10	\$4.21
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5303								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.31								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.31	\$0.00	\$16.78	\$35.62		\$38.56	\$15.84	\$21.10	\$4.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.88	\$75.31	\$0.00	\$16.78	\$33.28		\$36.91	\$15.84	27.55 (FRV)	\$4.21
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.88	\$75.31	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4976								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.35	\$112.78	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.51	\$4.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.36	\$5.04	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.71	\$117.82	\$0.00	\$17.00	\$33.28	\$0.00	\$54.01	\$15.84	\$27.55	\$4.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.46									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: PRUITTHEALTH - DECATUR Prvdr ID: 00252942A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
				Growth Allowance:	N/A	0.00%	Base Period Overall:				1.3470	1.4210
				Qtrly BIMS score:	28.95%	1.0%						
				Nurse Hrs per On-Site Day/Q	3.37	5.0%	Quarterly Medicaid:				1.4318	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,408,103	\$5,758,589	\$0	\$857,375	\$1,058,815	\$0	\$2,031,659		\$701,665	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$722,196)	(\$89,521)	\$0	\$0	(\$5,104)	(\$2,740)	(\$557,838)		(\$66,993)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$634,296		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$66,376
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,386,579	\$5,669,068	\$0	\$857,375	\$1,053,711	(\$2,740)	\$1,473,821	\$634,296	\$634,672	\$66,376
8	Total Nursing Facility Days As Filed Days = 46,345	FY21 Audited C/R Days	46,345									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,345	FY21 GL-PL Ins Rpt Days								46,345		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$224.11	\$122.32	\$0.00	\$18.50	\$22.68	(with L&H)	\$31.80	\$13.69	\$13.69	\$1.43
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3470								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.81								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.81	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	\$13.69	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.64	\$90.81	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	14.73 (FRV)	\$1.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.64	\$90.81	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.4318								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.85	\$130.02	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.50	\$6.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.43	\$8.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$259.28	\$138.35	\$0.00	\$18.72	\$23.09	\$0.00	\$49.27	\$13.69	\$14.73	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.64									

PDPM Shadow Rates. This is not your rate.

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<div> <div> Provider: PRUITTHEALTH - LAFAYETTE Prvdr ID: 00254394A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 30.67% Nurse Hrs per On-Site Day/Q 3.18 </div> <div> <u>Facility Score</u> N/A 30.67% 3.18 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4121 Quarterly Medicaid: 1.3680 </div> <div> <u>PDPM Facility</u> 1.4121 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,304,528	\$2,720,017	\$0	\$415,037	\$639,098	\$0	\$1,168,314		\$362,062	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$472,545)	(\$72,883)	\$0	\$0	(\$3,224)	(\$4,281)	(\$367,170)		(\$24,987)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$434,816		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,180
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,292,979	\$2,647,134	\$0	\$415,037	\$635,874	(\$4,281)	\$801,144	\$434,816	\$337,075	\$26,180
8	Total Nursing Facility Days As Filed Days = 26,283	FY21 Audited C/R Days	26,283									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,283	FY21 GL-PL Ins Rpt Days								26,283		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.38	\$100.72	\$0.00	\$15.79	\$24.03	(with L&H)	\$30.48	\$16.54	\$12.82	\$1.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4121								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.33								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.33	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	\$12.82	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.25	\$71.33	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	9.08 (FRV)	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.25	\$71.33	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$1.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3680								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.50	\$97.58	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$1.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.88	\$4.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.95	\$7.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$220.45	\$105.43	\$0.00	\$16.01	\$24.44	\$0.00	\$47.95	\$16.54	\$9.08	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.51									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - WEST ATLANTA Prvdr ID: 00256088A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.68% Nurse Hrs per On-Site Day/Q 4.05 </div> <div> <u>Facility Score</u> N/A 23.68% 4.05 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5249 Quarterly Medicaid: 1.4961 </div> <div> <u>PDPM Facility</u> 1.5249 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,083,206	\$4,014,888	\$0	\$461,505	\$895,097	\$0	\$1,454,029		\$257,687	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$647,432)	(\$188,367)	\$0	\$0	(\$1,292)	(\$509)	(\$378,907)		(\$78,357)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$522,301		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$78,073
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,036,148	\$3,826,521	\$0	\$461,505	\$893,805	(\$509)	\$1,075,122	\$522,301	\$179,330	\$78,073
8	Total Nursing Facility Days As Filed Days = 30,633	FY21 Audited C/R Days	30,633									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,633	FY21 GL-PL Ins Rpt Days								30,633		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$229.69	\$124.91	\$0.00	\$15.07	\$29.16	(with L&H)	\$35.10	\$17.05	\$5.85	\$2.55
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5249								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.92								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.92	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	\$5.85	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.44	\$81.92	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	11.59 (FRV)	\$2.55
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.44	\$81.92	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4961								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.08	\$122.56	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.13	\$6.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.99	\$7.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$259.07	\$130.45	\$0.00	\$15.29	\$29.57	\$0.00	\$52.57	\$17.05	\$11.59	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.48									

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PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BAINBRIDGE HEALTH AND REHAB Prvdr ID: 00258915A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.81% Nurse Hrs per On-Site Day/Q 3.47 </div> <div> <u>Facility Score</u> N/A 22.81% 3.47 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3983 Quarterly Medicaid: 1.6098 </div> <div> <u>PDPM Facility</u> 1.3983 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,473,601	\$2,061,357	\$0	\$469,989	\$479,279	\$0	\$1,491,645		\$971,331	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$67,797)	\$21,177	\$0	\$0	\$0	\$0	(\$59,499)		(\$29,475)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$29,010		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,475
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,464,289	\$2,082,534	\$0	\$469,989	\$479,279	\$0	\$1,432,146	\$29,010	\$941,856	\$29,475
8	Total Nursing Facility Days As Filed Days = 27,042	FY21 Audited C/R Days		27,042								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,042	FY21 GL-PL Ins Rpt Days								27,042		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.06	\$77.01	\$0.00	\$17.38	\$17.72	(with L&H)	\$52.96	\$1.07	\$34.83	\$1.09
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3983								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.07								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.07	\$0.00	\$17.38	\$17.72		\$52.96	\$1.07	\$34.83	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.16	\$55.07	\$0.00	\$17.38	\$17.72		\$36.91	\$1.07	8.92 (FRV)	\$1.09
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.16	\$55.07	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6098								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.74	\$88.65	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.81	\$4.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$193.55	\$92.73	\$0.00	\$17.60	\$18.13	\$0.00	\$54.01	\$1.07	\$8.92	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.34									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRUITTHEALTH - COVINGTON Prvdr ID: 00265196A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 16.39% Nurse Hrs per On-Site Day/Q 3.28 </div> <div> Facility Score Add-on Percent N/A 0.00% 0.0% 3.28 5.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.3659 Quarterly Medicaid: 1.4526 </div> <div> PDPM Facility 1.3659 PDPM Statewide 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,912,617	\$2,635,846	\$0	\$346,846	\$546,352	\$0	\$971,836		\$411,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$319,351)	(\$108,314)	\$0	\$0	\$0	\$185	(\$177,137)		(\$34,085)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$284,431		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,824
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,907,521	\$2,527,532	\$0	\$346,846	\$546,352	\$185	\$794,699	\$284,431	\$377,652	\$29,824
8	Total Nursing Facility Days As Filed Days = 22,406	FY21 Audited C/R Days	22,406									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,406	FY21 GL-PL Ins Rpt Days								22,406		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$219.02	\$112.81	\$0.00	\$15.48	\$24.39	(with L&H)	\$35.47	\$12.69	\$16.85	\$1.33
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3659								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.59								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.59	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	\$16.85	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.58	\$82.59	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	10.63 (FRV)	\$1.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.58	\$82.59	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4526								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.96	\$119.97	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.00	\$6.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.63	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$244.59	\$126.50	\$0.00	\$15.70	\$24.80	\$0.00	\$52.94	\$12.69	\$10.63	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.62									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: LAGRANGE HEALTH AND REHAB Prvdr ID: 00270245A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 24.14% Nurse Hrs per On-Site Day/Q 2.97 </div> <div> <u>Facility Score</u> N/A 24.14% 2.97 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5972 Quarterly Medicaid: 1.4034 </div> <div> <u>PDPM Facility</u> 1.5972 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,234,242	\$2,961,580	\$0	\$515,109	\$598,628	\$0	\$938,777		\$1,220,148	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$117,853)	(\$3,163)	\$0	\$0	\$0	\$0	(\$69,414)		(\$45,276)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,276
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,161,665	\$2,958,417	\$0	\$515,109	\$598,628	\$0	\$869,363	\$0	\$1,174,872	\$45,276
8	Total Nursing Facility Days As Filed Days = 26,582	FY21 Audited C/R Days	26,582									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,582	FY21 GL-PL Ins Rpt Days								26,582		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$231.79	\$111.29	\$0.00	\$19.38	\$22.52	(with L&H)	\$32.70	\$0.00	\$44.20	\$1.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5972								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.68								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.68	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	\$44.20	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.58	\$69.68	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	10.60 (FRV)	\$1.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.58	\$69.68	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4034								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.69	\$97.79	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.54	\$4.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$207.23	\$102.23	\$0.00	\$19.60	\$22.93	\$0.00	\$50.17	\$0.00	\$10.60	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.60									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: LUMBER CITY NURSING & REHABILITATION CENTER Prvdr ID: 00270256A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>				<u>PDPM Facility</u>	<u>PDPM Statewide</u>
				Growth Allowance:	N/A	0.00%	Base Period Overall:				1.2619	1.4210
				Qtrly BIMS score:	33.93%	2.5%						
				Nurse Hrs per On-Site Day/Q	2.94	2.0%	Quarterly Medicaid:				1.2971	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,495,483	\$2,104,633	\$0	\$341,191	\$403,048	\$0	\$640,127		\$1,006,484	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,822)	\$0	\$0	\$0	\$0	\$0	(\$68,341)		(\$24,481)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$55,559		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,481
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,482,701	\$2,104,633	\$0	\$341,191	\$403,048	\$0	\$571,786	\$55,559	\$982,003	\$24,481
8	Total Nursing Facility Days As Filed Days = 21,134	FY21 Audited C/R Days	21,134									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,134	FY21 GL-PL Ins Rpt Days								21,134		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$212.12	\$99.59	\$0.00	\$16.14	\$19.07	(with L&H)	\$27.06	\$2.63	\$46.47	\$1.16
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2619								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.92								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.92	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	\$46.47	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.94	\$78.92	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	9.96 (FRV)	\$1.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.94	\$78.92	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2971								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.39	\$102.37	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.24	\$5.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$201.63	\$107.51	\$0.00	\$16.36	\$19.48	\$0.00	\$44.53	\$2.63	\$9.96	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.40									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WILLOWWOOD HEALTHCARE AND REHABILITATION Prvdr ID: 00271829A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 27.91% Nurse Hrs per On-Site Day/Q 2.68 </div> <div> <u>Facility Score</u> N/A 27.91% 2.68 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4759 Quarterly Medicaid: 1.3949 </div> <div> <u>PDPM Facility</u> 1.4759 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,229,778	\$2,612,599	\$0	\$547,841	\$426,159	\$0	\$977,519		\$665,660	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$248,424)	\$0	\$0	\$0	(\$851)	(\$801)	(\$210,772)		(\$36,000)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$210,772		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,861
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,227,987	\$2,612,599	\$0	\$547,841	\$425,308	(\$801)	\$766,747	\$210,772	\$629,660	\$35,861
8	Total Nursing Facility Days As Filed Days = 28,538	FY21 Audited C/R Days	28,538									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,538	FY21 GL-PL Ins Rpt Days								28,538		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.21	\$91.55	\$0.00	\$19.20	\$14.88	(with L&H)	\$26.87	\$7.39	\$22.06	\$1.26
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4759								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.03	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	\$22.06	\$1.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.26	\$62.03	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	8.63 (FRV)	\$1.26
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.26	\$62.03	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3949								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.75	\$86.53	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.10	\$4.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$186.85	\$90.53	\$0.00	\$19.42	\$15.29	\$0.00	\$44.34	\$7.39	\$8.63	\$1.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.31									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CRESTVIEW HEALTH & REHAB CTR Prvdr ID: 00273567A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 34.70% Nurse Hrs per On-Site Day/Q 2.48 </div> <div> <u>Facility Score</u> N/A 34.70% 2.48 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4475 Quarterly Medicaid: 1.4670 </div> <div> <u>PDPM Facility</u> 1.4475 1.4670 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$25,073,162	#####	\$0	\$2,750,383	\$2,165,295	\$1,101,918	\$4,174,714		\$1,752,899	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$290,759)	\$0	\$0	\$0	\$11,715	\$5,961	(\$134,798)		(\$173,637)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,588
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$24,885,991	#####	\$0	\$2,750,383	\$2,177,010	\$1,107,879	\$4,039,916	\$100,000	\$1,579,262	\$3,588
8	Total Nursing Facility Days As Filed Days = 106,099	FY21 Audited C/R Days	106,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 106,099	FY21 GL-PL Ins Rpt Days								106,099		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$234.54	\$123.73	\$0.00	\$25.92	\$30.96	(with L&H)	\$38.08	\$0.94	\$14.88	\$0.03
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4475								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.48								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.48	\$0.00	\$25.92	\$30.96		\$38.08	\$0.94	\$14.88	\$0.03
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.89	\$85.48	\$0.00	\$25.92	\$30.96		\$36.91	\$0.94	10.65 (FRV)	\$0.03
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.89	\$85.48	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4670								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.81	\$125.40	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.80	\$6.17	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.61	\$131.57	\$0.00	\$26.14	\$31.37	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.21									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CRISP REGIONAL NSG & REHAB CTR Prvdr ID: 00274128A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 34.55% Nurse Hrs per On-Site Day/Q 2.98 </div> <div> Facility Score Add-on Percent N/A 0.00% 2.5% 3.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.6900 Quarterly Medicaid: 1.4567 </div> <div> PDPM Facility 1.6900 PDPM Statewide 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,965,708	\$3,214,189	\$0	\$568,532	\$254,086	\$364,358	\$1,183,820		\$380,723	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$84,180)	\$192,250	\$0	\$0	(\$523)	(\$51,127)	(\$212,005)		(\$12,775)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$71,384		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,785
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,965,697	\$3,406,439	\$0	\$568,532	\$253,563	\$313,231	\$971,815	\$71,384	\$367,948	\$12,785
8	Total Nursing Facility Days As Filed Days = 19,654	FY21 Audited C/R Days	19,654									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,654	FY21 GL-PL Ins Rpt Days								19,654		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$303.54	\$173.32	\$0.00	\$28.93	\$28.84	(with L&H)	\$49.45	\$3.63	\$18.72	\$0.65
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6900								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.56								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$102.56	\$0.00	\$28.93	\$28.84		\$49.45	\$3.63	\$18.72	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.38	\$102.56	\$0.00	\$28.93	\$28.84		\$36.91	\$3.63	12.86 (FRV)	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.38	\$102.56	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$0.65
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4567								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.22	\$149.40	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$0.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.73	\$3.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.48	\$4.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.47	\$8.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$287.69	\$158.14	\$0.00	\$29.15	\$29.25	\$0.00	\$54.01	\$3.63	\$12.86	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.94									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THOMASVILLE HEALTH & REHAB, LLC Prvdr ID: 00277604A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 41.94% Nurse Hrs per On-Site Day/Q 3.12 </div> <div> <u>Facility Score</u> N/A 41.94% 3.12 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3257 Quarterly Medicaid: 1.4952 </div> <div> <u>PDPM Facility</u> 1.3257 1.4952 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,863,334	\$1,312,669	\$0	\$319,275	\$285,297	\$0	\$547,400		\$398,693	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$52,525)	(\$4,942)	\$0	\$0	\$0	\$0	(\$29,869)		(\$17,714)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,714
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,828,523	\$1,307,727	\$0	\$319,275	\$285,297	\$0	\$517,531	\$0	\$380,979	\$17,714
8	Total Nursing Facility Days As Filed Days = 13,719	FY21 Audited C/R Days	13,719									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,719	FY21 GL-PL Ins Rpt Days								13,719		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$206.17	\$95.32	\$0.00	\$23.27	\$20.80	(with L&H)	\$37.72	\$0.00	\$27.77	\$1.29
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3257								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.90								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.90	\$0.00	\$23.27	\$20.80		\$37.72	\$0.00	\$27.77	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.72	\$71.90	\$0.00	\$23.27	\$20.80		\$36.91	\$0.00	10.55 (FRV)	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.72	\$71.90	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$1.29
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4952								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.32	\$107.50	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$223.42	\$112.87	\$0.00	\$23.49	\$21.21	\$0.00	\$54.01	\$0.00	\$10.55	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.74									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: DELMAR GARDENS OF SMYRNA Prvdr ID: 00296271A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.59% Nurse Hrs per On-Site Day/Q 4.20 </div> <div> <u>Facility Score</u> N/A 20.59% 4.20 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4908 Quarterly Medicaid: 1.5618 </div> <div> <u>PDPM Facility</u> 1.4908 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,583,660	\$4,172,188	\$0	\$858,148	\$899,316	\$0	\$1,244,503		\$409,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$171,981)	(\$68,055)	\$0	\$0	\$1,593	\$8,574	(\$44,122)		(\$69,971)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$83,100		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$70,215
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,564,994	\$4,104,133	\$0	\$858,148	\$900,909	\$8,574	\$1,200,381	\$83,100	\$339,534	\$70,215
8	Total Nursing Facility Days As Filed Days = 32,894	FY21 Audited C/R Days	32,894									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,894	FY21 GL-PL Ins Rpt Days								32,894		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$229.98	\$124.77	\$0.00	\$26.09	\$27.65	(with L&H)	\$36.49	\$2.53	\$10.32	\$2.13
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4908								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.69								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.69	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	\$10.32	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.96	\$83.69	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	12.38 (FRV)	\$2.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.96	\$83.69	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5618								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.97	\$130.71	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.92	\$3.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$5.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$261.77	\$136.47	\$0.00	\$26.31	\$28.06	\$0.00	\$53.90	\$2.53	\$12.38	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.50									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: NHC HEALTHCARE FT OGLETHORPE Prvdr ID: 00344759A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 21.18% Nurse Hrs per On-Site Day/Q 3.72		<u>Facility Score</u> N/A 21.18% 3.72	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2763 Quarterly Medicaid: 1.2844			<u>PDPM Facility</u> 1.2763	<u>PDPM Statewide</u> 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,635,829	\$4,941,021	\$0	\$880,223	\$874,293	\$0	\$1,567,555		\$372,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,798)	(\$23,391)	\$0	\$0	(\$3,161)	(\$3,426)	(\$209,600)		(\$64,220)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$209,600		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,736
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,605,367	\$4,917,630	\$0	\$880,223	\$871,132	(\$3,426)	\$1,357,955	\$209,600	\$308,517	\$63,736
8	Total Nursing Facility Days As Filed Days = 42,758	FY21 Audited C/R Days	42,758									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,758	FY21 GL-PL Ins Rpt Days								42,758		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.26	\$115.01	\$0.00	\$20.59	\$20.29	(with L&H)	\$31.76	\$4.90	\$7.22	\$1.49
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2763								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.11								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.11	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	\$7.22	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.65	\$90.11	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	12.51 (FRV)	\$1.49
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.65	\$90.11	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2844								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.28	\$115.74	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.26	\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.54	\$120.90	\$0.00	\$20.81	\$20.70	\$0.00	\$49.23	\$4.90	\$12.51	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.08									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: PRESBYTERIAN VILLAGE Prvdr ID: 00362832A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 46.67% Nurse Hrs per On-Site Day/Q 5.07 </div> <div> <u>Facility Score</u> N/A 46.67% 5.07 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4470 Quarterly Medicaid: 1.4187 </div> <div> <u>PDPM Facility</u> 1.4470 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,691,375	\$5,269,868	\$0	\$781,677	\$1,020,274	\$0	\$1,975,109		\$644,447	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$164,404)	\$0	\$0	\$0	\$0	\$0	(\$144,638)		(\$19,766)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$129,346		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,766
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,676,083	\$5,269,868	\$0	\$781,677	\$1,020,274	\$0	\$1,830,471	\$129,346	\$624,681	\$19,766
8	Total Nursing Facility Days As Filed Days = 27,539	FY21 Audited C/R Days	27,539									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,539	FY21 GL-PL Ins Rpt Days								27,539		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$351.36	\$191.36	\$0.00	\$28.38	\$37.05	(with L&H)	\$66.47	\$4.70	\$22.68	\$0.72
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4470								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$132.24								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$132.24	\$0.00	\$28.38	\$37.05		\$66.47	\$4.70	\$22.68	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.48	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$4.70	22.42 (FRV)	\$0.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.48	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4187								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$273.29	\$148.44	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$8.16	\$8.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.13	\$11.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$284.42	\$159.57	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$213.32									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CAMELLIA GARDENS OF LIFE CARE Prvdr ID: 00366341A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.93% Nurse Hrs per On-Site Day/Q 3.21 </div> <div> <u>Facility Score</u> N/A 20.93% 3.21 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2743 Quarterly Medicaid: 1.3158 </div> <div> <u>PDPM Facility</u> 1.2743 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,793,869	\$2,854,714	\$0	\$466,998	\$464,572	\$0	\$829,150		\$178,435	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$130,188)	(\$1,054)	\$0	(\$2,317)	(\$1,431)	\$1,435	(\$80,827)		(\$45,994)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,827		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,685
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,790,193	\$2,853,660	\$0	\$464,681	\$463,141	\$1,435	\$748,323	\$80,827	\$132,441	\$45,685
8	Total Nursing Facility Days As Filed Days = 21,403	FY21 Audited C/R Days	21,403									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,403	FY21 GL-PL Ins Rpt Days								21,403		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$223.81	\$133.33	\$0.00	\$21.71	\$21.71	(with L&H)	\$34.96	\$3.78	\$6.19	\$2.13
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2743								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.63								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$104.63	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	\$6.19	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.66	\$104.63	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	9.74 (FRV)	\$2.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.66	\$104.63	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3158								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.70	\$137.67	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.88	\$6.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.36	\$8.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$258.06	\$145.93	\$0.00	\$21.93	\$22.12	\$0.00	\$52.43	\$3.78	\$9.74	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.72									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: QUIET OAKS HEALTH CARE CENTER Prvdr ID: 00370851A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 59.62% Nurse Hrs per On-Site Day/Q 3.68				Facility Score N/A 59.62% 3.68	Add-on Percent 0.00% 5.5% 5.0%	Facility Model (PDPM) Data Base Period Overall: 2.0248 Quarterly Medicaid: 1.6596					PDPM Facility 2.0248 1.6596	PDPM Statewide 1.4210 1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,298,657	\$2,325,947	\$0	\$402,234	\$660,121	\$0	\$816,431		\$93,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,493)	(\$4,429)	\$0	\$1,176	\$984	\$5,112	(\$106,590)		(\$40,746)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,444		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,995
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,306,603	\$2,321,518	\$0	\$403,410	\$661,105	\$5,112	\$709,841	\$110,444	\$53,178	\$41,995
8	Total Nursing Facility Days As Filed Days = 19,344	FY21 Audited C/R Days	19,344									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,344	FY21 GL-PL Ins Rpt Days								19,344		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.63	\$120.01	\$0.00	\$20.85	\$34.44	(with L&H)	\$36.70	\$5.71	\$2.75	\$2.17
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		2.0248								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.27								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.27	\$0.00	\$20.85	\$34.44		\$36.70	\$5.71	\$2.75	\$2.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.25	\$59.27	\$0.00	\$20.85	\$33.28		\$36.70	\$5.71	12.27 (FRV)	\$2.17
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.25	\$59.27	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6596								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.34	\$98.36	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.91	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.16		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.41	\$5.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.34	\$10.86	\$0.00	\$0.22	\$0.00	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.68	\$109.22	\$0.00	\$21.07	\$33.28	\$0.00	\$53.96	\$5.71	\$12.27	\$2.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.44									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: WESTWOOD HEALTHCARE AND REHABILITATION Prvdr ID: 00370862A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 33.96% Nurse Hrs per On-Site Day/Q 2.73 </div> <div> <u>Facility Score</u> N/A 33.96% 2.73 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5529 Quarterly Medicaid: 1.3775 </div> <div> <u>PDPM Facility</u> 1.5529 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,095,731	\$1,636,652	\$0	\$304,674	\$246,393	\$0	\$644,395		\$263,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$152,182)	\$0	\$0	\$0	\$0	\$0	(\$119,552)		(\$32,630)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$119,552		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,630
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,095,731	\$1,636,652	\$0	\$304,674	\$246,393	\$0	\$524,843	\$119,552	\$230,987	\$32,630
8	Total Nursing Facility Days As Filed Days = 14,406	FY21 Audited C/R Days	14,406									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,406	FY21 GL-PL Ins Rpt Days								14,406		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.89	\$113.61	\$0.00	\$21.15	\$17.10	(with L&H)	\$36.43	\$8.30	\$16.03	\$2.27
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5529								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.16								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.16	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	\$16.03	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.86	\$73.16	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	10.45 (FRV)	\$2.27
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allnw %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.86	\$73.16	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3775								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.48	\$100.78	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.52	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.36		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.46	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.64	\$105.85	\$0.00	\$21.37	\$17.51	\$0.00	\$53.89	\$8.30	\$10.45	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.91									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: LIFE CARE CENTER OF GWINNETT Prvdr ID: 00370873A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 24.59% Nurse Hrs per On-Site Day/Q 3.23 </div> <div> <u>Facility Score</u> N/A 24.59% 3.23 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3823 Quarterly Medicaid: 1.5179 </div> <div> <u>PDPM Facility</u> 1.3823 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,323,178	\$3,159,074	\$0	\$677,534	\$799,881	\$0	\$1,268,941		\$417,748	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$262,957)	\$0	\$0	\$0	\$0	\$0	(\$161,998)		(\$100,959)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,998		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$100,959
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,323,178	\$3,159,074	\$0	\$677,534	\$799,881	\$0	\$1,106,943	\$161,998	\$316,789	\$100,959
8	Total Nursing Facility Days As Filed Days = 22,099	FY21 Audited C/R Days	22,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,099	FY21 GL-PL Ins Rpt Days								22,099		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$286.13	\$142.95	\$0.00	\$30.66	\$36.20	(with L&H)	\$50.09	\$7.33	\$14.33	\$4.57
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3823								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.41								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$103.41	\$0.00	\$30.66	\$36.20		\$50.09	\$7.33	\$14.33	\$4.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.06	\$103.41	\$0.00	\$26.82	\$33.28		\$36.91	\$7.33	11.74 (FRV)	\$4.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.06	\$103.41	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5179								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$277.62	\$156.97	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.57	\$1.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.28	\$6.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.48	\$8.38	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$303.10	\$165.35	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$7.33	\$11.74	\$4.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.50									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: DELMAR GARDENS OF GWINNETT Prvdr ID: 00395161A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 3.33% Nurse Hrs per On-Site Day/Q 3.28 </div> <div> Facility Score Add-on Percent N/A 0.00% 3.33% 0.0% 3.28 3.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.5003 Quarterly Medicaid: 1.3730 </div> <div> PDPM Facility 1.5003 PDPM Statewide 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,857,404	\$2,525,340	\$0	\$878,028	\$820,040	\$0	\$1,078,973		\$555,023	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$237,933)	(\$13,579)	\$0	\$0	(\$16,034)	(\$5,885)	(\$68,398)		(\$134,037)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$129,613
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,812,084	\$2,511,761	\$0	\$878,028	\$804,006	(\$5,885)	\$1,010,575	\$63,000	\$420,986	\$129,613
8	Total Nursing Facility Days As Filed Days = 19,298	FY21 Audited C/R Days	19,298									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,298	FY21 GL-PL Ins Rpt Days								19,298		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$301.19	\$130.16	\$0.00	\$45.50	\$41.36	(with L&H)	\$52.37	\$3.26	\$21.82	\$6.72
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5003								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.76								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.76	\$0.00	\$45.50	\$41.36		\$52.37	\$3.26	\$21.82	\$6.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.10	\$86.76	\$0.00	\$26.82	\$33.28		\$36.91	\$3.26	10.35 (FRV)	\$6.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.10	\$86.76	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3730								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.47	\$119.12	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.20	\$4.10	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$257.67	\$123.22	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$3.26	\$10.35	\$6.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.43									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Rate Calculations

DEMONSTRATION ONLY

Provider: CONDOR HEALTH LAFAYETTE				<u>Add-on Data and Percentages</u>	Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide		
Prvdr ID: 00399737A		PDPM Shadow Rate For informational use only. This is NOT your rate		Growth Allowance:	N/A	0.00%	Base Period Overall PDPM:				1.4559	1.5740		
H/B ?: No		Case Mix Per Diem Rate Effective Date: 01/01/24			19.6%	0.0%	Quarterly Medicaid PDPM:				0.0000	1.3765		
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/23		Nurse Hours per On-Site Day/Quality Incentive:	3.05	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:				1.4414	1.3996		
Line #	Description			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
					a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS														
Cost Center Peer Groups per Selected Options														
Type of Facility within Peer Group														
Bed Size Range within Peer Group														
Peer Group Standards & Efficiency Measure Limits														
Peer Group Standards: Percentile														
Peer Group Standards: Multiplier														
Efficiency Measures (Maximums)														
Base Period Per Diem Allowed Amounts														
Net Historical Cost 2020														
Inflation (July 2021) @ 4.30%														
Patient Days														
Inflated NHC/ Patient Days														
Base Period Facility CMI for all Residents														
Routine Services Case Mix Adjusted Net Per Diem														
Net Per Diems After Case Mix Adjustments														
Per Diem Standards														
Base Period Case Mix Adjusted Allowed Per Diem														
Quarterly Per Diem Rate Prior to Add-Ons														
Growth Allowance 0.000%														
CMA Allowed Per Diem After Growth Allowance														
Quarterly Facility Case Mix Index for Medicaid Residents														
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem														
Quarterly Medicaid CMA Allowed Per Diem														
Quarterly Per Diem Add-On Amounts														
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)														
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)														
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%														
Nursing Home Provider Fee														
Total Quarterly Per Diem Add-On Amounts														
Quarterly Case Mix Based Per Diem Rate					\$206.37	\$107.64		\$19.50	\$17.55		\$42.08	\$2.01	\$15.66	\$1.93
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%					\$141.95									

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: LAKE CROSSING HEALTH CENTER Prvdr ID: 00403939A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 57.63% Nurse Hrs per On-Site Day/Q 2.28 </div> <div> Facility Score Add-on Percent N/A 0.00% 5.5% 2.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.3338 Quarterly Medicaid: 1.2885 </div> <div> PDPM Facility 1.3338 PDPM Statewide 1.4210 1.2885 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,976,194	\$2,374,505	\$0	\$445,367	\$663,825	\$0	\$963,647		\$1,528,850	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$265,489)	\$0	\$0	\$0	\$0	(\$5,125)	(\$215,627)		(\$44,737)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$229,705		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,737
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,985,147	\$2,374,505	\$0	\$445,367	\$663,825	(\$5,125)	\$748,020	\$229,705	\$1,484,113	\$44,737
8	Total Nursing Facility Days As Filed Days = 27,902	FY21 Audited C/R Days	27,902									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,902	FY21 GL-PL Ins Rpt Days								27,902		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.50	\$85.10	\$0.00	\$15.96	\$23.61	(with L&H)	\$26.81	\$8.23	\$53.19	\$1.60
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3338								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.80								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.80	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	\$53.19	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.49	\$63.80	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	11.48 (FRV)	\$1.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.49	\$63.80	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2885								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.90	\$82.21	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.52	\$4.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.79	\$6.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$194.69	\$88.90	\$0.00	\$16.18	\$24.02	\$0.00	\$44.28	\$8.23	\$11.48	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.19									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: TOWNSEND PARK HEALTH AND REHABILITATION Prvdr ID: 00404995A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 46.67% Nurse Hrs per On-Site Day/Q 3.48 </div> <div> <u>Facility Score</u> N/A 46.67% 3.48 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3200 Quarterly Medicaid: 1.3696 </div> <div> <u>PDPM Facility</u> 1.3200 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,355,073	\$3,698,777	\$0	\$624,689	\$884,750	\$0	\$1,731,448		\$415,409	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$158,646)	(\$5,507)	\$0	(\$917)	\$0	\$820	(\$138,275)		(\$14,767)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$128,960		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,767
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,340,154	\$3,693,270	\$0	\$623,772	\$884,750	\$820	\$1,593,173	\$128,960	\$400,642	\$14,767
8	Total Nursing Facility Days As Filed Days = 32,134	FY21 Audited C/R Days	32,134									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,134	FY21 GL-PL Ins Rpt Days								32,134		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$228.42	\$114.93	\$0.00	\$19.41	\$27.56	(with L&H)	\$49.58	\$4.01	\$12.47	\$0.46
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3200								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.07								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.07	\$0.00	\$19.41	\$27.56		\$49.58	\$4.01	\$12.47	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.71	\$87.07	\$0.00	\$19.41	\$27.56		\$36.91	\$4.01	14.29 (FRV)	\$0.46
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.71	\$87.07	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3696								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.89	\$119.25	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.56	\$6.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.96	\$5.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.78	\$13.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.67	\$132.30	\$0.00	\$19.63	\$27.97	\$0.00	\$54.01	\$4.01	\$14.29	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.68									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: FOUR COUNTY HEALTH AND REHABILITATION Prvdr ID: 00405292A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 47.92% Nurse Hrs per On-Site Day/Q 3.57 </div> <div> <u>Facility Score</u> N/A 47.92% 3.57 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2793 Quarterly Medicaid: 1.2648 </div> <div> <u>PDPM Facility</u> 1.2793 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,784,811	\$2,476,310	\$0	\$504,007	\$522,033	\$0	\$797,436		\$485,025	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$150,678)	(\$15,075)	\$0	(\$611)	\$0	(\$462)	(\$99,697)		(\$34,833)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$89,505		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,730
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,757,368	\$2,461,235	\$0	\$503,396	\$522,033	(\$462)	\$697,739	\$89,505	\$450,192	\$33,730
8	Total Nursing Facility Days As Filed Days = 21,395	FY21 Audited C/R Days	21,645									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,395	FY21 GL-PL Ins Rpt Days								21,645		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$219.81	\$113.71	\$0.00	\$23.26	\$24.10	(with L&H)	\$32.24	\$4.14	\$20.80	\$1.56
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2793								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.89								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.89	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	\$20.80	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.66	\$88.89	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	10.47 (FRV)	\$1.56
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.66	\$88.89	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2648								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.19	\$112.43	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.18	\$6.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.62	\$5.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.43	\$12.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.62	\$124.76	\$0.00	\$23.48	\$24.51	\$0.00	\$49.71	\$4.14	\$10.47	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.14									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SOUTHLAND HEALTH AND REHABILITATION Prvdr ID: 00409054A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.53% Nurse Hrs per On-Site Day/Q 3.68 </div> <div> <u>Facility Score</u> N/A 23.53% 3.68 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3843 Quarterly Medicaid: 1.3769 </div> <div> <u>PDPM Facility</u> 1.3843 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,886,085	\$4,416,545	\$0	\$814,426	\$1,052,395	\$0	\$1,466,368		\$2,136,351	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$211,649)	(\$4,214)	\$0	(\$1,031)	(\$5,378)	(\$6,362)	(\$122,044)		(\$72,620)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,200		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,887
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,907,523	\$4,412,331	\$0	\$813,395	\$1,047,017	(\$6,362)	\$1,344,324	\$161,200	\$2,063,731	\$71,887
8	Total Nursing Facility Days As Filed Days = 36,118	FY21 Audited C/R Days	36,118									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,118	FY21 GL-PL Ins Rpt Days								36,118		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$274.30	\$122.16	\$0.00	\$22.52	\$28.81	(with L&H)	\$37.22	\$4.46	\$57.14	\$1.99
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3843								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.25								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.25	\$0.00	\$22.52	\$28.81		\$37.22	\$4.46	\$57.14	\$1.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.38	\$88.25	\$0.00	\$22.52	\$28.81		\$36.91	\$4.46	14.44 (FRV)	\$1.99
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.38	\$88.25	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3769								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.64	\$121.51	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.08	\$6.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.56	\$7.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$256.20	\$129.34	\$0.00	\$22.74	\$29.22	\$0.00	\$54.01	\$4.46	\$14.44	\$1.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.33									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: PRUITTHEALTH - TOOMSBORO			<u>Add-on Data and Percentag</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Facility Model (PDPM) Data</u>			<u>PDPM Facility</u>	<u>PDPM Statewide</u>	
Prvdr ID: 00409494A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.			Growth Allowance:		N/A	0.00%	Base Period Overall:			1.4514	1.4210	
PDPM Per Diem Rate Effective Date: 1/1/2024			Qtrly BIMS score:		41.30%	2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23			Nurse Hrs per On-Site Day/Q		3.37	5.0%	Quarterly Medicaid:			1.3493	1.4161	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,710,186	\$1,848,536	\$0	\$332,830	\$459,746	\$0	\$832,616		\$236,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,087)	(\$12,861)	\$0	\$0	(\$2,718)	(\$2,965)	(\$264,089)		(\$25,454)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$268,711		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,053
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,695,863	\$1,835,675	\$0	\$332,830	\$457,028	(\$2,965)	\$568,527	\$268,711	\$211,004	\$25,053
8	Total Nursing Facility Days As Filed Days = 18,484	FY21 Audited C/R Days	18,484									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,484	FY21 GL-PL Ins Rpt Days								18,484		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.97	\$99.31	\$0.00	\$18.01	\$24.57	(with L&H)	\$30.76	\$14.54	\$11.42	\$1.36
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4514								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	\$11.42	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.01	\$68.42	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	13.35 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.01	\$68.42	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3493								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.91	\$92.32	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.62	\$4.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.56	\$7.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$220.47	\$99.78	\$0.00	\$18.23	\$24.98	\$0.00	\$48.23	\$14.54	\$13.35	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.53									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CHERRY BLOSSOM HEALTH AND REHABILITATION Prvdr ID: 00413509A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 31.15% Nurse Hrs per On-Site Day/Q 3.49 </div> <div> <u>Facility Score</u> N/A 31.15% 3.49 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3368 Quarterly Medicaid: 1.3246 </div> <div> <u>PDPM Facility</u> 1.3368 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,462,028	\$2,271,031	\$0	\$405,453	\$520,659	\$0	\$839,759		\$425,126	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$132,276)	(\$2,174)	\$0	(\$532)	\$0	(\$491)	(\$93,083)		(\$35,996)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,501		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,996
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,452,249	\$2,268,857	\$0	\$404,921	\$520,659	(\$491)	\$746,676	\$86,501	\$389,130	\$35,996
8	Total Nursing Facility Days As Filed Days = 18,633	FY21 Audited C/R Days	18,633									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,633	FY21 GL-PL Ins Rpt Days								18,633		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$238.94	\$121.77	\$0.00	\$21.73	\$27.92	(with L&H)	\$40.07	\$4.64	\$20.88	\$1.93
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3368								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.09								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.09	\$0.00	\$21.73	\$27.92		\$40.07	\$4.64	\$20.88	\$1.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.68	\$91.09	\$0.00	\$21.73	\$27.92		\$36.91	\$4.64	11.46 (FRV)	\$1.93
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.68	\$91.09	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3246								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.25	\$120.66	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.03	\$6.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.31	\$9.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.56	\$130.24	\$0.00	\$21.95	\$28.33	\$0.00	\$54.01	\$4.64	\$11.46	\$1.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.60									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: LEGACY HEALTH AND REHABILITATION				Add-on Data and Percentag		Facility Score	Add-on Percent	Facility Model (PDPM) Data			PDPM Facility	PDPM Statewide	
Prvdr ID: 00415522A				PDPM Shadow Rates. For informational use only. This is NOT your effective rate.		Growth Allowance:		Base Period Overall:			1.1970	1.4210	
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:		25.00%		1.0%					
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q		3.73		4.0%			Quarterly Medicaid:	1.0975	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
PDPM BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,269,481	\$1,784,377	\$0	\$308,236	\$379,445	\$0	\$601,119		\$196,304	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$56,755	\$75,221	\$0	(\$358)	\$1,867	\$2,129	(\$13,672)		(\$8,432)		
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,000			
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,535	
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,386,771	\$1,859,598	\$0	\$307,878	\$381,312	\$2,129	\$587,447	\$52,000	\$187,872	\$8,535	
8	Total Nursing Facility Days As Filed Days = 12,528	FY21 Audited C/R Days	12,528										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,528	FY21 GL-PL Ins Rpt Days								12,528			
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$270.35	\$148.44	\$0.00	\$24.58	\$30.61	(with L&H)	\$46.89	\$4.15	\$15.00	\$0.68	
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1970									
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.01									
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$124.01	\$0.00	\$24.58	\$30.61		\$46.89	\$4.15	\$15.00	\$0.68	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A		
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.53	\$104.63	\$0.00	\$24.58	\$30.61		\$36.91	\$4.15	36.97 (FRV)	\$0.68	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.53	\$104.63	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$0.68	
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.0975									
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.83									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.73	\$114.83	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$0.68	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.59	\$4.59									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.20	\$120.57	\$0.00	\$24.80	\$31.02	\$0.00	\$54.01	\$4.15	\$36.97	\$0.68	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.33										

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: FOUNTAINVIEW CTR FOR ALZHEIMER Prvdr ID: 00421429A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 80.70% Nurse Hrs per On-Site Day/Q 3.85 </div> <div> <u>Facility Score</u> N/A 80.70% 3.85 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4987 Quarterly Medicaid: 1.2718 </div> <div> <u>PDPM Facility</u> 1.4987 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,537,401	\$4,542,297	\$0	\$850,028	\$990,796	\$0	\$1,401,964		\$752,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$503,560)	(\$38,081)	\$0	\$0	(\$1,864)	(\$1,679)	(\$159,028)		(\$302,908)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$197,109		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$301,825
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,532,775	\$4,504,216	\$0	\$850,028	\$988,932	(\$1,679)	\$1,242,936	\$197,109	\$449,408	\$301,825
8	Total Nursing Facility Days As Filed Days = 34,221	FY21 Audited C/R Days	34,221									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,221	FY21 GL-PL Ins Rpt Days								34,221		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.34	\$131.62	\$0.00	\$24.84	\$28.85	(with L&H)	\$36.32	\$5.76	\$13.13	\$8.82
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4987								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.82								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.82	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	\$13.13	\$8.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.43	\$87.82	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	14.02 (FRV)	\$8.82
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.43	\$87.82	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2718								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.30	\$111.69	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.14	\$6.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.12	\$10.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$258.42	\$121.71	\$0.00	\$25.06	\$29.26	\$0.00	\$53.79	\$5.76	\$14.02	\$8.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.99									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: SANDY SPRINGS HEALTH AND REHABILITATION Prvdr ID: 00426214A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.54% Nurse Hrs per On-Site Day/Q: 2.84 </div> <div> <u>Facility Score</u> N/A 38.54% 2.84 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3803 Quarterly Medicaid: 1.4158 </div> <div> <u>PDPM Facility</u> 1.3803 1.4158 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,069,666	\$4,620,068	\$0	\$759,483	\$1,041,811	\$0	\$1,546,289		\$2,102,015	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$291,773	(\$7,404)	\$0	\$0	(\$3,219)	(\$4,619)	\$419,193		(\$112,178)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$97,412		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$111,335
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,570,186	\$4,612,664	\$0	\$759,483	\$1,038,592	(\$4,619)	\$1,965,482	\$97,412	\$1,989,837	\$111,335
8	Total Nursing Facility Days As Filed Days = 38,333	FY21 Audited C/R Days	38,333									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,333	FY21 GL-PL Ins Rpt Days								38,333		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$275.73	\$120.33	\$0.00	\$19.81	\$26.97	(with L&H)	\$51.27	\$2.54	\$51.91	\$2.90
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3803								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.18								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.18	\$0.00	\$19.81	\$26.97		\$51.27	\$2.54	\$51.91	\$2.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.82	\$87.18	\$0.00	\$19.81	\$26.97		\$36.91	\$2.54	12.51 (FRV)	\$2.90
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.82	\$87.18	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4158								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.07	\$123.43	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.82	\$6.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.89	\$129.52	\$0.00	\$20.03	\$27.38	\$0.00	\$54.01	\$2.54	\$12.51	\$2.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.84									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: TAYLOR COUNTY HEALTH AND REHABILITATION				Add-on Data and Percentag	Facility Score	Add-on Percent	Facility Model (PDPM) Data				PDPM Facility	PDPM Statewide
Prvdr ID: 00432924A PDPM Shadow Rates. For informational use only. This is NOT your effective rate.				Growth Allowance:	N/A	0.00%	Base Period Overall:				1.2969	1.4210
PDPM Per Diem Rate Effective Date: 1/1/2024				Qtrly BIMS score:	38.10%	2.5%						
MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				Nurse Hrs per On-Site Day/Q	2.91	6.0%	Quarterly Medicaid:				1.3643	1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,566,496	\$2,299,287	\$0	\$451,866	\$477,815	\$0	\$860,560		\$476,968	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,310)	(\$2,495)	\$0	(\$611)	\$0	(\$445)	(\$89,909)		(\$42,850)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$82,355		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,850
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,555,391	\$2,296,792	\$0	\$451,255	\$477,815	(\$445)	\$770,651	\$82,355	\$434,118	\$42,850
8	Total Nursing Facility Days As Filed Days = 21,384	FY21 Audited C/R Days	21,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,384	FY21 GL-PL Ins Rpt Days								21,384		
9	Net Per Diems prior to Model Adjstrmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.02	\$107.41	\$0.00	\$21.10	\$22.32	(with L&H)	\$36.04	\$3.85	\$20.30	\$2.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2969								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.82								
12	Net Per Diems after Model Adjstrmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.82	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	\$20.30	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.06	\$82.82	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	10.93 (FRV)	\$2.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.06	\$82.82	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3643								
18	Qtrtly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.23	\$112.99	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.78	\$6.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.23	\$10.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.46	\$123.12	\$0.00	\$21.32	\$22.73	\$0.00	\$53.51	\$3.85	\$10.93	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.27									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: HILL HAVEN NURSING HOME Prvdr ID: 00448456A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 53.45% Nurse Hrs per On-Site Day/Q 3.33 </div> <div> <u>Facility Score</u> N/A 53.45% 3.33 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2836 Quarterly Medicaid: 1.3271 </div> <div> <u>PDPM Facility</u> 1.2836 1.3271 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,907,188	\$2,099,866	\$0	\$319,439	\$485,910	\$0	\$650,805		\$351,168	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$121,425)	\$0	\$0	\$0	\$0	\$0	(\$96,964)		(\$24,461)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$96,964		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,461
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,907,188	\$2,099,866	\$0	\$319,439	\$485,910	\$0	\$553,841	\$96,964	\$326,707	\$24,461
8	Total Nursing Facility Days As Filed Days = 20,236	FY21 Audited C/R Days	20,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,236	FY21 GL-PL Ins Rpt Days								20,236		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.08	\$103.77	\$0.00	\$15.79	\$24.01	(with L&H)	\$27.37	\$4.79	\$16.14	\$1.21
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2836								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.84								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.84	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	\$16.14	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.17	\$80.84	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	11.16 (FRV)	\$1.21
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.17	\$80.84	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3271								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.61	\$107.28	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.90	\$5.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.75	\$9.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.36	\$116.93	\$0.00	\$16.01	\$24.42	\$0.00	\$44.84	\$4.79	\$11.16	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.70									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: A.G. RHODES HOME, INC - COBB Prvdr ID: 00493292A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 44.29% Nurse Hrs per On-Site Day/Q 3.99 </div> <div> <u>Facility Score</u> N/A 44.29% 3.99 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5435 Quarterly Medicaid: 1.4710 </div> <div> <u>PDPM Facility</u> 1.5435 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,890,251	\$5,946,738	\$0	\$1,172,668	\$1,234,835	\$0	\$2,174,633		\$361,377	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$260,210)	(\$43,643)	\$0	\$0	\$0	\$0	(\$172,149)		(\$44,418)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$172,149		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,418
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,846,608	\$5,903,095	\$0	\$1,172,668	\$1,234,835	\$0	\$2,002,484	\$172,149	\$316,959	\$44,418
8	Total Nursing Facility Days As Filed Days = 32,781	FY21 Audited C/R Days	32,781									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,781	FY21 GL-PL Ins Rpt Days								32,781		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$330.88	\$180.08	\$0.00	\$35.77	\$37.67	(with L&H)	\$61.09	\$5.25	\$9.67	\$1.35
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5435								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$116.67								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$116.67	\$0.00	\$35.77	\$37.67		\$61.09	\$5.25	\$9.67	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.57	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$5.25	15.33 (FRV)	\$1.35
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.57	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4710								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.85	\$153.91	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.85	\$3.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.70	\$7.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.65	\$11.55	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$301.50	\$165.46	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.25	\$15.33	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$213.30									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CAMBRIDGE POST ACUTE CARE CENTER Prvdr ID: 00494139A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.30% Nurse Hrs per On-Site Day/Q 3.36 </div> <div> <u>Facility Score</u> N/A 38.30% 3.36 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5400 Quarterly Medicaid: 1.4653 </div> <div> <u>PDPM Facility</u> 1.5400 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,828,658	\$4,224,839	\$0	\$726,307	\$834,370	\$0	\$1,607,207		\$2,435,935	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$423,627)	\$0	\$0	\$0	\$0	\$0	(\$282,987)		(\$140,640)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$282,987		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$140,640
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,828,658	\$4,224,839	\$0	\$726,307	\$834,370	\$0	\$1,324,220	\$282,987	\$2,295,295	\$140,640
8	Total Nursing Facility Days As Filed Days = 41,130	FY21 Audited C/R Days	41,130									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,130	FY21 GL-PL Ins Rpt Days								41,130		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$238.98	\$102.72	\$0.00	\$17.66	\$20.29	(with L&H)	\$32.20	\$6.88	\$55.81	\$3.42
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5400								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.70								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.70	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	\$55.81	\$3.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.75	\$66.70	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	11.60 (FRV)	\$3.42
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.75	\$66.70	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.4653								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.79	\$97.74	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$5.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$213.79	\$103.64	\$0.00	\$17.88	\$20.70	\$0.00	\$49.67	\$6.88	\$11.60	\$3.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.52									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: POWDER SPRINGS CENTER FOR NURSING & HEALING Prvdr ID: 00530824A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 28.45% Nurse Hrs per On-Site Day/Q 2.58 </div> <div> <u>Facility Score</u> N/A 28.45% 2.58 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4568 Quarterly Medicaid: 1.5887 </div> <div> <u>PDPM Facility</u> 1.4568 1.5887 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,671,176	\$3,452,580	\$0	\$558,715	\$527,157	\$0	\$1,552,653		\$580,071	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$392,028)	(\$57,539)	\$0	\$0	\$5,747	\$8,309	(\$299,325)		(\$49,220)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,864		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,532
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,686,544	\$3,395,041	\$0	\$558,715	\$532,904	\$8,309	\$1,253,328	\$356,864	\$530,851	\$50,532
8	Total Nursing Facility Days As Filed Days = 29,721	FY21 Audited C/R Days	29,721									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,721	FY21 GL-PL Ins Rpt Days								29,721		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$224.98	\$114.23	\$0.00	\$18.80	\$18.21	(with L&H)	\$42.17	\$12.01	\$17.86	\$1.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4568								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.41								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.41	\$0.00	\$18.80	\$18.21		\$42.17	\$12.01	\$17.86	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.26	\$78.41	\$0.00	\$18.80	\$18.21		\$36.91	\$12.01	13.22 (FRV)	\$1.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.26	\$78.41	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5887								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.42	\$124.57	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.74	\$3.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.67	\$130.09	\$0.00	\$19.02	\$18.62	\$0.00	\$54.01	\$12.01	\$13.22	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.68									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: JONESBORO NURSING AND REHABILITATION CENTER Prvdr ID: 00531033A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 17.00% Nurse Hrs per On-Site Day/Q 3.50 </div> <div> <u>Facility Score</u> N/A 17.00% 3.50 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3066 Quarterly Medicaid: 1.3261 </div> <div> <u>PDPM Facility</u> 1.3066 1.3261 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,515,848	\$4,133,944	\$0	\$604,027	\$547,589	\$0	\$1,461,089		\$769,199	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$95,359)	(\$39,860)	\$0	(\$1,500)	(\$1,008)	(\$1,345)	\$34,921		(\$86,567)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$85,959
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,506,448	\$4,094,084	\$0	\$602,527	\$546,581	(\$1,345)	\$1,496,010	\$0	\$682,632	\$85,959
8	Total Nursing Facility Days As Filed Days = 40,676	FY21 Audited C/R Days	40,676									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,676	FY21 GL-PL Ins Rpt Days								40,676		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.53	\$100.65	\$0.00	\$14.81	\$13.40	(with L&H)	\$36.78	\$0.00	\$16.78	\$2.11
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3066								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	\$16.78	\$2.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.50	\$77.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	13.37 (FRV)	\$2.11
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.50	\$77.03	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3261								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.62	\$102.15	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.40	\$2.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$203.02	\$104.72	\$0.00	\$15.03	\$13.81	\$0.00	\$53.98	\$0.00	\$13.37	\$2.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.44									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: MAPLE RIDGE HEALTH CARE CENTER Prvdr ID: 00534619A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 43.24% Nurse Hrs per On-Site Day/Q 2.73 </div> <div> <u>Facility Score</u> N/A 43.24% 2.73 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3685 Quarterly Medicaid: 1.4051 </div> <div> <u>PDPM Facility</u> 1.3685 1.4051 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,610,316	\$2,253,227	\$0	\$551,955	\$453,212	\$0	\$984,562		\$1,367,360	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$338,440)	\$0	\$0	\$0	(\$6,831)	(\$6,370)	(\$266,087)		(\$59,152)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$153,798		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$165,457
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,591,131	\$2,253,227	\$0	\$551,955	\$446,381	(\$6,370)	\$718,475	\$153,798	\$1,308,208	\$165,457
8	Total Nursing Facility Days As Filed Days = 23,750	FY21 Audited C/R Days	23,750									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,750	FY21 GL-PL Ins Rpt Days								23,750		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.42	\$94.87	\$0.00	\$23.24	\$18.53	(with L&H)	\$30.25	\$6.48	\$55.08	\$6.97
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3685								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.32								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.32	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	\$55.08	\$6.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.98	\$69.32	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	14.19 (FRV)	\$6.97
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.98	\$69.32	\$0.00	\$23.24	\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4051								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.06	\$97.40	\$0.00	\$23.24	\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.99	\$5.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.05	\$103.29	\$0.00	\$23.46	\$18.94	\$0.00	\$47.72	\$6.48	\$14.19	\$6.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.96									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ROSEMONT AT STONE MOUNTAIN Prvdr ID: 00587331A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 64.41% Nurse Hrs per On-Site Day/Q 2.83 </div> <div> <u>Facility Score</u> N/A 64.41% 2.83 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4160 Quarterly Medicaid: 1.7391 </div> <div> <u>PDPM Facility</u> 1.4160 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,112,584	\$4,997,032	\$0	\$856,369	\$770,460	\$0	\$1,659,926		\$1,828,797	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$714,862)	\$3,825	\$0	\$0	\$0	\$0	(\$547,717)		(\$170,970)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$303,595		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$408,111
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,109,428	\$5,000,857	\$0	\$856,369	\$770,460	\$0	\$1,112,209	\$303,595	\$1,657,827	\$408,111
8	Total Nursing Facility Days As Filed Days = 47,216	FY21 Audited C/R Days	47,216									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,216	FY21 GL-PL Ins Rpt Days								47,216		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$214.11	\$105.91	\$0.00	\$18.14	\$16.32	(with L&H)	\$23.56	\$6.43	\$35.11	\$8.64
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4160								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.80								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$74.80	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	\$35.11	\$8.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.98	\$74.80	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	12.09 (FRV)	\$8.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.98	\$74.80	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.7391								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.26	\$130.08	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.15	\$7.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.38	\$10.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$243.64	\$140.36	\$0.00	\$18.36	\$16.73	\$0.00	\$41.03	\$6.43	\$12.09	\$8.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.91									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BAYVIEW NURSING HOME Prvdr ID: 00624951A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 46.15% Nurse Hrs per On-Site Day/Q 4.26 </div> <div> <u>Facility Score</u> N/A 46.15% 4.26 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3422 Quarterly Medicaid: 1.3879 </div> <div> <u>PDPM Facility</u> 1.3422 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,602,458	\$2,234,114	\$0	\$463,962	\$601,201	\$0	\$603,402		\$699,779	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$129,299)	(\$11,800)	\$0	\$0	\$0	\$0	(\$59,930)		(\$57,569)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,930		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,569
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,590,658	\$2,222,314	\$0	\$463,962	\$601,201	\$0	\$543,472	\$59,930	\$642,210	\$57,569
8	Total Nursing Facility Days As Filed Days = 17,327	FY21 Audited C/R Days	17,327									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,327	FY21 GL-PL Ins Rpt Days								17,327		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$264.95	\$128.26	\$0.00	\$26.78	\$34.70	(with L&H)	\$31.37	\$3.46	\$37.06	\$3.32
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3422								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.56								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.56	\$0.00	\$26.78	\$34.70		\$31.37	\$3.46	\$37.06	\$3.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.34	\$95.56	\$0.00	\$26.78	\$33.28		\$31.37	\$3.46	35.57 (FRV)	\$3.32
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.34	\$95.56	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3879								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.41	\$132.63	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.93	\$0.53	\$0.00	\$0.03	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.29	\$7.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.63	\$6.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.95	\$14.45	\$0.00	\$0.03	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$298.36	\$147.08	\$0.00	\$26.81	\$33.28	\$0.00	\$48.84	\$3.46	\$35.57	\$3.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$210.95									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BRIARWOOD HEALTH AND REHABILITATION CENTER Prvdr ID: 00706813A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 32.50% Nurse Hrs per On-Site Day/Q 3.41 </div> <div> <u>Facility Score</u> N/A 32.50% 3.41 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5085 Quarterly Medicaid: 1.4995 </div> <div> <u>PDPM Facility</u> 1.5085 1.4995 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,504,269	\$4,123,233	\$0	\$563,258	\$550,123	\$0	\$835,256		\$1,432,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$248,123	\$15,797	\$0	(\$2,066)	\$3,978	\$14,422	\$334,406		(\$118,414)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,547		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$120,605
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,879,544	\$4,139,030	\$0	\$561,192	\$554,101	\$14,422	\$1,169,662	\$6,547	\$1,313,985	\$120,605
8	Total Nursing Facility Days As Filed Days = 30,161	FY21 Audited C/R Days	30,161									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,161	FY21 GL-PL Ins Rpt Days								30,161		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$261.26	\$137.23	\$0.00	\$18.61	\$18.85	(with L&H)	\$38.78	\$0.22	\$43.57	\$4.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5085								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.97								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.97	\$0.00	\$18.61	\$18.85		\$38.78	\$0.22	\$43.57	\$4.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.97	\$90.97	\$0.00	\$18.61	\$18.85		\$36.91	\$0.22	11.41 (FRV)	\$4.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.97	\$90.97	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End		1.4995								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.41	\$136.41	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.41	\$3.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.09	\$4.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.76	\$8.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.17	\$144.44	\$0.00	\$18.83	\$19.26	\$0.00	\$54.01	\$0.22	\$11.41	\$4.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.30									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: LEE COUNTY HEALTH AND REHABILITATION Prvdr ID: 00712665A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 25.53% Nurse Hrs per On-Site Day/Q 3.56 </div> <div> <u>Facility Score</u> N/A 25.53% 3.56 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4029 Quarterly Medicaid: 1.3398 </div> <div> <u>PDPM Facility</u> 1.4029 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,039,382	\$1,989,463	\$0	\$435,540	\$452,666	\$0	\$702,726		\$458,987	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$113,472)	(\$2,054)	\$0	(\$502)	\$0	(\$473)	(\$69,204)		(\$41,239)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,985		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,239
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,030,134	\$1,987,409	\$0	\$435,038	\$452,666	(\$473)	\$633,522	\$62,985	\$417,748	\$41,239
8	Total Nursing Facility Days As Filed Days = 17,605	FY21 Audited C/R Days		17,605								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,605	FY21 GL-PL Ins Rpt Days								17,605		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$228.93	\$112.89	\$0.00	\$24.71	\$25.69	(with L&H)	\$35.99	\$3.58	\$23.73	\$2.34
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4029								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.47								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.47	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	\$23.73	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.02	\$80.47	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	15.24 (FRV)	\$2.34
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.02	\$80.47	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3398								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.36	\$107.81	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.39	\$5.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.10	\$7.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$240.46	\$114.81	\$0.00	\$24.93	\$26.10	\$0.00	\$53.46	\$3.58	\$15.24	\$2.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.52									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: BRYAN COUNTY HLTH & REHAB CTR Prvdr ID: 00715569A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 49.33% Nurse Hrs per On-Site Day/Q 3.88 </div> <div> <u>Facility Score</u> N/A 49.33% 3.88 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.6879 Quarterly Medicaid: 1.6187 </div> <div> <u>PDPM Facility</u> 1.6879 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,152,128	\$3,410,802	\$0	\$630,785	\$719,875	\$0	\$941,421		\$449,245	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$288,114)	(\$3,363)	\$0	\$0	\$0	(\$41,306)	(\$125,274)		(\$118,171)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,709		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$118,171
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,153,894	\$3,407,439	\$0	\$630,785	\$719,875	(\$41,306)	\$816,147	\$171,709	\$331,074	\$118,171
8	Total Nursing Facility Days As Filed Days = 25,744	FY21 Audited C/R Days	25,744									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,744	FY21 GL-PL Ins Rpt Days								25,744		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$239.04	\$132.36	\$0.00	\$24.50	\$26.36	(with L&H)	\$31.70	\$6.67	\$12.86	\$4.59
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6879								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.42								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.42	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	\$12.86	\$4.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.34	\$78.42	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	13.10 (FRV)	\$4.59
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.34	\$78.42	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6187								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.86	\$126.94	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.98	\$6.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.35	\$6.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.96	\$13.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$265.82	\$140.80	\$0.00	\$24.72	\$26.77	\$0.00	\$49.17	\$6.67	\$13.10	\$4.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.54									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THUNDERBOLT TRANSITIONAL CARE & REHAB CENTER Prvdr ID: 00727801A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.61% Nurse Hrs per On-Site Day/Q 2.92 </div> <div> <u>Facility Score</u> N/A 23.61% 2.92 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3672 Quarterly Medicaid: 1.3943 </div> <div> <u>PDPM Facility</u> 1.3672 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,802,791	\$2,054,697	\$0	\$337,799	\$373,155	\$0	\$893,320		\$143,820	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$365,784)	\$0	\$0	\$0	\$0	\$0	(\$234,529)		(\$131,255)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$234,529		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$131,255
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,802,791	\$2,054,697	\$0	\$337,799	\$373,155	\$0	\$658,791	\$234,529	\$12,565	\$131,255
8	Total Nursing Facility Days As Filed Days = 19,400	FY21 Audited C/R Days	19,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,400	FY21 GL-PL Ins Rpt Days								19,400		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.02	\$105.91	\$0.00	\$17.41	\$19.23	(with L&H)	\$33.96	\$12.09	\$0.65	\$6.77
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3672								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.46								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.46	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	\$0.65	\$6.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.14	\$77.46	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	18.22 (FRV)	\$6.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.14	\$77.46	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3943								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.68	\$108.00	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.95	\$4.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.63	\$112.85	\$0.00	\$17.63	\$19.64	\$0.00	\$51.43	\$12.09	\$18.22	\$6.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.15									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: DUNWOODY HEALTH AND REHABILITATION CENTER Prvdr ID: 00815295A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 23.68% Nurse Hrs per On-Site Day/Q 2.71				Facility Score N/A	Add-on Percent 0.00%	Facility Model (PDPM) Data Base Period Overall: 1.5474 Quarterly Medicaid: 1.5883					PDPM Facility 1.5474	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$16,445,333	\$7,821,957	\$0	\$1,043,933	\$1,677,071	\$0	\$1,966,082		\$3,936,290	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$291,056)	(\$790,043)	\$0	(\$1,038)	(\$5,169)	\$2,455	\$662,784		(\$160,045)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$56,086		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$139,866
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$16,350,229	\$7,031,914	\$0	\$1,042,895	\$1,671,902	\$2,455	\$2,628,866	\$56,086	\$3,776,245	\$139,866
8	Total Nursing Facility Days As Filed Days = 46,482	FY21 Audited C/R Days	46,851									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,482	FY21 GL-PL Ins Rpt Days								46,851		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$348.99	\$150.09	\$0.00	\$22.26	\$35.74	(with L&H)	\$56.11	\$1.20	\$80.60	\$2.99
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5474								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.00								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.00	\$0.00	\$22.26	\$35.74		\$56.11	\$1.20	\$80.60	\$2.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.96	\$97.00	\$0.00	\$22.26	\$33.28		\$36.91	\$1.20	15.32 (FRV)	\$2.99
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.96	\$97.00	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5883								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.02	\$154.07	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.62	\$4.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$6.69	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$290.03	\$160.76	\$0.00	\$22.48	\$33.28	\$0.00	\$54.01	\$1.20	\$15.32	\$2.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.70									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: THE D. SCOTT HUDGENS CENTER FOR SKILLED NURSING Prvdr ID: 000815493B </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 55.56% Nurse Hrs per On-Site Day/Q 7.13 </div> <div> <u>Facility Score</u> N/A 55.56% 7.13 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3106 Quarterly Medicaid: 1.3667 </div> <div> <u>PDPM Facility</u> 1.3106 1.3667 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,088,976	\$1,690,227	\$0	\$323,325	\$373,452	\$0	\$528,956		\$173,016	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$27,774)	\$0	\$0	\$0	\$0	\$0	(\$8,924)		(\$18,850)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$8,924		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,850
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,088,976	\$1,690,227	\$0	\$323,325	\$373,452	\$0	\$520,032	\$8,924	\$154,166	\$18,850
8	Total Nursing Facility Days As Filed Days = 11,163	FY21 Audited C/R Days	11,163									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,163	FY21 GL-PL Ins Rpt Days								11,163		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$276.71	\$151.41	\$0.00	\$28.96	\$33.45	(with L&H)	\$46.59	\$0.80	\$13.81	\$1.69
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3106								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.53								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$115.53	\$0.00	\$28.96	\$33.45		\$46.59	\$0.80	\$13.81	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$226.59	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$0.80	22.46 (FRV)	\$1.69
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$226.59	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3667								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.96	\$143.00	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.86	\$7.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.29	\$4.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.25	\$12.15	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$294.21	\$155.15	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$0.80	\$22.46	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.83									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: LIFE CARE CTR OF LAWRENCEVILLE Prvdr ID: 00818914A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 20.93% Nurse Hrs per On-Site Day/Q 4.27 </div> <div> <u>Facility Score</u> N/A 20.93% 4.27 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2984 Quarterly Medicaid: 1.4956 </div> <div> <u>PDPM Facility</u> 1.2984 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,979,977	\$3,760,193	\$0	\$699,038	\$684,212	\$0	\$1,319,267		\$517,267	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,606)	(\$1,888)	\$0	(\$2,980)	\$0	\$4,868	(\$162,550)		(\$141,056)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$128,113		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$175,493
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,979,977	\$3,758,305	\$0	\$696,058	\$684,212	\$4,868	\$1,156,717	\$128,113	\$376,211	\$175,493
8	Total Nursing Facility Days As Filed Days = 24,222	FY21 Audited C/R Days	24,222									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,222	FY21 GL-PL Ins Rpt Days								24,222		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$288.17	\$155.16	\$0.00	\$28.74	\$28.45	(with L&H)	\$47.75	\$5.29	\$15.53	\$7.25
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2984								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.50								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$119.50	\$0.00	\$28.74	\$28.45		\$47.75	\$5.29	\$15.53	\$7.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.89	\$104.63	\$0.00	\$26.82	\$28.45		\$36.91	\$5.29	16.54 (FRV)	\$7.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.89	\$104.63	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4956								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$277.74	\$156.48	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.56	\$1.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.69	\$4.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$6.25	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$301.50	\$162.73	\$0.00	\$26.82	\$28.86	\$0.00	\$54.01	\$5.29	\$16.54	\$7.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$213.30									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

Provider: SENIOR CARE CENTER - BRUNSWICK Prvdr ID: 000830827B PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 26.88% Nurse Hrs per On-Site Day/Q 3.60				Facility Score N/A 26.88% 3.60	Add-on Percent 0.00% 1.0% 3.0%	Facility Model (PDPM) Data Base Period Overall: 1.3319 Quarterly Medicaid: 1.3217					PDPM Facility 1.3319	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$21,181,304	#####	\$0	\$1,492,861	\$904,860	\$392,576	\$2,356,901		\$871,121	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$754,888)	(\$2,376,895)	\$0	\$0	\$9,061	(\$30,886)	\$963,748		\$680,084	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$339,582		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,546
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$20,799,544	#####	\$0	\$1,492,861	\$913,921	\$361,690	\$3,320,649	\$339,582	\$1,551,205	\$33,546
8	Total Nursing Facility Days As Filed Days = 56,845	FY21 Audited C/R Days	56,845									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,845	FY21 GL-PL Ins Rpt Days								56,845		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$365.90	\$224.93	\$0.00	\$26.26	\$22.44	(with L&H)	\$58.42	\$5.97	\$27.29	\$0.59
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3319								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$168.89								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$168.89	\$0.00	\$26.26	\$22.44		\$58.42	\$5.97	\$27.29	\$0.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.83	\$104.63	\$0.00	\$26.26	\$22.44		\$36.91	\$5.97	15.03 (FRV)	\$0.59
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.83	\$104.63	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3217								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.49	\$138.29	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.15	\$4.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.16	\$5.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$251.65	\$143.82	\$0.00	\$26.48	\$22.85	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.74									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ROSELANE HEALTH AND REHABILITATION CENTER Prvdr ID: 00831751A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 22.73% Nurse Hrs per On-Site Day/Q 3.72 </div> <div> <u>Facility Score</u> N/A 22.73% 3.72 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4614 Quarterly Medicaid: 1.6865 </div> <div> <u>PDPM Facility</u> 1.4614 1.6865 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,562,379	\$5,912,098	\$0	\$698,697	\$780,643	\$0	\$1,287,877		\$1,883,064	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$373,408	(\$6,300)	\$0	(\$444)	\$1,191	\$4,599	\$473,315		(\$98,953)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$64,495		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$99,310
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,099,592	\$5,905,798	\$0	\$698,253	\$781,834	\$4,599	\$1,761,192	\$64,495	\$1,784,111	\$99,310
8	Total Nursing Facility Days As Filed Days = 42,284	FY21 Audited C/R Days	42,284									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,284	FY21 GL-PL Ins Rpt Days								42,284		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$262.50	\$139.67	\$0.00	\$16.51	\$18.60	(with L&H)	\$41.65	\$1.53	\$42.19	\$2.35
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4614								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.58								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.58	\$0.00	\$16.51	\$18.60		\$41.65	\$1.53	\$42.19	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.08	\$95.58	\$0.00	\$16.51	\$18.60		\$36.91	\$1.53	13.60 (FRV)	\$2.35
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.08	\$95.58	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6865								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$161.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.69	\$161.20	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.84	\$4.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.71	\$6.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$275.40	\$168.18	\$0.00	\$16.73	\$19.01	\$0.00	\$54.01	\$1.53	\$13.60	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.73									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: REGENCY PARK HEALTH AND REHABILITATION Prvdr ID: 00837207A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.40% Nurse Hrs per On-Site Day/Q 6.91 </div> <div> <u>Facility Score</u> N/A 23.40% 6.91 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2638 Quarterly Medicaid: 1.1649 </div> <div> <u>PDPM Facility</u> 1.2638 1.1649 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,497,519	\$4,092,632	\$0	\$726,889	\$664,643	\$0	\$1,615,150		\$398,205	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$70,839)	\$861	\$0	\$1,828	\$0	\$0	(\$73,528)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$50,977		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,282
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,487,939	\$4,093,493	\$0	\$728,717	\$664,643	\$0	\$1,541,622	\$50,977	\$398,205	\$10,282
8	Total Nursing Facility Days As Filed Days = 24,681	FY21 Audited C/R Days	24,681									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,681	FY21 GL-PL Ins Rpt Days								24,681		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$303.40	\$165.86	\$0.00	\$29.53	\$26.93	(with L&H)	\$62.46	\$2.07	\$16.13	\$0.42
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2638								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$131.24								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$131.24	\$0.00	\$29.53	\$26.93		\$62.46	\$2.07	\$16.13	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.20	\$104.63	\$0.00	\$26.82	\$26.93		\$36.91	\$2.07	20.42 (FRV)	\$0.42
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$218.20	\$104.63	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1649								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.45	\$121.88	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.39	\$4.88	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$257.84	\$126.76	\$0.00	\$26.82	\$27.34	\$0.00	\$54.01	\$2.07	\$20.42	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.56									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ROCKDALE HEALTHCARE CENTER Prvdr ID: 00838252A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 18.46% Nurse Hrs per On-Site Day/Q 3.68 </div> <div> <u>Facility Score</u> N/A 18.46% 3.68 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5987 Quarterly Medicaid: 1.4295 </div> <div> <u>PDPM Facility</u> 1.5987 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,941,743	\$4,284,176	\$0	\$616,682	\$668,354	\$0	\$1,356,811		\$2,015,720	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$320,015)	\$0	\$0	\$0	\$0	\$0	(\$196,225)		(\$123,790)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$196,225		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$123,790
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,941,743	\$4,284,176	\$0	\$616,682	\$668,354	\$0	\$1,160,586	\$196,225	\$1,891,930	\$123,790
8	Total Nursing Facility Days As Filed Days = 32,552	FY21 Audited C/R Days	32,552									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,552	FY21 GL-PL Ins Rpt Days								32,552		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$274.68	\$131.61	\$0.00	\$18.94	\$20.53	(with L&H)	\$35.65	\$6.03	\$58.12	\$3.80
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5987								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.32								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.32	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	\$58.12	\$3.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.73	\$82.32	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	13.46 (FRV)	\$3.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.73	\$82.32	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4295								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.08	\$117.68	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.53	\$3.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.16	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.24	\$121.74	\$0.00	\$19.16	\$20.94	\$0.00	\$53.12	\$6.03	\$13.46	\$3.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.86									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

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<div> <div> Provider: COASTAL MANOR Prvdr ID: 00856028A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 38.03% Nurse Hrs per On-Site Day/Q 5.10 </div> <div> Facility Score N/A 38.03% 5.10 </div> <div> Add-on Percent 0.00% 2.5% 3.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.3253 Quarterly Medicaid: 1.3489 </div> <div> PDPM Facility 1.3253 PDPM Statewide 1.4210 1.3489 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,258,449	\$3,562,996	\$0	\$973,526	\$377,843	\$602,868	\$1,257,502		\$483,714	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$168,797)	(\$104,612)	\$0	\$104,612	\$0	\$0	(\$141,837)		(\$26,960)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$136,765		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,960
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,253,377	\$3,458,384	\$0	\$1,078,138	\$377,843	\$602,868	\$1,115,665	\$136,765	\$456,754	\$26,960
8	Total Nursing Facility Days As Filed Days = 35,920	FY21 Audited C/R Days		35,920								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,920	FY21 GL-PL Ins Rpt Days								35,920		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$201.93	\$96.28	\$0.00	\$30.01	\$27.30	(with L&H)	\$31.06	\$3.81	\$12.72	\$0.75
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3253								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.65								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.65	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	\$12.72	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.89	\$72.65	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	15.31 (FRV)	\$0.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.89	\$72.65	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3489								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.24	\$98.00	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.02	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.26	\$103.92	\$0.00	\$30.23	\$27.71	\$0.00	\$48.53	\$3.81	\$15.31	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.87									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CANDLER SKILLED NURSING UNIT Prvdr ID: 00870911A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 0.00% Nurse Hrs per On-Site Day/Q 8.28 </div> <div> <u>Facility Score</u> N/A 0.00% 0.0% </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 0.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4125 Quarterly Medicaid: 1.3300 </div> <div> <u>PDPM Facility</u> 1.4125 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,097,258	\$1,987,273	\$0	\$148,084	\$200,430	\$257,276	\$841,719		\$662,476	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$25,061)	\$0	\$0	\$0	(\$1,795)	(\$2,281)	(\$3,419)		(\$17,566)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$3,419		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,418
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,093,034	\$1,987,273	\$0	\$148,084	\$198,635	\$254,995	\$838,300	\$3,419	\$644,910	\$17,418
8	Total Nursing Facility Days As Filed Days = 6,745	FY21 Audited C/R Days		6,745								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 6,745	FY21 GL-PL Ins Rpt Days								6,745		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$606.81	\$294.63	\$0.00	\$21.95	\$67.25	(with L&H)	\$124.28	\$0.51	\$95.61	\$2.58
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4125								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$208.59								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$208.59	\$0.00	\$21.95	\$67.25		\$124.28	\$0.51	\$95.61	\$2.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.29	\$104.63	\$0.00	\$21.95	\$33.28		\$36.91	\$0.51	11.43 (FRV)	\$2.58
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.29	\$104.63	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$2.58
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3300								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.81	\$139.16	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$2.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$263.13	\$139.16	\$0.00	\$22.17	\$33.28	\$0.00	\$54.01	\$0.51	\$11.43	\$2.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.52									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: LAUREL PARK AT HENRY MED CTR Prvdr ID: 00908553A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 17.86% Nurse Hrs per On-Site Day/Q 3.65 </div> <div> <u>Facility Score</u> N/A 17.86% 3.65 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 6.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4897 Quarterly Medicaid: 1.4466 </div> <div> <u>PDPM Facility</u> 1.4897 1.4466 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,734,441	\$3,708,467	\$0	\$581,270	\$870,005	\$0	\$1,379,411		\$195,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$413,258)	(\$60,346)	\$0	\$0	(\$3,012)	(\$3,292)	(\$324,432)		(\$22,176)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$383,193		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,537
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,719,913	\$3,648,121	\$0	\$581,270	\$866,993	(\$3,292)	\$1,054,979	\$383,193	\$173,112	\$15,537
8	Total Nursing Facility Days As Filed Days = 25,472	FY21 Audited C/R Days	25,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,472	FY21 GL-PL Ins Rpt Days								25,472		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$263.82	\$143.22	\$0.00	\$22.82	\$33.91	(with L&H)	\$41.42	\$15.04	\$6.80	\$0.61
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4897								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.14								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.14	\$0.00	\$22.82	\$33.91		\$41.42	\$15.04	\$6.80	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.92	\$96.14	\$0.00	\$22.82	\$33.28		\$36.91	\$15.04	20.12 (FRV)	\$0.61
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.92	\$96.14	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4466								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.86	\$139.08	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 6.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$8.34	\$8.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.19	\$8.87	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$294.05	\$147.95	\$0.00	\$23.04	\$33.28	\$0.00	\$54.01	\$15.04	\$20.12	\$0.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.71									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: ATRIUM HEALTH NAVICENT BALDWIN Prvdr ID: 00947658A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 0.00% Nurse Hrs per On-Site Day/Q 9.32 </div> <div> <u>Facility Score</u> N/A 0.00% 0.0% </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 0.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2333 Quarterly Medicaid: 1.3300 </div> <div> <u>PDPM Facility</u> 1.2333 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,037,336	\$1,286,397	\$0	\$123,153	\$59,393	\$102,503	\$351,187		\$114,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$74,146)	\$0	\$0	\$0	(\$462)	(\$798)	(\$72,886)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$71,985		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,035,175	\$1,286,397	\$0	\$123,153	\$58,931	\$101,705	\$278,301	\$71,985	\$114,703	\$0
8	Total Nursing Facility Days As Filed Days = 3,032	FY21 Audited C/R Days		3,032								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,032	FY21 GL-PL Ins Rpt Days								3,032		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$671.23	\$424.27	\$0.00	\$40.62	\$52.98	(with L&H)	\$91.79	\$23.74	\$37.83	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2333								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$344.00								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$344.00	\$0.00	\$40.62	\$52.98		\$91.79	\$23.74	\$37.83	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$255.29	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$23.74	19.60 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$255.29	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3300								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$289.82	\$139.16	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$306.92	\$139.16	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$23.74	\$19.60	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$217.37									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ZEBULON PARK HEALTH AND REHABILITATION Prvdr ID: 003125041B PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 23.53% Nurse Hrs per On-Site Day/Q 4.01				Facility Score N/A	Add-on Percent 0.00%	Facility Model (PDPM) Data Base Period Overall: 1.4144 Quarterly Medicaid: 1.3882					PDPM Facility 1.4144	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,913,811	\$2,417,537	\$0	\$402,661	\$517,397	\$0	\$949,714		\$626,502	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$132,459)	\$31,504	\$0	(\$572)	\$1,295	\$345	(\$145,416)		(\$19,615)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,498		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,755
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,870,605	\$2,449,041	\$0	\$402,089	\$518,692	\$345	\$804,298	\$69,498	\$606,887	\$19,755
8	Total Nursing Facility Days As Filed Days = 20,032	FY21 Audited C/R Days	20,022									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,032	FY21 GL-PL Ins Rpt Days								20,022		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$243.26	\$122.32	\$0.00	\$20.08	\$25.92	(with L&H)	\$40.17	\$3.47	\$30.31	\$0.99
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4144								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.48								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.48	\$0.00	\$20.08	\$25.92		\$40.17	\$3.47	\$30.31	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.21	\$86.48	\$0.00	\$20.08	\$25.92		\$36.91	\$3.47	34.36 (FRV)	\$0.99
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.21	\$86.48	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3882								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.78	\$120.05	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.80	\$4.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$266.04	\$126.58	\$0.00	\$20.30	\$26.33	\$0.00	\$54.01	\$3.47	\$34.36	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.71									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ANSLEY PARK HEALTH AND REHABILITATION Prvdr ID: 003136416A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 12.50% Nurse Hrs per On-Site Day/Q 4.04 </div> <div> Facility Score Add-on Percent N/A 0.00% 0.0% 5.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.4704 Quarterly Medicaid: 1.4022 </div> <div> PDPM Facility 1.4704 PDPM Statewide 1.4210 1.4022 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,562,922	\$2,410,376	\$0	\$408,929	\$490,994	\$0	\$876,702		\$375,921	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$16,376)	(\$3,234)	\$0	(\$469)	(\$569)	(\$712)	\$8,622		(\$20,014)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$68,640		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,946
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,635,132	\$2,407,142	\$0	\$408,460	\$490,425	(\$712)	\$885,324	\$68,640	\$355,907	\$19,946
8	Total Nursing Facility Days As Filed Days = 16,432	FY21 Audited C/R Days	16,432									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,432	FY21 GL-PL Ins Rpt Days								16,432		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$282.08	\$146.49	\$0.00	\$24.86	\$29.80	(with L&H)	\$53.88	\$4.18	\$21.66	\$1.21
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4704								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.62								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.62	\$0.00	\$24.86	\$29.80		\$53.88	\$4.18	\$21.66	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$232.82	\$99.62	\$0.00	\$24.86	\$29.80		\$36.91	\$4.18	36.24 (FRV)	\$1.21
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$232.82	\$99.62	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4022								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.88	\$139.69	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.98	\$6.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.24	\$7.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$298.12	\$147.20	\$0.00	\$25.08	\$30.21	\$0.00	\$54.01	\$4.18	\$36.24	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$210.77									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: STEVENS PARK HEALTH AND REHABILITATION Prvdr ID: 003143404A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 4.00% Nurse Hrs per On-Site Day/Q 3.77 </div> <div> <u>Facility Score</u> N/A 4.00% 3.77 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.4505 Quarterly Medicaid: 1.2432 </div> <div> <u>PDPM Facility</u> 1.4505 1.2432 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,059,907	\$1,518,535	\$0	\$316,817	\$364,718	\$0	\$688,117		\$171,720	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$13,454)	(\$1,355)	\$0	(\$331)	\$0	(\$548)	(\$1,462)		(\$9,758)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,680		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$9,758
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,099,891	\$1,517,180	\$0	\$316,486	\$364,718	(\$548)	\$686,655	\$43,680	\$161,962	\$9,758
8	Total Nursing Facility Days As Filed Days = 11,618	FY21 Audited C/R Days	11,618									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,618	FY21 GL-PL Ins Rpt Days								11,618		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$266.82	\$130.59	\$0.00	\$27.24	\$31.35	(with L&H)	\$59.10	\$3.76	\$13.94	\$0.84
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4505								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$90.03	\$0.00	\$27.24	\$31.35		\$59.10	\$3.76	\$13.94	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.85	\$90.03	\$0.00	\$26.82	\$31.35		\$36.91	\$3.76	32.14 (FRV)	\$0.84
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.85	\$90.03	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2432								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.74	\$111.93	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.48	\$4.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.52	\$5.01	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$266.26	\$116.94	\$0.00	\$26.82	\$31.76	\$0.00	\$54.01	\$3.76	\$32.14	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.87									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: CHELSEY PARK HEALTH AND REHABILITATION Prvdr ID: 003165720A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 10.26% Nurse Hrs per On-Site Day/Q 3.37 </div> <div> <u>Facility Score</u> N/A 10.26% 3.37 </div> <div> <u>Add-on Percent</u> 0.00% 0.0% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3337 Quarterly Medicaid: 1.3359 </div> <div> <u>PDPM Facility</u> 1.3337 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,239,114	\$2,121,993	\$0	\$426,613	\$471,042	\$0	\$767,552		\$451,914	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$67,017)	(\$4,246)	\$0	(\$498)	\$1,848	\$3,863	(\$42,387)		(\$25,597)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,400		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,836
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,260,333	\$2,117,747	\$0	\$426,115	\$472,890	\$3,863	\$725,165	\$62,400	\$426,317	\$25,836
8	Total Nursing Facility Days As Filed Days = 17,426	FY21 Audited C/R Days		17,426								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,426	FY21 GL-PL Ins Rpt Days								17,426		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.47	\$121.53	\$0.00	\$24.45	\$27.36	(with L&H)	\$41.61	\$3.58	\$24.46	\$1.48
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3337								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.12								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.12	\$0.00	\$24.45	\$27.36		\$41.61	\$3.58	\$24.46	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.99	\$91.12	\$0.00	\$24.45	\$27.36		\$36.91	\$3.58	35.09 (FRV)	\$1.48
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.99	\$91.12	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3359								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.60	\$121.73	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.09	\$6.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.35	\$6.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$274.95	\$128.35	\$0.00	\$24.67	\$27.77	\$0.00	\$54.01	\$3.58	\$35.09	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.39									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: HARRINGTON PARK HEALTH AND REHABILITATION Prvdr ID: 003165726A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 36.36% Nurse Hrs per On-Site Day/Q 3.99 </div> <div> <u>Facility Score</u> N/A 36.36% 3.99 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5225 Quarterly Medicaid: 1.3452 </div> <div> <u>PDPM Facility</u> 1.5225 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,221,201	\$2,019,184	\$0	\$435,009	\$447,960	\$0	\$879,967		\$439,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$21,165)	(\$5,140)	\$0	(\$446)	\$1,522	\$5,462	\$2,689		(\$25,252)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$60,320		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,517
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,285,873	\$2,014,044	\$0	\$434,563	\$449,482	\$5,462	\$882,656	\$60,320	\$413,829	\$25,517
8	Total Nursing Facility Days As Filed Days = 15,611	FY21 Audited C/R Days	15,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,611	FY21 GL-PL Ins Rpt Days								15,611		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$274.53	\$129.01	\$0.00	\$27.84	\$29.14	(with L&H)	\$56.54	\$3.86	\$26.51	\$1.63
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5225								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.74								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.74	\$0.00	\$27.84	\$29.14		\$56.54	\$3.86	\$26.51	\$1.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.77	\$84.74	\$0.00	\$26.82	\$29.14		\$36.91	\$3.86	36.67 (FRV)	\$1.63
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.77	\$84.74	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3452								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.03	\$113.99	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.59	\$9.08	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$275.62	\$123.07	\$0.00	\$26.82	\$29.55	\$0.00	\$54.01	\$3.86	\$36.67	\$1.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.89									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BUDD TERRACE AT WESLEY WOODS Prvdr ID: 003167547A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 25.00% Nurse Hrs per On-Site Day/Q 3.12 </div> <div> Facility Score N/A 25.00% 3.12 </div> <div> Add-on Percent 0.00% 1.0% 3.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.3828 Quarterly Medicaid: 1.3749 </div> <div> PDPM Facility 1.3828 PDPM Statewide 1.4210 1.3749 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$18,930,899	#####	\$0	\$2,065,932	\$2,533,353	\$0	\$1,971,555		\$599,184	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$810,108)	(\$214,269)	\$0	\$0	\$0	\$15,876	(\$611,715)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$17,853		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$18,138,644	#####	\$0	\$2,065,932	\$2,533,353	\$15,876	\$1,359,840	\$17,853	\$599,184	\$0
8	Total Nursing Facility Days As Filed Days = 52,947	FY21 Audited C/R Days	52,947									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,947	FY21 GL-PL Ins Rpt Days								52,947		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$342.59	\$218.08	\$0.00	\$39.02	\$48.15	(with L&H)	\$25.68	\$0.34	\$11.32	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3828								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$157.71								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$157.71	\$0.00	\$39.02	\$48.15		\$25.68	\$0.34	\$11.32	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.87	\$104.63	\$0.00	\$26.82	\$33.28		\$25.68	\$0.34	15.12 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.87	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3749								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.09	\$143.86	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.32	\$4.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.76	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$268.32	\$149.62	\$0.00	\$26.82	\$33.28	\$0.00	\$43.15	\$0.34	\$15.12	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.42									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: MEADOWS PARK HEALTH AND REHABILITATION Prvdr ID: 003167911A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 21.57% Nurse Hrs per On-Site Day/Q 3.85 </div> <div> Facility Score N/A 21.57% 3.85 </div> <div> Add-on Percent 0.00% 1.0% 5.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.4435 Quarterly Medicaid: 1.3151 </div> <div> PDPM Facility 1.4435 PDPM Statewide 1.4210 1.3151 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,266,271	\$2,916,855	\$0	\$445,967	\$520,042	\$0	\$932,144		\$451,263	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,738)	\$2,242	\$0	(\$590)	\$1,069	\$378	(\$21,623)		(\$24,214)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,318
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,325,851	\$2,919,097	\$0	\$445,377	\$521,111	\$378	\$910,521	\$78,000	\$427,049	\$24,318
8	Total Nursing Facility Days As Filed Days = 20,663	FY21 Audited C/R Days	20,663									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,663	FY21 GL-PL Ins Rpt Days								20,663		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$257.75	\$141.27	\$0.00	\$21.55	\$25.24	(with L&H)	\$44.07	\$3.77	\$20.67	\$1.18
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4435								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.87								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$97.87	\$0.00	\$21.55	\$25.24		\$44.07	\$3.77	\$20.67	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.00	\$97.87	\$0.00	\$21.55	\$25.24		\$36.91	\$3.77	30.48 (FRV)	\$1.18
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.00	\$97.87	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3151								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.84	\$128.71	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.44	\$6.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.99	\$8.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$273.83	\$136.97	\$0.00	\$21.77	\$25.65	\$0.00	\$54.01	\$3.77	\$30.48	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.55									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period.

For informational use only.

<div> <div> Provider: ROCKMART HEALTH Prvdr ID: 003182988A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 37.78% Nurse Hrs per On-Site Day/Q 3.73 </div> <div> <u>Facility Score</u> N/A 37.78% 3.73 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 5.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.1556 Quarterly Medicaid: 1.2213 </div> <div> <u>PDPM Facility</u> 1.1556 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,260,534	\$1,674,602	\$0	\$369,716	\$398,881	\$0	\$594,069		\$223,266	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$84,088)	(\$756)	\$0	\$0	\$0	\$0	(\$61,517)		(\$21,815)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,517		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,815
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,259,778	\$1,673,846	\$0	\$369,716	\$398,881	\$0	\$532,552	\$61,517	\$201,451	\$21,815
8	Total Nursing Facility Days As Filed Days = 13,852	FY21 Audited C/R Days		13,852								
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,852	FY21 GL-PL Ins Rpt Days								13,852		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$235.33	\$120.84	\$0.00	\$26.69	\$28.80	(with L&H)	\$38.45	\$4.44	\$14.54	\$1.57
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.1556								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.57								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$104.57	\$0.00	\$26.69	\$28.80		\$38.45	\$4.44	\$14.54	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.23	\$104.57	\$0.00	\$26.69	\$28.80		\$36.91	\$4.44	9.25 (FRV)	\$1.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.23	\$104.57	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2213								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.37	\$127.71	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.56	\$0.05	\$0.00	\$0.10	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$6.39	\$6.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.24	\$9.63	\$0.00	\$0.10	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.61	\$137.34	\$0.00	\$26.79	\$29.21	\$0.00	\$54.01	\$4.44	\$9.25	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.13									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY Prvdr ID: 003185378A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23				<u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 38.27% Nurse Hrs per On-Site Day/Q 3.52		<u>Facility Score</u> N/A 38.27% 3.52	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Facility Model (PDPM) Data</u> Base Period Overall: 1.5337 Quarterly Medicaid: 1.5677			<u>PDPM Facility</u> 1.5337	<u>PDPM Statewide</u> 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,771,836	\$4,890,870	\$0	\$678,306	\$783,883	\$0	\$1,492,951		\$925,826	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$185,004)	\$0	\$0	\$0	(\$4,683)	(\$10,085)	(\$124,021)		(\$46,215)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$118,601		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,704
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,751,137	\$4,890,870	\$0	\$678,306	\$779,200	(\$10,085)	\$1,368,930	\$118,601	\$879,611	\$45,704
8	Total Nursing Facility Days As Filed Days = 34,987	FY21 Audited C/R Days	34,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,987	FY21 GL-PL Ins Rpt Days								34,987		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$250.13	\$139.79	\$0.00	\$19.39	\$21.98	(with L&H)	\$39.13	\$3.39	\$25.14	\$1.31
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5337								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.14								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.14	\$0.00	\$19.39	\$21.98		\$39.13	\$3.39	\$25.14	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.55	\$91.14	\$0.00	\$19.39	\$21.98		\$36.91	\$3.39	15.43 (FRV)	\$1.31
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.55	\$91.14	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5677								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.29	\$142.88	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.57	\$3.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.29	\$4.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.12	\$8.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$267.41	\$151.27	\$0.00	\$19.61	\$22.39	\$0.00	\$54.01	\$3.39	\$15.43	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.73									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: ARCHWAY TRANSITIONAL CARE CENTER Prvdr ID: 003185502A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 69.88% Nurse Hrs per On-Site Day/Q 3.87 </div> <div> <u>Facility Score</u> N/A 69.88% 3.87 </div> <div> <u>Add-on Percent</u> 0.00% 5.5% 4.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3369 Quarterly Medicaid: 1.3664 </div> <div> <u>PDPM Facility</u> 1.3369 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,045,704	\$3,679,479	\$0	\$511,928	\$782,778	\$0	\$1,171,455		\$900,064	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$235,779)	(\$3,340)	\$0	(\$817)	\$0	(\$818)	(\$165,872)		(\$64,932)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,351		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,550
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,983,826	\$3,676,139	\$0	\$511,111	\$782,778	(\$818)	\$1,005,583	\$105,351	\$835,132	\$68,550
8	Total Nursing Facility Days As Filed Days = 28,626	FY21 Audited C/R Days	28,882									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,626	FY21 GL-PL Ins Rpt Days								28,882		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$241.81	\$127.28	\$0.00	\$17.70	\$27.07	(with L&H)	\$34.82	\$3.65	\$28.92	\$2.37
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3369								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.21								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$95.21	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	\$28.92	\$2.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.20	\$95.21	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	24.38 (FRV)	\$2.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.20	\$95.21	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$2.37
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3664								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.08	\$130.09	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$2.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.16	\$7.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.20	\$5.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.99	\$12.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.07	\$142.98	\$0.00	\$17.92	\$27.48	\$0.00	\$52.29	\$3.65	\$24.38	\$2.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.48									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: OCEANSIDE HEALTH AND REHAB Prvdr ID: 003188970A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 23.73% Nurse Hrs per On-Site Day/Q 2.84 </div> <div> <u>Facility Score</u> N/A 23.73% 2.84 </div> <div> <u>Add-on Percent</u> 0.00% 1.0% 3.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.3607 Quarterly Medicaid: 1.2319 </div> <div> <u>PDPM Facility</u> 1.3607 </div> <div> <u>PDPM Statewide</u> 1.4210 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,069,574	\$2,487,516	\$0	\$356,358	\$626,313	\$0	\$858,590		\$740,797	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,922)	(\$34,054)	\$0	\$0	\$0	\$0	(\$52,192)		(\$106,676)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$89,356		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$106,676
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,072,684	\$2,453,462	\$0	\$356,358	\$626,313	\$0	\$806,398	\$89,356	\$634,121	\$106,676
8	Total Nursing Facility Days As Filed Days = 23,106	FY21 Audited C/R Days	23,106									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,106	FY21 GL-PL Ins Rpt Days								23,106		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$219.54	\$106.18	\$0.00	\$15.42	\$27.11	(with L&H)	\$34.90	\$3.87	\$27.44	\$4.62
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3607								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.03								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.03	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	\$27.44	\$4.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.66	\$78.03	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	16.71 (FRV)	\$4.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.66	\$78.03	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2319								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.75	\$96.13	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.47	\$4.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.22	\$100.50	\$0.00	\$15.64	\$27.52	\$0.00	\$52.37	\$3.87	\$16.71	\$4.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.09									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: BOSTICK NURSING CENTER Prvdr ID: 003192286A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 14.69% Nurse Hrs per On-Site Day/Q 2.37 </div> <div> Facility Score Add-on Percent N/A 0.00% 0.0% 2.0% </div> <div> Facility Model (PDPM) Data Base Period Overall: 1.0717 Quarterly Medicaid: 1.0977 </div> <div> PDPM Facility 1.0717 PDPM Statewide 1.4210 1.0977 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$15,058,174	\$7,874,530	\$0	\$1,937,716	\$1,994,662	\$0	\$1,463,435		\$1,787,831	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$503,468)	(\$67,584)	\$0	\$499	\$2,080	\$3,854	(\$149,423)		(\$292,894)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$82,202		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$288,409
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,925,317	\$7,806,946	\$0	\$1,938,215	\$1,996,742	\$3,854	\$1,314,012	\$82,202	\$1,494,937	\$288,409
8	Total Nursing Facility Days As Filed Days = 77,249	FY21 Audited C/R Days	77,249									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,249	FY21 GL-PL Ins Rpt Days								77,249		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.20	\$101.06	\$0.00	\$25.09	\$25.90	(with L&H)	\$17.01	\$1.06	\$19.35	\$3.73
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.0717								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.30								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$94.30	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	\$19.35	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.00	\$94.30	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	19.91 (FRV)	\$3.73
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.00	\$94.30	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.0977								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.22	\$103.51	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.70	\$2.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$216.92	\$106.11	\$0.00	\$25.31	\$26.31	\$0.00	\$34.48	\$1.06	\$19.91	\$3.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.87									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: GLEN EAGLE HEALTHCARE AND REHAB Prvdr ID: 003214231A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 40.00% Nurse Hrs per On-Site Day/Q 3.12				Facility Score N/A	Add-on Percent 0.00%	Facility Model (PDPM) Data Base Period Overall: 1.3178 Quarterly Medicaid: 1.2265					PDPM Facility 1.3178	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,329,737	\$2,480,656	\$0	\$415,788	\$415,605	\$0	\$533,025		\$484,663	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$179,937)	\$0	\$0	\$0	(\$693)	(\$851)	(\$142,922)		(\$35,471)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$140,604		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,343
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,325,747	\$2,480,656	\$0	\$415,788	\$414,912	(\$851)	\$390,103	\$140,604	\$449,192	\$35,343
8	Total Nursing Facility Days As Filed Days = 21,855	FY21 Audited C/R Days	21,855									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,855	FY21 GL-PL Ins Rpt Days								21,855		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.93	\$113.51	\$0.00	\$19.02	\$18.95	(with L&H)	\$17.85	\$6.43	\$20.55	\$1.62
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3178								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.13								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.13	\$0.00	\$19.02	\$18.95		\$17.85	\$6.43	\$20.55	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.46	\$86.13	\$0.00	\$19.02	\$18.95		\$17.85	\$6.43	10.46 (FRV)	\$1.62
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.46	\$86.13	\$0.00	\$19.02	\$18.95	\$0.00	\$17.85	\$6.43	\$10.46	\$1.62
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2265								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.97	\$105.64	\$0.00	\$19.02	\$18.95	\$0.00	\$17.85	\$6.43	\$10.46	\$1.62
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.44	\$6.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$204.41	\$111.98	\$0.00	\$19.24	\$19.36	\$0.00	\$35.32	\$6.43	\$10.46	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.48									

PDPM Shadow Rates. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: MeSun Health and Rehabilitation Center Prvdr ID: 003245344A PDPM Shadow Rate For informational use only. This is NOT your rate H/B ? : No Case Mix Per Diem Rate Effective Date: 01/01/24 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 Nurse Hours per On-Site Day/Quality Incentive:				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 66.7% 3.91		Facility Score N/A 66.7% 3.91	Add-on Percent 0.00% 5.5% 0.0%	<u>PDPM Data</u> Base Period Overall PDPM: Quarterly Medicaid PDPM: Qtrly Mcaid PDPM w RUG Wght Options:			Facility Specific 1.6257 0.0000 1.2833	State-wide 1.5751 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measures (Maximums)</i> Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Svcs) <u>Allowed @ 90% of Std</u> Growth Allowance 0.00% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% to Routine Svcs) Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts												
		FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2021 Peer Group Limit		1 <i>All Facilities</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.53	1 <i>All Facilities</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.00	2 <i>Freestanding</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.22	1 <i>All Facilities</i> <i>All Bed Sizes</i> 85.0% 100.0% \$0.41	1 <i>All Facilities</i> <i>All Bed Sizes</i> 50.0% 105.0% \$0.37				
										\$0.00 0		
			\$207.44	\$89.84		\$26.82	\$33.28		\$36.91		\$30.29	\$0.00
			\$0.00	\$0.00		\$24.14	\$29.95		\$33.22		\$30.29	\$0.00
			\$207.44	\$89.84		\$24.14	\$29.95		\$33.22	\$ -	30.29 (FRV Rate)	\$0.00
				\$115.29								
			\$237.08	\$115.29		\$24.14	\$29.95		\$33.22	4.19	\$30.29	\$0.00
			\$6.34	\$6.34								
			\$0.00	\$0.00								
			\$17.10						17.10			
			\$23.44									
			\$260.52	\$121.63		\$24.14	\$29.95		\$50.32	\$4.19	\$30.29	\$0.00
			\$182.57									

PDPM Shadow Rate. This is not your rate.

Quarterly Case Mix Per Diem Calculation

DEMONSTRATION ONLY

Provider: PruittHealth - Rome Prvdr ID: 299031876A H/B ?: No				PDPM Shadow Rate For informational use only. This is NOT your rate				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 26.6% Nurse Hours per On-Site Day/Quality Incentive: 3.83		<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.3871 Quarterly Medicaid PDPM: 0.0000 Qtrly Mcaid PDPM w RUG Wght Options: 1.4388		Facility Specific: 1.3871 0.0000 1.4388	State-wide: 1.5751 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
CASE MIX BASED RATE CALCULATIONS													
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1				
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities				
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%				
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%				
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Per Diem Costs and Add-ons													
GL-PL- Insurance Costs			FY2021 GL-PL Ins. Rpt							\$ 203,634			
Total Nursing Facility Days GL-PL Ins. Rpt			FY2021 GL-PL Ins. Rpt							32,699			
Standard Per Diem (After CMA for Routine Srvcs)			FY 2021 Peer Group Limit								\$28.49	\$1.31	
<u>Allowed @ 95% of Std</u>				\$216.79	\$94.83	\$25.48	\$31.62		\$35.06		\$28.49	\$1.31	
Growth Allowance 0.0%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
CMA Allowed Per Diem (After Growth Allowance)				\$223.02	\$94.83	\$25.48	\$31.62		\$35.06	\$ 6.23	\$28.49	\$1.31	
Quarterly Facility Case Mix Index for Medicaid Residents					<u>1.4388</u>						(FRV Rate)		
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem					\$136.44								
Quarterly Medicaid CMA Allowed Per Diem				\$262.59	\$136.44	\$25.48	\$31.62		\$35.06	\$ 4.19	\$28.49	\$1.31	
Quarterly Per Diem Add-On Amounts													
BIMS Add-on Per Diem = 1.0% (to Routine Srvs)				\$1.36	\$1.36								
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%				\$6.82	\$6.82								
Nursing Home Provider Fee				\$17.10					17.10				
Total Quarterly Per Diem Add-On Amounts				\$25.29									
Quarterly Case Mix Based Per Diem Rate				\$287.88	\$144.63		\$25.48	\$31.62		\$52.16	\$4.19	\$28.49	\$1.31
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$203.08										

PDPM Shadow Rate. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: RELIABLE HEALTH & REHAB AT LAKEWOOD Prvdr ID: 321026473A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 30.00% Nurse Hrs per On-Site Day/Q 2.45				Facility Score N/A	Add-on Percent 0.00% 2.5% 2.0%	Facility Model (PDPM) Data Base Period Overall: 1.3537 Quarterly Medicaid: 1.3509					PDPM Facility 1.3537	PDPM Statewide 1.4210 1.4161
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,366,288	\$3,716,569	\$0	\$554,782	\$964,923	\$0	\$1,406,552		\$723,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,552)	\$58	\$0	\$0	\$1,789	\$1,441	(\$131,378)		(\$93,462)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$155,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,775
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,394,318	\$3,716,627	\$0	\$554,782	\$966,712	\$1,441	\$1,275,174	\$155,807	\$630,000	\$93,775
8	Total Nursing Facility Days As Filed Days = 27,111	FY21 Audited C/R Days	27,111									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,111	FY21 GL-PL Ins Rpt Days								27,111		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$272.75	\$137.09	\$0.00	\$20.46	\$35.71	(with L&H)	\$47.04	\$5.75	\$23.24	\$3.46
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3537								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.27								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$101.27	\$0.00	\$20.46	\$35.71		\$47.04	\$5.75	\$23.24	\$3.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.01	\$101.27	\$0.00	\$20.46	\$33.28		\$36.91	\$5.75	11.88 (FRV)	\$3.46
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$213.01	\$101.27	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3509								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.54	\$136.81	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.42	\$3.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$6.69	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.55	\$143.50	\$0.00	\$20.68	\$33.28	\$0.00	\$54.01	\$5.75	\$11.88	\$3.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.59									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

<div> <div> Provider: GLENWOOD HEALTHCARE Prvdr ID: 701562744A </div> <div> PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23 </div> <div> <u>Add-on Data and Percentag</u> Growth Allowance: N/A Qtrly BIMS score: 35.14% Nurse Hrs per On-Site Day/Q 2.83 </div> <div> <u>Facility Score</u> N/A 35.14% 2.83 </div> <div> <u>Add-on Percent</u> 0.00% 2.5% 2.0% </div> <div> <u>Facility Model (PDPM) Data</u> Base Period Overall: 1.2085 Quarterly Medicaid: 1.2259 </div> <div> <u>PDPM Facility</u> 1.2085 1.2259 </div> <div> <u>PDPM Statewide</u> 1.4210 1.4161 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,873,552	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$488,256		\$384,959	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$70,601)	\$0	\$0	\$0	\$0	\$0	(\$45,565)		(\$25,036)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$36,081		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,036
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,864,068	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$442,691	\$36,081	\$359,923	\$25,036
8	Total Nursing Facility Days As Filed Days = 15,681	FY21 Audited C/R Days	15,681									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,681	FY21 GL-PL Ins Rpt Days								15,681		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.64	\$91.20	\$0.00	\$16.72	\$19.64	(with L&H)	\$28.23	\$2.30	\$22.95	\$1.60
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2085								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.46								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.46	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	\$22.95	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.66	\$75.46	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	12.71 (FRV)	\$1.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.66	\$75.46	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2259								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.71	\$92.51	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.85	\$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.79	\$4.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$196.50	\$97.20	\$0.00	\$16.94	\$20.05	\$0.00	\$45.70	\$2.30	\$12.71	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.55									

PDPM Shadow Rates. This is not your rate.

PDPM Shadow Rates. No impact on current period. For informational use only.

Provider: EVERGREEN HEALTH AND REHABILITATION CENTER Prvdr ID: 835154999A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 1/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 09/30/23												
Add-on Data and Percentag Growth Allowance: N/A Qtrly BIMS score: 38.24% Nurse Hrs per On-Site Day/Q 3.09				Facility Score N/A	Add-on Percent 0.00% 2.5% 4.0%	Facility Model (PDPM) Data Base Period Overall: 1.5628 Quarterly Medicaid: 1.5324					PDPM Facility 1.5628	PDPM Statewide 1.4210
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,250,545	\$2,775,059	\$0	\$516,725	\$602,764	\$0	\$1,081,301		\$274,696	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,176)	\$1,860	\$0	\$0	\$0	\$0	(\$168,580)		(\$22,456)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$164,520		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,456
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,248,345	\$2,776,919	\$0	\$516,725	\$602,764	\$0	\$912,721	\$164,520	\$252,240	\$22,456
8	Total Nursing Facility Days As Filed Days = 30,107	FY21 Audited C/R Days	30,107									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,107	FY21 GL-PL Ins Rpt Days								30,107		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.32	\$92.23	\$0.00	\$17.16	\$20.02	(with L&H)	\$30.32	\$5.46	\$8.38	\$0.75
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5628								
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01								
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	\$8.38	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.40	\$59.01	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	7.68 (FRV)	\$0.75
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.40	\$59.01	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5324								
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.82	\$90.43	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$196.33	\$96.84	\$0.00	\$17.38	\$20.43	\$0.00	\$47.79	\$5.46	\$7.68	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.42									

PDPM Shadow Rates. This is not your rate.